

MANIFEST

Part of EASTPORT, IDAHO Date JUL 22 1936

U.S., Border Crossings from Canada to U.S., 1825-1960

Family name *Kearns* Given name *Alice* Accompanied by *son H. C. Kearns*

C.I.V. No. _____ Place and date of issue _____ Section and subdivision *Act of 1924* Quota country charged _____ R.P. No. _____ P.V. No. _____

Place of birth (town, country, etc.) *Kelowna, B.C.* Age *24* Yrs. Sex *F* Occupation *Clk.* Read _____ Write _____

Language exemption _____ Race _____ Nationality *Canada* Last permanent residence (town, country, etc.) *Prince Rupert, B.C.*

Name and address of nearest relative or friend in country whence alien came *J. B. James Kearns, Langley, British Columbia*

Ever in U.S. From *1st. 1935* To _____ Where _____ Passage paid by _____

Destination, and name and complete address of relative or friend to join there *Mr. Kearns*

Money shown *43.00* Ever arrested and deported, or excluded from admission *no* Purpose of coming and time remaining *1st. 2 days*

Head tax status _____ Height *5' 10"* Complexion *fair* Hair *red* Eyes *blue* Distinguishing marks _____

Support and date of landing, and name of steamer _____ Cons. In. identification card No. _____

Records by *Sam* Previously examined at _____ Date _____ Previous disposition _____ Present disposition, P. I. *Adm. 1st. 1st* Arrived by *1st. 1st*

U.S. DEPARTMENT OF LABOR, Immigration and Naturalization Service. Form 548. 20000 14-2160

DISPOSITION BEFORE B.S.I.

Deferred for and date _____ Rejected as and date _____ Visitor 514 No. _____ Transit 514 or S.S. Line and Ticket No. _____

Date appealed _____ Decision and date _____ Date admitted _____ File No. _____ Steamship _____ Ticket issued at and date _____

MEDICAL CERTIFICATE

Affected with _____

Part of body affected _____

Surgeon, U.S. Public Health Service

REMARKS AND ENDORSEMENTS

Alice Kearns Signature of alien. *Edmund H. Macdonald* Immigration Inspector.