

U.S., World War I Draft Registration Cards, 1917-1918

Form 1

REGISTRATION CARD No. 44

1 Name in full Wairum Charles Young Age in yrs 25
(Given name) (Family name)

2 Home address Concrete Wash
(No.) (Street) (City) (State)

3 Date of birth Sept 4 1891
(Month) (Day) (Year)

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Natural Born

5 Where were you born? Menominee, Mich U.S.A.
(Town) (State) (Nation)

6 If not a citizen, of what country are you a citizen or subject?

7 What is your present trade, occupation, or office? Barber 26

8 By whom employed? Not employed at present
Where employed?

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? Wife & child

10 Married or single (which)? Married Race (specify which)? Caucasian

11 What military service have you had? Rank None; branch _____
years _____; Nation or State _____

12 Do you claim exemption from draft (specify grounds)? Yes defective eyesight

I affirm that I have verified above answers and that they are true.

W.C. Young.
(Signature or mark)

16-1-22 A REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? Short Slender, medium, or stout (which)? Medium

2 Color of eyes? Dark Blue Color of hair? Dark Brown Bald? No

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? No

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

Ther A. Arnes
(Signature of registrar)

Precinct First Concrete County, Wash.

City or County Spokane

State Washington

June 14, 1917
(Date of registration)

If person is of African descent, fill in this corner