

Serial No. 68 Registration No. 95

1 Name to fill Leo S. Holloway Age in yrs 24
(Give name of army/navy)

2 Home address 26 Orchard Terrace Naugatuck Conn
(No.) (Street) (City or town) (State)

3 Date of birth Mar 28 1897
(Month) (Day) (Year)

4 Where were you born? Naugatuck Conn. U.S.A.
(City or town) (State) (Nation)

5 I am 1. A native of the United States.
 2. An alien.
 3. A person who has been naturalized.
 4. A person who has been admitted to citizenship.
 5. A person who has been admitted to naturalization.
(Strike out those or words not applicable)

6 If not a citizen of the U.S. What are you a citizen or subject? U.S.A.

7 Father's birthplace Sheffield England
(City or town) (State or province) (Nation)

8 Name of employer Beacon Falls Rubber Works
Place of employment Beacon Falls Conn
(No.) (Street) (City or town) (State)

9 Name of nearest relative Matilda Tobesty (Mother)
Address of nearest relative 26 Orchard Terrace Naugatuck Conn
(No.) (Street) (City or town) (State or Nation)

10 Race - White
(Strike out words not applicable)

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

Leo S. Holloway
(Signature of Male Registrant)

P. M. G. O. Form 1 (Rev. 1918) REGISTRATION CARD. 3-278

If space is filled in at all, it is subject to the provisions of the Act of March 3, 1907.

REGISTRAR'S REPORT 6-1-9. B.

1 1. 2. 3.
(Strike out words not applicable)

2 Color of eyes Dark Brown Color of hair Dark Brown

3 Has person lost arm, leg, hand, eye, or is he palpably physically 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:

John W. Brown
(Signature of Registrar)
JUN 1 5 1918
(Date of Registration)

LOCAL BOARD
For Division No. 6
County of New Haven
State of Conn.
Naugatuck, Conn.
(Stamp of Local Board)

(The stamp of the local board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)

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