

NEW SHAPE
 Red Ink No. 474 REGISTRATION CARD
 FORM 1 No. _____

1	Name in full Albert <small>(Given name)</small> Conn <small>(Family name)</small>	Age, in years 29
2	Home address Kogging <small>(City)</small> Alaska <small>(State)</small>	
3	Date of birth May <small>(Month)</small> 1888 <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Alein	
5	Where were you born? New Zealand <small>(Town)</small>	
6	If not a citizen, of what country are you a citizen or subject? New Zealand	
7	What is your present trade, occupation, or office? Marine fireman	
8	By whom employed? Where employed? Kogging Alaska	
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 and child	
10	Married or single (which)? Married Race (specify which)?	
11	What military service have you had? Rank coal fireman ; branch Marine ; years one ; Nation or State United States	
12	Do you claim exemption from draft (specify grounds)? Yes-sole support of wife and child	

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

His

Albert x Conn

(Signature or mark.)

Mark

03-4745

I, **J. H. ...**
 the City of **...**
 said Local Board is
 affecting registrants
 original Registration
 do further certify that the foregoing and attached document is a true and accurate
 copy of the Registration Card (Form 1--P.M.G.O.) of **Albert Conn**
 registrant with said Local Board, Order No. **367 A...**, Serial No. **474**

... for
 tify that
 the records
 including the
 nants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the **...** day of
..., 1919.

LOCAL BOARD No. **13**

City of **Seward**

SEWARD, ALASKA

Stamp of Local Board

J. H. ...
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
 (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the
 copy the same color (black, blue, or red) as the original registration card,
 attaching the copy securely to and at the top of the page of the certificate.

Exhibit " **97** "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?
	Slender, medium, or stout (which)?
2	Color of eyes?..... Color of hair?..... Bald?.....
	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise
3	disabled (specify)?

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:

.....
.....

..... U. L. Sedwick

(Signature of registrar.)

Precinct

City or County

State Alaska

.....
(Date of registration.)

NOTE—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Motor Vehicle Regulations, Form 81. 0 1—5746

1	Name in full <small>(Given name)</small> <u>Clyde Hoyta</u> <small>(Family name)</small> <u>Fredenberg</u>	Age, in years <u>27</u>
2	Home address <small>(No.)</small> <u>Kodiak</u> <small>(City)</small> <u>Alaska</u> <small>(State)</small>	
3	Date of birth <small>(Month)</small> <u>March</u> <small>(Day)</small> <u>27</u> <small>(Year)</small> <u>1890</u>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural</u>	
5	Where were you born? <u>Ilwaco</u> <small>(Town)</small> <u>Wash</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Engineer</u>	
8	By whom employed? <u>N. Western Fisheries</u> Where employed? <u>Uyak</u>	
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)? <u>Wife</u>	
10	Married or single (which)? <u>Married</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? <u>None</u> branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Clyde Hoyta Fredenberg
(Signature or mark.)

02-4748

I, _____, of the City of _____, said Local Board in affecting registration original Registration Cards (Form 1--P.M.G.O.) or all such reg- do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of _____, Serial No. _____, registrant with said Local Board, Order No. _____.

No. _____ for certify that all the records _____, including the _____; and I _____
Clyde Hoyta Fredenberg
 374

IN WITNESS WHEREOF, I have hereunto set my hand this the _____ day of _____, 1919.

LOCAL BOARD No. 13
 City of Seward

J. H. Rancie
 Member of said Local Board.

SEWARD ALASKA

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 98 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Medium
		Short
	Slender, medium, or stout (which)?	Stout
2	Color of eyes?	Brown
	Color of hair?	Brown
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:

Does not support wife

Karl Armstrong

(Signature of registrar.)

Precinct Nyak

City or County

State Alaska

Aug. 1, 1917

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 21.

0 2-4745

1	Name in full <u>Nels</u> (Given name) <u>Anderson</u> (Family name)	Age, in years <u>26</u>
2	Home address <u>9th Ave.</u> (No.) (Street) <u>Seward</u> (City) <u>Alaska</u> (State)	
3	Date of birth: <u>January</u> , <u>29</u> , <u>1892</u> (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)? <u>Alien</u>	
5	Where were you born? <u>Bergen</u> (Town) <u>Norway</u> (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? <u>Norway</u>	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? 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)? <u>None</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>None</u>	

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

Nels Anderson
(Signature or mark.)

03-4745

I, J. H. Rennie, of the City of Seward, Alaska, said Local Board is affecting registrant's original Registration Card. I do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Nels Anderson, registrant with said Local Board, Order No. 359, Serial No. 9.

IN WITNESS WHEREOF, I have hereunto set my hand this the 3 day of June, 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. H. Rennie
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 99 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Medium	
	Slender, medium, or stout (which)?	Medium	
2	Color of eyes? Blue	Color of hair? Light	Bald? Nearly
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)?	None	

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:

Aubrey B. Beam
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

July 18, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Modification Regulations, Form 31. 2-1748

1	Name in full <u>Pedro Carranza</u> <small>(Given name)</small> <u>Carranza</u> <small>(Family name)</small>	Age, in years <u>24</u>
2	Home address <u>240 San Jose</u> <small>(No.)</small> <u>Ocotlan</u> <u>Mexico</u> <small>(City)</small> <small>(State)</small>	
3	Date of birth <u>August 16, 1892</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Alien</u>	
5	Where were you born? <u>Ocotlan</u> <small>(Town)</small> <u>Mexico</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? <u>Mexico</u>	
7	What is your present trade, occupation, or office? <u>Laborer (cannery)</u>	
8	By whom employed? <u>Alaska Packers Assn.</u> Where employed? <u>Larsen Bay, Alaska</u>	
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)? <u>Mother, wife & 7 sisters</u>	
10	Married or single (which)? <u>Yes</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>No service</u> branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? _____	

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

Pedro Carranza
(signature or mark.)

0 3-4745

I, _____, of the City of _____, said Local Board is affecting registration of original Registrations.

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Pedro Carranza, registrant with said Local Board, Order No. 325, Serial No. 377.

_____ for certify that the records, including the grants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 3 day of June, 1919.

LOCAL BOARD No. 13
City of Seward

SEWARD, Alaska

Stamp of Local Board, _____

J. H. Ramsey
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to end at the top of the page of the certificate.

Exhibit " 100 "

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? Tall
Slender, medium, or stout (which)? Slender
2 Color of eyes? Dark Color of hair? Dark 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:

Karl Armstrong
(Signature of Registrar)

Precinct Nyak

City or County _____

State Alaska

July 30 1917
(Date of registration.)

NOTE—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 51.
23-4745

1	Name in full <small>(Given name)</small> <u>James Franklin</u> <small>(Family name)</small> <u>Judd</u>	Age, in years <u>21</u>
2	Home address <small>(No.)</small> <u>S. S. Santa Ana</u> <small>(Street)</small> <u>Seward</u> , <u>Alaska</u> <small>(City)</small> <small>(State)</small>	
3	Date of birth <small>(Month)</small> <u>April</u> , <small>(Day)</small> <u>23</u> , <small>(Year)</small> <u>1896</u>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural born</u>	
5	Where were you born? <u>Denver</u> <small>(Town)</small> <u>Colorado</u> , <u>U.S.A.</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Waiter</u>	
8	By whom employed? <u>S. S. Santa Ana</u> Where employed? <u>Between Seward & Envik</u>	
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)? <u>None</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____ branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>None</u>	

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

Frank Judd

(Signature or mark.)

03-4745

I, J. H. Rainey,
 the City of Seward,
 said Local Board is the
 affecting registrants with
 original Registration Card
 do further certify that the foregoing and attached document is
 copy of the Registration Card (Form 1--P.M.G.O.) of James Franklin Judd
 registrant with said Local Board, Order No. 356, Serial No. 108.

for
 that
 records
 luding the
 and

IN WITNESS WHEREOF, I have hereunto set my hand this the 3 day of June, 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. H. Rainey
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit 101

REGISTRAR'S REPORT

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

2 Color of eyes? Blue Color of hair? Brown Bald? No
Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise

3 disabled (specify)? None

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:

Aubrey B. Beam
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

July 21, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Medication Regulation, Form 21. © 2-174

1	Name in full <u>Walter Phillip Bevan</u> (Given name) <u>Bevan</u> (Family name)	Age, in years <u>30</u>
2	Home address (No.) <u>Seward</u> (City) (Street) <u>Alaska</u> (State)	
3	Date of birth: <u>January</u> , <u>29</u> , <u>1887</u> (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)? <u>Declared intention</u>	
5	Where were you born? <u>Glasgow</u> (Town) <u>Scotland</u> <u>England</u> (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? <u>England</u>	
7	What is your present trade, occupation, or office? <u>Miner</u>	
8	By whom employed? 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)? <u>Wife & two children</u>	
10	Married or single (which)? <u>Married</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>Yes-support of family</u>	

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

Walter Phillip Bevan
(signature or mark.)

08-4745

... for certify that the records, including the drafts; and I you and occur

I, ... the City of ... said Local Board is affecting registrant original Registration do further certify that the foregoing and attached copy of the Registration Card (Form 1--P.M.G.O.) of ... registrant with said Local Board, Order No. ... Serial No. ...

IN WITNESS WHEREOF, I have hereunto set my hand this the ... day of ... 1919.

LOCAL BOARD No. 11
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J.H. ...
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 102 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Short</u> Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>Brown</u> Color of hair? <u>Brown</u> ^{Bald} <u>Slightly</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

O. H. Poehlmann
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

Aug. 4, 1917
(Date of registration.)

NOTE.--This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 19, Mobilization Regulations, Form 51. 63-745

1	Name in full Paul (Given name) Panchin (Family name)	Age, in years 25
2	Home address (No.) Kenai (City) (Street) Alaska (State)	
3	Date of birth Dec (Month) 25 (Day) 1892 (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? Kenai (Town) Alaska (State) U.S.A. (Nation)	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? Fisherman	
8	By whom employed? Alaska Packers Assn. Where employed? Kasiloff	
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)? None	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military service have you had? Rank branch None ; years Nation or State	
12	Do you claim exemption from draft (specify grounds)? No	

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

Paul Panchin
(Signature or mark.)

03-4745

I, J. H. BOMI
the City of SEWARD
said Local Board is the
affecting registrants
original Registration

do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of Paul Panchin,
registrant with said Local Board, Order No. 354, Serial No. 262.

13. for
ify that
the records
including the

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of
June, 1919.

LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. H. Bomi
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit 103

REGISTRAR'S REPORT

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

2 Color of eyes? Dk Brown Color of hair? Dk 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:

H. S. Young
(Signature of registrar.)

Precinct Kenai

City or County _____

State Alaska

Aug. 20, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21. 0 2—4745

Red Ink No. 178

No. 95

1	Name in full Jens Christian (Given name) Petersen (Family name)	Age, in years 24
2	Home address (No.) 4th (Street) Seward (City) Alaska (State)	
3	Date of birth December 10 1892 (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)? Declared intentions	
5	Where were you born? Copenhagen (Town) Denmark (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? Denmark	
7	What is your present trade, occupation, or office? Laborer	
8	By whom employed? 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)? None	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military service have you had? Rank branch : years Nation or State	
12	Do you claim exemption from draft (specify grounds)? None	

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

J. C. Petersen
(Signature or mark.)

03-4748

I, J. C. Petersen
the City of Seward
said Local Board is
affecting registration
original Registration
do further certify
copy of the Registration Card (Form 1--P.M.G.O.) of
registrant with said Local Board, Order No. 35, Serial No. 178

No. 35 for
certify that
all the records
d, including the
strants; and I
true and accurate

IN WITNESS WHEREOF, I have hereunto set my hand this the 10th day of
June, 1919.

LOCAL BOARD No. 15
City of Seward

J. N. Rummig
Member of said Local Board.

SEWARD ALASKA
Stamp of Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to end at the top of the page of the certificate.

Exhibit " 104 "

REGISTRAR'S REPORT

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

2 Color of eyes? Gray Color of hair? Blond Bald? No

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? None

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:

Aubrey B. Boom
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

July 21, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21. 02-74

Red Ink No. 149

No. 167

1	Name in full <small>(Given name)</small> Richard <small>(Family name)</small> Miller	Age, in years 28
2	Home address <small>(No.)</small> Seward <small>(City)</small> Alaska <small>(State)</small>	
3	Date of birth <small>(Month)</small> January <small>(Day)</small> 11 <small>(Year)</small> 1889	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Naturalized	
5	Where were you born? <small>(Town)</small> Westfalen <small>(State)</small> Germany <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? U.S.A.	
7	What is your present trade, occupation, or office? Laborer	
8	By whom employed? City of Seward Where employed? Seward	
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	
10	Married or single (which)? Married Race (specify which)? Caucasian	
11	What military service have you had? Rank branch No ; years Nation or State	
12	Do you claim exemption from draft (specify grounds)? Yes-dependent wife	

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

R. Miller

(Signature or mark.)

0 1-4745

I, _____
 the City of _____
 said Local Board _____
 affecting registrants
 original Registration
 do further certify that
 copy of the Registration Card (Form 1--P.M.G.O.) of _____
 registrant with said Local Board, Order No. _____, Serial No. _____

_____ for
 certify that
 the records
 including the
 parts; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the _____ day of _____, 1919.

LOCAL BOARD No. 13

City of _____

SEWARD, ALASKA

Stamp of Local Board

Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 105 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Tall</u>
	Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>Blue</u> Color of hair? <u>Light Brown</u> Head? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

O. H. Poehlmann
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

Aug. 18, 1917

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 0 2—074

1	Name in full <u>Knut</u> (Given name) <u>Ellefsen</u> (Family name)	Age, in years <u>24</u>
2	Home address (No.) (Street) (City) (State)	
3	Date of birth <u>July</u> <u>26</u> <u>1893</u> (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)? <u>Alien</u>	
5	Where were you born? (Town) (State) (Nation) <u>Norway</u>	
6	If not a citizen, of what country are you a citizen or subject? <u>Norway</u>	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? <u>Columbia River Packers</u> Where employed? <u>Nushagak, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____; years <u>No</u> ; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Knut Ellefsen
(Signature or mark.)

2-4744

I, J. J. Remy,
the City of Seward,
said Local Board 13,
affecting registration
original Registration Cards (Form 1--P.M.G.O.) of all such registrants; and I
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of Knut Ellefsen
registrant with said Local Board, Order No. 16, Serial No. 116

No. 13 for
certify that
all the records
rd, including the
rd, including the
rd, including the

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.

LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. J. Remy
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 72 "

REGISTRAR'S REPORT

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

2 Color of eyes? Blue Color of hair? Light Bald? No
Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise
3 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:

G. V. S. Harvey
(Registrar)

Precinct -----

City or County -----

State -----

Aug. 13, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 21. 03-274

1	Name in full <u>Jesse</u> <small>(Given name)</small> <u>Garcia</u> <small>(Family name)</small>	Age, in years 21
2	Home address <small>(No.)</small> _____ <small>(Street)</small> _____ <small>(City)</small> _____ <small>(State)</small> _____	
3	Date of birth <u>March</u> <u>27</u> <u>1896</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)?	
5	Where were you born? <u>Guanapuate</u> <small>(Town)</small> <u>Mexico</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? <u>Mexico</u>	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? <u>Bristol Bay Pck Co.</u> Where employed? <u>Bristol Bay, Alaska</u>	
9	Have you a father, mother, wife, child under 18, or a sister or brother under 18, solely dependent on you for support (specify which)? <u>wife</u>	
10	Married or single (which)? <u>Married</u> Race (specify which)? _____	
11	What military service have you had? Rank _____ branch <u>None</u> years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>Alien Mexican</u>	

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

Jesse Garcia
(signature or mark.)

43-4748

I, _____
the City of _____
said Local Board is
affecting registrant
original Registrant
to further certify
copy of the Registration Card (Form 1--P.M.G.O.) of _____
registrant with said Local Board, Order No. _____, Serial No. _____

No. 13....for
certify that
all the records
including the
statements; and I
and accurate
Jesse Garcia

IN WITNESS WHEREOF, I have hereunto set my hand this the 3.....day of
.....1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. P. Ramin
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shape"
(Form 1--P.M.G.O) may be used, but care should be exercised to employ
copy the same color (black, blue, or red) as the original
attaching the copy securely to end at the top of

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? Short
Slender, medium, or stout (which)? Medium
2 Color of eyes? BROWN Color of hair? Black 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:

G. V. S. Harvey
(Signature of registrar.)

Precinct -----

City or County -----

State -----

Aug. 7, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 51. 6 2-4745

1	Name in full <u>John</u> (Given name) <u>Ode</u> (Family name)	Age, in years <u>25</u>
2	Home address (No.) (Street) <u>Nushagak</u> <u>Alaska</u> (City) (State)	
3	Date of birth <u>Dec</u> <u>31</u> <u>1892</u> (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)? <u>Intention declared</u>	
5	Where were you born? <u>Weiburg</u> (Town) <u>Finland</u> (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? <u>Finland</u>	
7	What is your present trade, occupation, or office? <u>Fireman</u>	
8	By whom employed? <u>Star of Iceland A.P.A.</u> Where employed? <u>Nushagak, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____ branch <u>No</u> ; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

John Ode
(Signature or mark.)

03-4745

13.....for
rtify that
the records
including the
prints; and I
and accurate
of... John Ode
Serial No. 433

I,.....J. H. Swan
the City of.... SEWARD
said Local Board is t
affecting registrants
original Registration
do further certify th
copy of the Registration Card (Form 1--P.M.G.O.) of...
registrant with said Local Board, Order No.12....., Serial No.

IN WITNESS WHEREOF, I have hereunto set my hand this the 2.....day of
.....June....., 1919.
LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board.....

.....J. H. Swan.....
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 74 "

REGISTRAR'S REPORT

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

2 Color of eyes? Gray Color of hair? Brown Bald? _____

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:

A. Wilson Clark
(Signature of registrar.)

Product -----

City or County -----

State -----

Aug. 15, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21. 0 2—5745

1	Name in full <u>John Henry Wilson</u> <small>(Given name) (Family name)</small>	Age, in years <u>28</u>
2	Home address <u>Savii Samoa</u> <small>(No.) (Street) (City) (State)</small>	
3	Date of birth <u>August 21 1889</u> <small>(Month) (Day) (Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural Born</u>	
5	Where were you born? <u>Savii Samoa</u> <small>(Town) (State) (Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Ships carpenter</u>	
8	By whom employed? <u>Olson Bros.</u> Where employed? <u>Bark Albert</u>	
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)? <u>Wife</u>	
10	Married or single (which)? <u>Married</u> Race (specify which)? <u>Malay & Caucasian</u>	
11	What military service have you had? Rank branch; years Nation or State	
12	Do you claim exemption from draft (specify grounds)? <u>Support of wife (Mariner)</u>	

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

John Wilson
(Signature or mark.)

I, J. H. Remington,
the City of Seward,
said Local Board 13
affecting registrants
original Registration Cards (Form 1--P.M.G.O.) of all such registrants; and I
do further certify that the foregoing and attached document is a true and correct
copy of the Registration Card (Form 1--P.M.G.O.) of John Henry Wilson
registrant with said Local Board, Order No. 434, Serial No. 434

IN WITNESS WHEREOF, I have hereunto set my hand this the 3 day of
June 1919.
LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. H. Remington
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

REGISTRAR'S REPORT

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

2 Color of eyes? Brown Color of hair? Black Bald? No

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? _____

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:

G. W. Moe Lane
 (Signature of registrar.)

Precinct _____

City or County _____

State _____

August 11

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be furnished in compliance with Section 12, Mobilization Regulations, Form 52. 19-574

Full blooded native Samaan

1	Name in full <small>(Given name)</small> Thorwald <small>(Family name)</small> Skulstad	Age, in years 25
2	Home address <small>(No.)</small> _____ <small>(Street)</small> _____ Unga _____ Alaska <small>(City)</small> _____ <small>(State)</small> _____	
3	Date of birth: October _____ 28 1891 <small>(Month)</small> _____ <small>(Day)</small> _____ <small>(Year)</small> _____	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Have declared my intention	
5	Where were you born? Bergen _____ <small>(Town)</small> _____ Norway _____ <small>(State)</small> _____ <small>(Nation)</small> _____	
6	If not a citizen, of what country are you a citizen or subject? Norway	
7	What is your present trade, occupation, or office? Fisherman	
8	By whom employed? A Komedal Where employed? Unga, Alaska	
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)? No	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military service have you had? Rank _____ branch None ; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? No	

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

Thorwald Skulstad
(Signature or mark.)

03-4748

I, _____
 the City of _____
 said Local Board _____
 affecting registration _____
 original registration _____

do further certify that the foregoing and attached _____
 copy of the Registration Card (Form 1--P.M.G.O.) of _____
 registrant with said Local Board, Order No. _____

Board No. 13....for
 hereby certify that
 of all the records
 Board, including the
 registrants; and I
 is a true and accurate
 Serial No. 437

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of
June 1919.

LOCAL BOARD No. 13
 City of Seward
SEWARD, ALASKA
 Stamp of Local Board

J.H. Rimmie
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, (Form 1--P.M.G.O) may be used, but care should be exercised to copy the same color (black, blue, or red) as the original attaching the copy securely to end at the top of the page.

- 1 Tall, medium, or short (specify which)? Short
 Slender, medium, or stout (which)? Medium
- 2 Color of eyes? Blue Color of hair? 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:

J. C. Duffield
 (Signature of registrar.)

Precinct Unga

City or County _____

State Alaska

8-30-17
 (Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21.

07-2748

1	Name in full <u>William Stogdill</u> <small>(Given name)</small> <u>Jacobsen</u> <small>(Family name)</small>	Age, in years <u>27</u>
2	Home address <small>(No.)</small> <u>Unga</u> <small>(Street)</small> <u>Alaska</u> <small>(City)</small> <small>(State)</small>	
3	Date of birth: <u>June</u> <u>10</u> <u>1890</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>a natural born citizen</u>	
5	Where were you born? <u>La Crosse</u> <small>(Town)</small> <u>Wisconsin</u> <u>U.S.A.</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Brick layer & fisherman</u>	
8	By whom employed? <u>Alaska codfish Co.</u> Where employed? <u>Unga, Alaska</u>	
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)? <u>Two children</u>	
10	Married or single (which)? <u>Widower</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch <u>None</u> ; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>Yes, to give support to my children</u>	

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

William Stogdill Jacobsen
(Signature or mark.)

I, J. H. Rennie,
 the City of Seward,
 said Local Board is
 affecting registree
 original Registrant

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of William Stogdill Jacobsen registrant with said Local Board, Order No. 405, Serial No. 439

No. 13 for
 certify that
 all the records
 d, including the
 strants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 2 day of June, 1919.

LOCAL BOARD No. 13
(City of Seward)
SEWARD, ALASKA
 Stamp of Local Board

J. H. Rennie
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 77 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Tall</u>
	Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>Brown</u> Color of hair? <u>Dark</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

J. C. Duffield
(Signature of registrar.)

Precinct Unga

City or County _____

State Alaska

8/18/17
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 2-44

1	Name in full <u>Vincente Fuentes</u> <small>(Given name)</small> <u>Fuentes</u> <small>(Family name)</small>	Age, in years <u>30</u>
2	Home address <u>Unga</u> <small>(City)</small> <u>Alaska</u> <small>(State)</small>	
3	Date of birth <u>April</u> <small>(Month)</small> <u>5</u> <small>(Day)</small> <u>1887</u> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>am an alien</u>	
5	Where were you born? <u>Valparaiso</u> <small>(Town)</small> <u>Chile</u> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? <u>Chile</u>	
7	What is your present trade, occupation, or office? <u>Fisherman</u>	
8	By whom employed? <u>Alaska Codfish Co.</u> Where employed? <u>Unga, Alaska</u>	
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)? <u>Wife & two children</u>	
10	Married or single (which)? <u>Married</u> Race (specify which)? <u>Spanish</u>	
11	What military service have you had? Rank <u>None</u> branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>Yes support wife and children</u>	

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

Vincente Fuentes
(Signature or mark.)

02-4745

I, J. J. ... of the City of Seward, said Local Board No. 13, affecting registration of Vincente Fuentes, original Registrant No. 456, do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Vincente Fuentes, registrant with said Local Board, Order No. 16, Serial No. 456.

No. 13 for certify that all the records and including the registrants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 16 day of June, 1919.

LOCAL BOARD No. 13
City of Seward
SEWARD ALASKA

J. J. ...
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 78 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Medium				
	Slender, medium, or stout (which)?	Slender				
2	Color of eyes?	DkBrown	Color of hair?	Black	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:

J. C. Duffield

(Signature of registrar.)

Precinct Unga

City or County _____

State Alaska

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. © 2-45

1	Name in full Bernard Patrick Lakin <small>(Given name) (Family name)</small>	Age, in years 24
2	Home address Naknik Alaska <small>(City) (State)</small>	
3	Date of birth Feb 15 1893 <small>(Month) (Day) (Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Alien	
5	Where were you born? New Castle England <small>(Town) (State) (Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? England	
7	What is your present trade, occupation, or office? Farmer	
8	By whom employed? Alaska Packers Assn. Where employed? Naknik, Alaska	
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)? No	
10	Married or single (which)? No Race (specify which)? Caucasian	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? No	

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

Bernard P. Lakin
(Signature or mark.)

03-4748

No. 33... for certify that all the records rd, including the distrants; and I

I, ... the City of... said Local Board affecting registr original Registr

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of **Bernard Patrick Lakin** registrant with said Local Board, Order No. 2, Serial No. 458

IN WITNESS WHEREOF, I have hereunto set my hand this the... day of ... 1919.

LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. H. Ramsey
Member of said Local Board.

Nota. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certifi

Exhibit " 79

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Medium</u>
	Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>Blue</u> Color of hair? <u>Black</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

A. Wilson Clark
(Signature of registrar.)

Precinct _____

City or County _____

State _____

Aug. 2, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be furnished in compliance with Section 12, Mobilization Regulations, Form 24. 03-745

1	Name in full Frank Arthur Parker <small>(Given name)</small> Parker <small>(Family name)</small>	Age, in years 24
2	Home address <small>(No.)</small> Naknek <small>(Street)</small> Alaska <small>(City)</small> <small>(State)</small>	
3	Date of birth: June 10 1893 <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? An alien	
5	Where were you born? Pari <small>(Town)</small> Finland <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? Finland	
7	What is your present trade, occupation, or office? Fisherman	
8	By whom employed? Northwestern Fisheries Where employed? Naknek, Alaska	
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)? No	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military service have you had? Rank No branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? No	

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

Frank Arthur Parker
(Signature or mark.)

03-4745

I, **J. E. ...**
the City of **Seward**
said Local Board is the
affecting registrants
original Registration
do further certify that the foregoing
copy of the Registration Card (Form 1--P.M.G.O.) of **Frank Arthur Parker**
registrant with said Local Board, Order No. **170**, Serial No. **960**

I, **J. E. ...** for
to certify that
the records
including the
and I
and separate

IN WITNESS WHEREOF, I have hereunto set my hand this the **2** day of **June**, 1919.

LOCAL BOARD No. 13
City of Seward

J. E. ...
Member of said Local Board.

SEWARD, ALASKA

Stamp of Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " **YB** "

REGISTRAR'S REPORT

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

2 Color of eyes? Blue Color of hair? Light 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:

.....
.....

V. L. Sedwick
(Signature of registrar.)

Precinct Kvichak

City or County Naknek

State Alaska

August 23, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Militation Regulations, Form 21. 03-045

1	Name in full (Given name) <u>Hilding</u> (Family name) <u>Forsman</u>	Age, in years <u>21</u>
2	Home address (No.) (Street) <u>Naknek</u> <u>Alaska</u> (City) (State)	
3	Date of birth (Month) (Day) (Year) <u>November</u> <u>18</u> <u>1895</u>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Alien</u>	
5	Where were you born? (Town) <u>Boden</u> (State) (Nation) <u>Sweden</u>	
6	If not a citizen, of what country are you a citizen or subject? <u>Sweden</u>	
7	What is your present trade, occupation, or office? <u>Calker</u>	
8	By whom employed? (Where employed?) <u>Northwestern Fisheries</u> <u>Naknek, Alaska</u>	
9	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependant on you for support (specify which)? <u>No</u>	
10	Married or single (which)? Race (specify which)? <u>Single</u> <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Hilding Forsman
 (Signature or mark.)

03-4748

No. 33 for certify that all the records rd, including the istrants; and I

I, J. H. Raming, the City of Seward, said Local Board affecting registr original Registration do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Hilding Forsman registrant with said Local Board, Order No. 230, Serial No. 46.

IN WITNESS WHEREOF, I have hereunto set my hand this the 3 day of June, 1919.

LOCAL BOARD No. 13
 City of Seward
SEWARD, ALASKA
 Stamp of Local Board

J. H. Raming
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to end at the top of the page of the certificate.

Exhibit " 31 "

REGISTRAR'S REPORT

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

2 Color of eyes? Blue Color of hair? Brown Bald?

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:

V. L. Sedwick
(Signature of registrar.)

Product Kvichak

City or County Naknek

State Alaska

August 26, 17
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 51. 0 2-5745

1	Name in full Nicholas (Given name) Tretiakoff (Family name)	Age, in years 25
2	Home address (No.) (Street) Nushagak Alaska (City) (State)	
3	Date of birth 5 22 1892 (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? Nushagak (Town) Alaska U.S.A. (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? Laborer	
8	By whom employed? Not employed	
9	Where employed? Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? None	
10	Married or single (which)? Single Race (specify which)? Russian	
11	What military service have you had? Rank _____; branch None ; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? No	

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

Nicholas Tretiakoff
(Signature or mark.)

02-4745

I, **J. L. Raming**,
the City of **Seward**,
said Local Board
affecting regist
original Registr

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of **Nicholas Tretiakoff**, registrant with said Local Board, Order No. **238**, Serial No. **4628**.

d No. **13** for
v certify that
all the records
ard, including the
gistrants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the **2** day of **August**, 1919.

LOCAL BOARD No. **13**
City of **Seward**
SEWARD, ALASKA
Stamp of Local Board

J. L. Raming
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " **82** "

REGISTRATION CARD

1	Tall, medium, or short (specify which)?	Short
	Slender, medium, or stout (which)?	Medium
2	Color of eyes? <u>Brown</u> Color of hair? <u>Dark</u> Bald? <u>No</u>	
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:

N. A. Schellberg
(Signature of registrar.)

Precinct -----

City or County King -----

State Washington -----

6/2/17
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be furnished in compliance with Section 12, Modification Regulations, Form 21. 43-474

1	Name in full <u>Gastano</u> (Given name) <u>Magalla</u> (Family name)	Age, in years <u>21</u>
2	Home address (No.) (Street) <u>Collinsville</u> (City) (State)	
3	Date of birth <u>Jan</u> <u>2</u> <u>1895</u> (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)? <u>Alien</u>	
5	Where were you born? <u>San Benedette</u> (Town) <u>Ascoli Reasno</u> <u>Italy</u> (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? <u>Fisherman</u>	
7	What is your present trade, occupation, or office?	
8	By whom employed? <u>Alaska Packers Assn.</u> Where employed? <u>Naknek</u>	
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)? <u>Father & Mother</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____ branch <u>No</u> ; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Gastano Magalla
(Signature or mark.)

0-1-1745

I, J. H. ...
the City of ... SEWARD
said Local Board in
affecting registration
original registration

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Gastano Magalla registrant with said Local Board, Order No. 257, Serial No. 405

o. 13....for
certify that
the records
including the
transcripts; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.

LOCAL BOARD No. 13
City of Seward

J. H. Rennie
Member of said Local Board.

SEWARD, ALASKA

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 83 "

1	Tall, medium, or short (specify which)?	Medium				
	Slender, medium, or stout (which)?	Medium				
2	Color of eyes?	BROWN	Color of hair?	Black	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:

A. Wilson Clark
(Signature of registrar.)

Precinct -----

City or County -----

State -----

Aug. 3, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be furnished in compliance with Section 12, Mobilization Regulations, Form 51. 9-2-1745

1	Name in full Kasim (Given name) Warkason (Family name)	Age, in years 29
2	Home address (No.) Seward (City) (Street) Alaska (State)	
3	Date of birth 1888 (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)? An alien	
5	Where were you born? Casim (Town) Russia (Nation) (State)	
6	If not a citizen, of what country are you a citizen or subject? Russia	
7	What is your present trade, occupation, or office? Laborer	
8	By whom employed? Alaska Eng. Comm. Where employed? Mile 10-near Seward	
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)? No	
10	Married or single (which)? Single Race (specify which)?	
11	What military service have you had? Rank branch No ; years Nation or State	
12	Do you claim exemption from draft (specify grounds)? No	

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

Kasim Warkason
(Signature or mark.)

03-4746

I, ...
the City of...
said Local Board...
affecting registration...
original Registration Card (Form 1--P.M.G.O.) of said registrant; and I
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of... Kasim Warkason...
registrant with said Local Board, Order No. 430, Serial No. 164.

IN WITNESS WHEREOF, I have hereunto set my hand this the... day of
June, 1919.

LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board.

J. H. ...
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 74 "

1	Tall, medium, or short (specify which)?	Medium
	Slender, medium, or stout (which)?	Slender
2	Color of eyes?	Black
	Color of hair?	Dark
	Bald?	Partly
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:

Arthur Lang
 (Signature of registrant.)

Precinct -----
 City or County -----
 State -----

 (Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 03-748

Address
 507 King St.,
 Seattle

1	Name in full <u>Joseph Nelson</u> <small>(Given name)</small> <u>West</u> <small>(Family name)</small>	Age, in years <u>29</u>
2	Home address <u>S.S. Santa Ana</u> <small>(No.)</small> <small>(Street)</small> <u>Seward</u> , <u>Alaska</u> <small>(City)</small> <small>(State)</small>	
3	Date of birth: <u>August</u> , <u>29</u> , <u>1887</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Alien</u>	
5	Where were you born? <u>Westrvik</u> <small>(Town)</small> <u>Sweden</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? <u>Australia</u>	
7	What is your present trade, occupation, or office? <u>Seaman</u>	
8	By whom employed? <u>Alaska Steamship Co.</u> Where employed? <u>Between Seward & west</u>	
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)? <u>Wife, mother & two children</u>	
10	Married or single (which)? <u>Married</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>Private</u> ; branch <u>Navy</u> ; years <u>1</u> ; Nation or State <u>Sweden</u>	
12	Do you claim exemption from draft (specify grounds)? <u>Support of dependables</u>	

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

J. West
(Signature or mark.)

03-4745

I, J. H. Remy,
the City of Seward,
said Local Board
affecting registrants
original Registry

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Joseph Nelson West, registrant with said Local Board, Order No. 46, Serial No. 233

No. 233 for
certify that
all the records
card, including the
registrants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 2 day of June, 1919.

LOCAL BOARD No. 13
City of Seward

J. H. Remy
Member of said Local Board.

SEWARD ALASKA
Stamp of Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 85 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Tall	
	Slender, medium, or stout (which)?	Stout	
2	Color of eyes? Blue	Color of hair? DARK	Bald? No
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)?	None	

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:

Aubrey B. Baem
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

July 24, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 51. 2-22

1	Name in full <small>(Given name)</small> <u>Phil Demedoff</u> <small>(Family name)</small>	Age, in years <u>22</u>
2	Home address <small>(No.)</small> <u>Kodiak</u> <small>(Street)</small> <u>Alaska</u> <small>(City)</small> <small>(State)</small>	
3	Date of birth <u>January</u> <u>17</u> <u>1895</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural Born</u>	
5	Where were you born? <u>Kodiak</u> <small>(Town)</small> <u>Alaska</u> <u>U.S.A.</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Musician</u>	
8	By whom employed? Where employed? <u>Missouri Reformatory</u>	
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)? <u>None</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____ branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Phil Demedoff

(Signature or mark.)

0 2-4748

I, J. H. Penning,
 the City of Seward,
 said Local Board is
 affecting registry
 original Registrat
 do further certify that the foregoing and attached documents are true and accurate
 copy of the Registration Card (Form 1--P.M.G.O.) of Phil Demedoff
 registrant with said Local Board, Order No. 451, Serial No. 274

No. 13 for
 certify that
 all the records
 including the
 strants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 2 day of
June, 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. H. Penning
 Member of said Local Board.

Note: In preparing copy of Registration Card to be certified, "new shapes"
 (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the
 copy the same color (black, blue, or red) as the original registration card,
 attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 16 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Medium	
	Slender, medium, or stout (which)?	Medium	
2	Color of eyes? Dk Brown	Color of hair? Black	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:

R. C. Clark, Supt.

(Signature of registrar.)

Precinct Kodiak

City or County

State Alaska

5/30/17

(Date of registration.)

NOTE—This blank or the original registration card, Form 1, may be used for making copy required to be furnished in compliance with Section 12, Motor Vehicle Regulations, Form 31. 02-4745

Sent from Boonville, Mo.

1	Name in full Ernest Von Hasler (Given name) Hasler (Family name)	Age, in years 23
2	Home address (No.) Seward (Street) (City) Alaska (State)	
3	Date of birth October 10 1894 (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)? Declared intention	
5	Where were you born? Interlacken (Town) K.B. Switzerland (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? Switzerland	
7	What is your present trade, occupation, or office? Cook	
8	By whom employed? Alaskan Eng. Comm Where employed? Seward	
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	
10	Married or single (which)? Married Race (specify which)? Caucasian	
11	What military service have you had? Rank Private branch Mountain Artillery ; years 4 mo. Nation or State Switzerland	
12	Do you claim exemption from draft (specify grounds)? No	

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

Ernest von Hasler
(Signature or mark.)

03-4745

I, ...
the City of ...
said Local Board
affecting regi
original Regi

ard No. ... for
by certify that
of all the records
Board, including the
registrants; and I

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of **Ernest Von Hasler**, registrant with said Local Board, Order No., Serial No.

IN WITNESS WHEREOF, I have hereunto set my hand this the ... day of ... 1919.

LOCAL BOARD No. 13
City of Seward

J.H. Rummy
Member of said Local Board.

SEWARD, ALASKA

Stamp of Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to end at the top of the page of the certificate.

Exhibit " 87 "

1 Tall, medium, or short (specify which)? Medium
Slender, medium, or stout (which)? Slender
2 Color of eyes? BROWN Color of hair? 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:

O. H. Poehlmann
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

July 25 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 51. 03-745

1	Name in full <u>Alexander</u> <small>(Given name)</small> <u>Brown</u> <small>(Family name)</small>	Age, in years 23
2	Home address <small>(No.)</small> <u>Karluk</u> <small>(Street)</small> <u>Alaska</u> <small>(City)</small> <u>Alaska</u> <small>(State)</small>	
3	Date of birth <u>February</u> <u>25</u> <u>1894</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural born</u>	
5	Where were you born? <u>Karluk</u> <small>(Town)</small> <u>Alaska</u> <u>U.S.A.</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Laborer (cannery)</u>	
8	By whom employed? <u>Alaska Packers Assn.</u> Where employed? <u>Larsen Bay, Alaska</u>	
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)? <u>None</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>No service</u> branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Alexander Brown x his
(Signature or mark.) MARK

03-4745

I, _____
the City of _____
said Local Board is
affecting registrant
original Registration Card
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of _____
registrant with said Local Board, Order No. _____, Serial No. _____

...for
certify that
the records
including the
grants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the _____ day of _____, 1919.

LOCAL BOARD No. 15

J.H. Rennie
Member of said Local Board.

SEWARD, A.

Stamp of Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 55 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Medium	
	Slender, medium, or stout (which)?	Slender	
2	Color of eyes? Dark	Color of hair? Dark	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:

Karl Armstrong

(Signature of registrar.)

Precinct Nyak

City or County _____

State Alaska

July 30, 1917

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21. 62-4745

1	Name in full <u>James de Lille</u> <small>(Given name)</small> <u>Griffith</u> <small>(Family name)</small>	Age, in years <u>29</u>
2	Home address <small>(No.)</small> <u>5th</u> <small>(Street)</small> <u>Seward</u> , <u>Alaska</u> <small>(City)</small> <small>(State)</small>	
3	Date of birth: <u>July</u> , <u>16</u> , <u>1887</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural born</u>	
5	Where were you born? <u>Oorabrack</u> <small>(Town)</small> <u>North Dakota</u> , <u>U.S.A.</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Timekeeper</u>	
8	By whom employed? <u>Alaska Eng. Comm.</u> Where employed? <u>Seward</u>	
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)? <u>None</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>High private</u> branch <u>Nat. Guard</u> ; years <u>4</u> ; Nation or State <u>North Dakota & Wash.</u>	
12	Do you claim exemption from draft (specify ground)? <u>No</u>	

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

J.L. Griffith

(Signature or mark.)

03-5745

I, J. A. H.
the City of....
said Local Board
affecting regi
original Regis

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of James de Lille Griffith registrant with said Local Board, Order No. 57, Serial No. 48

IN WITNESS WHEREOF, I have hereunto set my hand this the...1...day of
June, 1919.

LOCAL BOARD No. 13
City of Seward

J.H. Remick
Member of said Local Board.

SEWARD, ALASKA

Notes. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but same should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 57 "

rd No.13.....for
by certify that
of all the records
board, including the
registrants; and I

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Tall</u>
	Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>Blue</u> Color of hair? <u>Brown</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>None</u>

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:

O. H. Pochlmann
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

July 10, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 51. 23-4748

1	Name in full <u>Aly</u> (Given name) <u>Dzobalaeff</u> (Family name)	Age, in years <u>22</u>
2	Home address (No.) <u>Seward</u> (City) (Street) <u>Alaska</u> (State)	
3	Date of birth (Month) _____ (Day) _____ (Year) <u>1895</u>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Alien</u>	
5	Where were you born? (Town) <u>Donofais</u> (State) _____ (Nation) <u>Russia</u>	
6	If not a citizen, of what country are you a citizen or subject? <u>Russia</u>	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? <u>Alaska Eng. Comm.</u> Where employed? <u>Seward</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____ branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>Yes. Citizen Russia</u>	

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

His
Aly X Dzobalaeff
Mark (Signature or mark.)

02-4745

I, J. H. BO
the City of Seward
said Local Board is
affecting registrant's
original Registration Card
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of Aly Dzobalaeff
registrant with said Local Board, Order No. _____, Serial No. _____

13 for
certify that
the records
including the
prints; and I
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of Aly Dzobalaeff
registrant with said Local Board, Order No. _____, Serial No. _____

IN WITNESS WHEREOF, I have hereunto set my hand this the _____ day of
June, 1919.

LOCAL BOARD No. 13
City of Seward

J. H. BO
Member of said Local Board.

SEWARD, ALASKA
Stamp of Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 90 "

REGISTRAR'S REPORT

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

2 Color of eyes? Brown Color of hair? Black Bald? _____
 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise

3 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:

O. H. Poeschlmann
 (Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

Sept 1, 1917
 (Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 0 2-4745

1	Name in full <u>Fredrick Hans</u> (Given name) <u>Leje</u> (Family name)	Age, in years <u>28</u>
2	Home address (No.) <u>Sloke Livonia</u> (City) (State) <u>Russia</u>	
3	Date of birth <u>Aug</u> (Month) <u>4</u> (Day) <u>1889</u> (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)? <u>Aliene-ne papers</u>	
5	Where were you born? <u>Sloke</u> (Town) <u>Livonia</u> (State) <u>Russia</u> (Nation)	
6	If not a citizen, of what country are you a citizen or subject? <u>Russia</u>	
7	What is your present trade, occupation, or office? <u>Laborer, R.R. Comm.</u>	
8	By whom employed? <u>Department of Interior</u> <u>Alaskan ENG. Comm.</u> Where employed? <u>Seward, Alaska</u>	
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)? <u>Mother (widow)</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>Support of mother</u>	

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

Fredrick Hans Leje
(Signature or mark.)

09-4745

I, J. H. M. for
the City of Seward certify that
said Local Board is the records
affecting registrant the records
original Registrant including the
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of Fredrick Hans Leje
registrant with said Local Board, Order No. 419, Serial No. 333.

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of
June, 1919.

LOCAL BOARD No. 13
City of Seward

SEWARD, ALASKA

J. H. M.
Member of said Local Board.

Stamp of Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to end at the top of the page of the certificate.

Exhibit " 97 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Medium				
	Slender, medium, or stout (which)?	Medium				
2	Color of eye	Dk BROWN	Color of hair?	Dk BROWN	at	No
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)?					
	Fore finger, left hand.					

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:

I am of opinion that this man
is an Austrian, not a Russian.

A. D. Estes
(Signature of registrar.)

Precinct Kenai

City or County Seward, Mile 52, A.N.R.R.

State Alaska

AUG. 28, 1917
(Date of registration.)

NOTE—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21. 03-5745

1	Name in full <u>Walter</u> (Given name) <u>Culver</u> (Family name)	Age, in years <u>26</u>
2	Home address (No.) (Street) <u>Herendeen Bay</u> <u>Alaska</u> (City) (State)	
3	Date of birth <u>Dec</u> <u>10</u> <u>1890</u> (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)? <u>Natural born</u>	
5	Where were you born? <u>Reeding</u> (Town) <u>Mich.</u> (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? <u>Government school teacher</u>	
8	By whom employed? <u>Department of Interior</u> Where employed? <u>Herendeen Bay, Alaska</u>	
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)? <u>Wife</u>	
10	Married or single (which)? <u>Married</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>1st Serg.</u> branch <u>Militia</u> ; years <u>3</u> Nation or State <u>3d Oregon</u>	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Walter G. Culver

(Signature or mark.)

03-4745

I, J. H. Penney,
the City of Seward,
said Local Board is
affecting registrant
original Registration Cards (Form 1--P.M.G.O.) of all such registrants; and I
do further certify that the foregoing and attached documents are true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of Walter Culver
registrant with said Local Board, Order No. 184, Serial No. 362

IN WITNESS WHEREOF, I have hereunto set my hand this the 13 day of
January, 1919.

LOCAL BOARD No. 13
City of
SEWARD
Stamp of Local Board

J. H. Penney
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 53 "

1 Tall, medium, or short (specify which)? Tall
Slender, medium, or stout (which)? Medium
2 Color of eyes? BROWN Color of hair? BROWN Bald? No
Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise
3 disabled (specify)? Left eye weak

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:

G. V. S. Harvey
(Signature of registrar.)

Precinct -----

City or County -----

State -----

July 29, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 03-4748

1	Name in full <u>John</u> (Given name) <u>Sheroteen</u> (Family name)	Age, in years <u>24</u>
2	Home address (No.) <u>Afognak</u> (City)	(Street) (State)
3	Date of birth <u>February</u> (Month) <u>9</u> (Day) <u>1893</u> (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)? <u>Natural</u>	
5	Where were you born? <u>Afognak</u> (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? <u>Laborer</u>	
8	By whom employed? <u>N.W.F. Co.</u> Where employed? <u>Nyak</u>	
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)? <u>None</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>None</u> branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

John Sheroteen

(Signature or mark.)

02-4745

Board No. 13...for
I hereby certify that
I have examined all the records
of all the records
of said Local Board, including the
records of all registrants; and I
certify that the foregoing and attached document is true and accurate.
John Sheroteen
Serial No. 367

I, _____
the City of...
said Local Board
affecting registration
original Registration Card

do further certify that the foregoing and attached document is true and accurate.
copy of the Registration Card (Form 1--P.M.G.O.) of John Sheroteen
registrant with said Local Board, Order No. 419, Serial No. 367

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of
June, 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J.H. Remick
Member of said Local Board.

Notes. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 54 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Medium				
	Slender, medium, or stout (which)?	Medium				
2	Color of eyes?	Dark	Color of hair?	Dark	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:

Karl Armstrong
(Signature of registrar.)

Presinct Nyak

City or County -----

State Alaska

July 31, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. # 3-4748

1	Name in full	Taa <small>(Given name)</small>	Age, in years 22
		Rea <small>(Family name)</small>	
2	Home address	Tahiti <small>(City) (State)</small>	
3	Date of birth	July <small>(Month)</small>	28 <small>(Day)</small> , 1895 <small>(Year)</small>
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)?		
	Alien		
5	Where were you born?	Tahiti <small>(Town)</small>	France <small>(Nation)</small>
6	If not a citizen, of what country are you a citizen or subject? France		
7	What is your present trade, occupation, or office? Laborer		
8	By whom employed?	Alaska Packers Assn.	
	Where employed?	Larsen Bay, Alaska	
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)? No		
10	Married or single (which)?	Single	
	Race (specify which)?	Malayan	
11	What military service have you had? Rank No branch _____; years _____ Nation or State _____		
12	Do you claim exemption from draft (specify grounds)? No		

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

Taa Rea

(Signature or mark.)

03-4745

I, _____
 the City of _____
 said Local Board is
 affecting registrant
 original Registration

do further certify that the foregoing and attached document is a true and accurate
 copy of the Registration Card (Form 1--P.M.G.O.) of **Taa Rea** _____
 registrant with said Local Board, Order No. **24** _____, Serial No. **375** _____

IN WITNESS WHEREOF, I have hereunto set my hand this the **1** day of
June, 1919.

LOCAL BOARD No. **13**

City of _____

SEW _____

Stamp of Local Board

J.H. Rummy
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
 (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
 copy the same color (black, blue, or red) as the original registration card,
 attaching the copy securely to and at the top of the page of the certificate.

Exhibit " **55** "

o...13...for
 certify that
 all the records
 including the
 strants; and I

REGISTRAR'S REPORT

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

2 Color of eyes? Dark Color of hair? Dark 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:

Karl Armstrong
 (Signature of registrar.)

Precinct Nyak

City or County -----

State Alaska

July 30, 1917
 (Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 31. 02-4745

1	Name in full <u>Antonia</u> <small>(Given name)</small> <u>Domingues</u> <small>(Family name)</small>	Age, in years <u>23</u>
2	Home address <small>(No.)</small> _____ <small>(Street)</small> _____ <u>Lapaz</u> <u>Mexico</u> <small>(City)</small> <small>(State)</small>	
3	Date of birth <small>(Month)</small> _____ <small>(Day)</small> _____ <small>(Year)</small> _____ <u>Mexico</u>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Alien</u>	
5	Where were you born? <small>(Town)</small> _____ <u>Lapaz</u> <small>(State)</small> _____ <small>(Nation)</small> _____ <u>Mexico</u>	
6	If not a citizen, of what country are you a citizen or subject? <u>Mexico</u>	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? <u>Alaska Packers Assn.</u> Where employed? <u>Larsen Bay, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>Infantry</u> ; branch _____; years <u>One</u> ; Nation or State <u>Mexico</u>	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Antonia Domingues
(Signature or mark.)

I, J. H. Remig, for the City of Seward, Alaska, certify that said Local Board is affecting registrants the records, including the original Registration Cards (Form 1--P.M.G.O.) of all such registrants; and I do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Antonia Domingues, registrant with said Local Board, Order No. 466, Serial No. 376.

IN WITNESS WHEREOF, I have hereunto set my hand this the 13 day of June, 1919.
LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. H. Remig
Mayor of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 56 "

1	Tall, medium, or short (specify which)?	Short				
	Slender, medium, or stout (which)?	Medium				
2	Color of eyes?	Light	Color of hair?	Light	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:

Karl Armstrong
(Signature of registrar.)

Precinct **Nyak**

City or County -----

State **Alaska**

July 30th 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 0 2-4745

1	Name in full <small>(Given name)</small> Antonio <small>(Family name)</small> Rosales	Age, in years 27
2	Home address <small>(No.)</small> Zaciticas <small>(City)</small> <small>(Street)</small> Mexico <small>(State)</small>	
3	Date of birth <small>(Month)</small> <small>(Day)</small> <small>(Year)</small> 1890	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Alien	
5	Where were you born? <small>(Town)</small> Zaciticas <small>(State)</small> Chihuahua <small>(Nation)</small> Mexico	
6	If not a citizen, of what country are you a citizen or subject? Mexico	
7	What is your present trade, occupation, or office? Laborer	
8	By whom employed? Alaska Packers Assn. Where employed? Larsen Bay, Alaska	
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)? No	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military services have you had? Rank No service branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? No	

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

Antonio T Rosales
(Signature or mark.)

02-4745

I, J. H. Rennie,
 the City of Seward,
 said Local Board is the
 affecting registrants
 original Registration
 do further certify that the foregoing and attached document is a true and accurate
 copy of the Registration Card (Form 1--P.M.G.O.) of Antonio T Rosales
 registrant with said Local Board, Order No. 137, Serial No. 378

IN WITNESS WHEREOF, I have hereunto set my hand this the 13 day of Jan, 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. H. Rennie
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
 (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
 copy the same color (black, blue, or red) as the original registration card,
 attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 57 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Medium	
	Slender, medium, or stout (which)?	Medium	
2	Color of eyes? Dark	Color of hair? Dark	Build? 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:

Karl Armstrong
(Signature of registrar.)

Precinct Nyak

City or County

State Alaska

July 30, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 62-474

1	Name in full <u>Percy</u> (Given name) <u>Cone</u> (Family name)	Age, in years <u>30</u>
2	Home address <u>90</u> (No.) <u>Sidney</u> (City) <u>Elizabeth</u> (Street) <u>Australia</u> (State)	
3	Date of birth <u>February</u> (Month) <u>2</u> (Day) <u>1887</u> (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)? <u>An Alien</u>	
5	Where were you born? <u>Ashfield</u> (Town) <u>Australia</u> (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? <u>Australia</u>	
7	What is your present trade, occupation, or office? <u>Waiter steamship</u>	
8	By whom employed? <u>Alaska Packers Assn.</u> Where employed? <u>Larsen Bay, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank branch ; years Nation or State	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Percy Cone
(Signature or mark.)

I,
the City of
said Local Board is to
affecting registrants
original Registration
do further certify the
copy of the Registration Card (Form 1--P.M.G.O.) of
registrant with said Local Board, Order No., Serial No.

...for
rtify that
the records
including the
rents; and I
and accurate

IN WITNESS WHEREOF, I have hereunto set my hand this the day of
....., 1919.

LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. H. Pernice
Member of said Local Board.

Note: In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to end at the top of the page of the certificate.

REPORT

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

2 Color of eyes? Gray Color of hair? Light Brown 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:

Karl Armstrong
(Signature of registrar.)

Product Nyak

City or County _____

State Alaska

July 30, 1917
(Date of registration.)

NOTE—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31.
0 9-4748

1	Name in full Sabine (Given name) Oliveira (Family name)	Age, in years 27
2	Home address (No.) (Street) (City) (State)	
3	Date of birth March 1890 (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)? Alien	
5	Where were you born? (Town) Portugal (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? Laborer	
8	By whom employed? Alaska Packer's Assn. Where employed? Coffee Creek, Alaska	
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)? No	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military service have you had? Rank branch ; years Nation or State	
12	Do you claim exemption from draft (specify grounds)? No	

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

Sabine Oliveira

(Signature or mark.)

03-4745

I,
 the City of....
 said Local Board
 affecting reg
 original Regi

do further certify that the foregoing and enclosed
 copy of the Registration Card (Form 1--P.M.G.O.) of, Sabine Oliveira
 registrant with said Local Board, Order No. 237, Serial No.

Card No. 13....for
 by certify that
 of all the records
 Board, including the
 registrants, and I
 is a true and accurate

IN WITNESS WHEREOF, I have hereunto set my hand this the...2....day of
 June....., 1919.

LOCAL BOARD No. 15

City of Seward

SEWARD, ALASKA

Stamp of Local Board.....

J. H. Rummy
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
 (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the
 copy the same color (black, blue, or red) as the original registration card,
 attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 23 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Tall</u>
	Slender, medium, or stout (which)? <u>Slender</u>
2	Color of eyes? <u>Brown</u> Color of hair? <u>Black</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

G. V. S. Harvey
(Signature of registrar.)

Proclinet -----

City or County -----

State -----

Aug. 10, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 18, Mobilization Regulations, Form 21. 09-5745

1	Name in full <u>William</u> (Given name) <u>Petersen</u> (Family name)	Age, in years <u>24</u>
2	Home address (No.) (Street) <u>Wood River Nushagak</u> (City) (State) <u>Alaska</u>	
3	Date of birth (Month) (Day) (Year) <u>April 13 1893</u>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Alien</u>	
5	Where were you born? (Town) (State) (Nation) <u>Copenhagen</u> <u>Denmark</u>	
6	If not a citizen, of what country are you a citizen or subject? <u>Denmark</u>	
7	What is your present trade, occupation, or office? <u>Fisherman</u>	
8	By whom employed? <u>Alaska Salmon Co.,</u> Where employed? <u>Wood River, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank branch; years Nation or State <u>No</u>	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Wm Petersen

(Signature or mark.)

03-4743

I,.....
the City of.....
said Local Board
affecting regis
original Regis

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of William Petersen, registrant with said Local Board, Order No. 457, Serial No. 287.

ard No. 15....for
obv certify that
of all the records
Board, including the
registrants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the...2....day of
June....., 1919.

LOCAL BOARD No. 13
City of Seward

J. H. Rennie
Member of said Local Board.

SEWARD, ALASKA

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 59 "

REGISTRAR'S REPORT

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

2 Color of eyes? Blue Color of hair? Light 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:

See below

M.W. Torkey
(Signature of registrar.)

Product _____

City or County _____

State _____

Aug 12 1917
(Date of registration.)

NOTE:—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21. © 2-174

Apparently a German, says he is going to stay in Alaska this winter and trap.

1	Name in full <u>Felipe</u> <small>(Given name)</small> <u>Casanares</u> <small>(Family name)</small>	Age, in years <u>21</u>
2	Home address <small>(No.)</small> _____ <small>(Street)</small> _____ <small>(City)</small> _____ <small>(State)</small> _____	
3	Date of birth <u>May</u> <u>1</u> , <u>1896</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)?	
5	Where were you born? _____ <small>(Town)</small> <u>Philippine Is.</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? <u>Naknek Packers</u> Where employed? <u>Bristol Bay, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Malayan</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Felipe Casanares
(Signature or mark.)

02-4745

I, J. H. Rannig, of the City of SEWARD, said Local Board is the local board affecting registrants with original Registration Cards, and I do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Felipe Casanares registrant with said Local Board, Order No. 390, Serial No. 386.

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.

LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. H. Rannig
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 60 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Short
	Slender, medium, or stout (which)?	Slender
2	Color of eyes? <u>Brown</u> Color of hair? <u>Black</u> Bald? <u>No</u>	
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:

G. V. S. Harvey
(Signature of registrar.)

Precinct -----

City or County -----

State -----

Aug 6 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 21. 03-4745

1	Name in full <u>Taking</u> (Given name) <u>Martinez</u> (Family name)	Age, in years <u>21</u>
2	Home address (No.) _____ (Street) _____ (City) _____ (State) _____	
3	Date of birth <u>July</u> <u>3</u> <u>1896</u> (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)?	
5	Where were you born? _____ (Town) _____ (State) <u>Philippine Is</u>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? <u>Naknek Packers</u>	
	Where employed? <u>Bristol Bay, Alaska</u>	
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)? <u>Mother</u>	
10	Married or single (which)? <u>Single</u>	
	Race (specify which)? <u>Malayan</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State <u>None</u>	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Taking Martinez
(Signature or mark.)

03-4745

I, _____
the City of _____
said Local Board is
affecting registration
original Registrant
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of Taking Martinez
registrant with said Local Board, Order No. _____, Serial No. _____

No. 387 for
certify that
all the records
and, including the
registrants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 2 day of
June, 1919.

LOCAL BOARD No. 13

City of _____

SEWARD, _____

Stamp of Local Board

J. H. Rennie
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 61 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Short
	Slender, medium, or stout (which)?	Slender
2	Color of eyes? <u>BROWN</u> Color of hair? <u>Black</u> Bald? <u>No</u>	
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:

G. V. S. Harvey
(Signature of registrar.)

Precinct -----

City or County -----

State -----

Aug. 6, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 63-4745

1	Name in full <u>Simplicio Delos Reyes</u> <small>(Given name)</small> <u>Reyes</u> <small>(Family name)</small>	Age, in years <u>24</u>
2	Home address <small>(No.)</small> _____ <small>(Street)</small> _____ <small>(City)</small> _____ <small>(State)</small> _____	
3	Date of birth <u>Aug</u> <u>2</u> <u>1893</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)?	
5	Where were you born? _____ <small>(Town)</small> _____ <small>(State)</small> <u>Philippine Is.</u> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? <u>Naknek Packers</u> Where employed? <u>Bristol Bay, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Malayan</u>	
11	What military service have you had? Rank _____ branch _____; years <u>None</u> ; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Simplicio Delos Reyes
(Signature or mark.)

03-4748

I, _____
the City of _____
said Local Board is
affecting registrant
original Registrant
do further certify
copy of the Registration Card (Form 1--P.M.G.O.) of _____
registrant with said Local Board, Order No. _____, Serial No. _____

No. _____ for
certify that
all the records
including the
strants; and I
true and accurate
Simplicio Delos Reyes

IN WITNESS WHEREOF, I have hereunto set my hand this the 2 day of _____, 1919.

LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. H. Remig
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to end at the top of the page of the certificate.

Exhibit " 62 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Short
	Slender, medium, or stout (which)?	Slender
2	Color of eyes?	Brown
	Color of hair? Bald?	Black 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:

 G. V. S. Harvey
 (Signature of registrar.)

Precinct -----

City or County -----

State -----

 Aug. 6, 1917
 (Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21. 03-2725

1	Name in full <u>Asislo Sabas</u> <small>(Given name) (Family name)</small>	Age, in years <u>23</u>
2	Home address <small>(No.) (Street) (City) (State)</small>	
3	Date of birth <u>Nov. 17, 1894</u> <small>(Month) (Day) (Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)?	
5	Where were you born? <small>(Town) (State) (Nation)</small> <u>Philippine Islands</u>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? <u>Naknek Packers</u> Where employed? <u>Bristol Bay, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Mayalan</u>	
11	What military service have you had? Rank _____ branch _____; years <u>None</u> Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Asislo Sabas

(Signature or mark.)

03-4743

Board No. for
heroby certify that
an of all the records
al Board, including the
ch registrants; and I
ant is a true and accurate

I, ...
the City of.
said Local B
affecting r
original R

do further certify that the foregoing ...
copy of the Registration Card (Form 1--P.M.G.O.) of, Asislo Sabas ...
registrant with said Local Board, Order No. 206 ... Serial No.

IN WITNESS WHEREOF, I have hereunto set my hand this the day of
....., 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. J. Ramis
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 63 "

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

2 Color of eyes? BROWN Color of hair? Black 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:

G. V. S. Harvey
(Signature of Registrar)

Precinct _____

City or County _____

State _____

Aug. 6, 1917

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. © 9-4748

1	Name in full <u>Juan</u> (Given name) <u>Valensuela</u> (Family name)	Age, in years <u>23</u>
2	Home address (No.) _____ (Street) _____ (City) _____ (State) _____	
3	Date of birth <u>June</u> <u>9</u> <u>1894</u> (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)?	
5	Where were you born? _____ (Town) _____ <u>Philippine Is.</u> (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? <u>Laborer</u>	
7	What is your present trade, occupation, or office?	
8	By whom employed? <u>Naknek Packers</u> Where employed? <u>Bristol Bay, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Mahyan</u>	
11	What military service have you had? Rank _____ branch _____; years <u>None</u> Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Juan Valensuela
(Signature or mark.)

03-4748

I, J. J. E.
the City of Seward
said Local Board
affecting registration
original registration

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Juan Valensuela registrant with said Local Board, Order No. 129, Serial No. 396.

Card No. 13 for
by certify that
of all the records
board, including the
registrants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of
June, 1919.

LOCAL BOARD No. 18
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. J. E.
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 69 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Short				
	Slender, medium, or stout (which)?	Slender				
2	Color of eyes?	Brown	Color of hair?	Black	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:

G. V. S. Harvey
(Signature of registrar.)

Precinct -----

City or County -----

State -----

Aug. 6, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 21. 63-4745

1	Name in full Marcelo de Villa <small>(Given name) (Family name)</small>	Age, in years 22
2	Home address <small>(No.) (Street) (City) (State)</small>	
3	Date of birth March 30 1895 <small>(Month) (Day) (Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)?	
5	Where were you born? <small>(Town) (State) (Nation)</small> Philippine Is.	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? Laborer	
8	By whom employed? Naknek Packers Where employed? Bristol Bay Alaska	
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)? No	
10	Married or single (which)? Single Race (specify which)? Malayan	
11	What military service have you had? Rank branch ; years none Nation or State	
12	Do you claim exemption from draft (specify grounds)? No	

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

Marcelo de Villa
(Signature or mark.)

03-4743

I, J. A. H. the City of SEWARD said Local Board affecting registration original Register do further certify that the foregoing and a copy of the Registration Card (Form 1--P.M.G.O.) of **Marcelo de Villa** registrant with said Local Board, Order No. **317**, Serial No. **397**.

rd No **33**.... for by certify that of all the records Board, including the registrants; and I is a true and accurate

IN WITNESS WHEREOF, I have hereunto set my hand this the **1** day of **1919**.

LOCAL BOARD No. **13**
City of Seward

J. H. Riney
Member of said Local Board.

SEWARD, ALASKA

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " **65** "

REGISTRAR'S REPORT

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

2 Color of eyes? Brown Color of hair? Black Bald? No
Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise

3 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:

G. V. S. Harvey
(Signature of registrar.)

Precinct _____

City or County _____

State _____

Aug. 6, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 18, Mobilization Regulations, Form 31. 9-4745

1	Name in full Apolaris (Given name) Cura (Family name)	Age in years 27
2	Home address (No.) (Street) (City) (State)	
3	Date of birth July (Month) 33 (Day) 1890 (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)?	
5	Where were you born? (Town) Philippine Is. (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? Laborer	
8	By whom employed? Naknek Packers Where employed? Bristol Bay, Alaska	
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)? No	
10	Married or single (which)? Single Race (specify which)? Malayan	
11	What military service have you had? Rank mess boy ; branch Coastier ; years 1 1/2 ; Nation or State U.S.A.	
12	Do you claim exemption from draft (specify grounds)? No	

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

A. Cura
(Signature or mark.)

I, J. H. ...
the City of SEWARD
said Local Board
affecting regist
original Registe

rd No 23....for
by certify that
f all the records
board, including the
registrants; and I
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of **Apolaris Cura**
registrant with said Local Board, Order No.....**23**..., Serial No.....**398**....

IN WITNESS WHEREOF, I have hereunto set my hand this the **3**.....day of
June....., 1919.
LOCAL BOARD No. 18
City of Seward
SEWARD, ALASKA
Stamp of Local Board.....

J. H. Reming
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit # 66

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Short
	Slender, medium, or stout (which)?	Slender
2	Color of eyes? <u>Brown</u> Color of hair? <u>Black</u> Bald? <u>No</u>	
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:

G. V. S. Harvey

(Signature of registrar.)

Precinct -----

City or County -----

State -----

AUG. 6, 1917

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 21. 63-2745

1	Name in full <small>(Given name)</small> <u>Arturo</u> <small>(Family name)</small> <u>Flores</u>	Age, in years <u>22</u> <u>22</u>
2	Home address <small>(No.)</small> _____ <small>(Street)</small> _____ <small>(City)</small> _____ <small>(State)</small> _____	
3	Date of birth <u>April</u> <u>22</u> <u>1895</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural</u>	
5	Where were you born? <u>Tondo</u> <small>(Town)</small> <u>Manila</u> <u>P. I.</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Laborer in cannery</u>	
8	By whom employed? <u>Alaska Packers Assn.</u> Where employed? <u>Kegging, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? <u>None</u> branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Arturo Flores
(Signature or mark.)

03-4743

I, J. J. [unclear]
the City of [unclear]
said Local Board
affecting reg[unclear]
original Registration Card (Form 1--P.M.G.O.) of all such registrants; and I
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of Arturo Flores
registrant with said Local Board, Order No. 371, Serial No. 409

Card No. 13 for
I do hereby certify that
of all the records
Board, including the
of all such registrants; and I
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of Arturo Flores
registrant with said Local Board, Order No. 371, Serial No. 409

IN WITNESS WHEREOF, I have hereunto set my hand this the 3 day of June, 1919.

LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. J. Remy
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 67 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Short				
	Slender, medium, or stout (which)?	Slender				
2	Color of eyes?	Brown	Color of hair?	Black	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:

G. V. S. Harvey
(Signature of registrar.)

Product -----

City or County -----

State -----

Aug. 9, 1917

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 02-208

1	Name in full Victor (Given name) Ortega (Family name)	Age, in years 28
2	Home address (No.) None (Street) (City) (State)	
3	Date of birth (Month) Not known (Day) (Year) 1889	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)?	
5	Where were you born? (Town) Alanda (State) Hilisco (Nation) Mexico	
6	If not a citizen, of what country are you a citizen or subject? Mexico	
7	What is your present trade, occupation, or office? Laborer	
8	By whom employed? Alaska Packers Assn. Where employed? Alitak Bay, Kodiak I.	
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)? Father, Mother 2 sisters	
10	Married or single (which)? Single	
	Race (specify which)? Caucasian	
11	What military service have you had? Rank branch, years None Nation or State	
12	Do you claim exemption from draft (specify grounds)? Yes, support of family	

I affirm that I have verified above answers

I, J. H. [Name], a member of Local Board No. 13 for the City of Seward, Territory of Alaska, do hereby certify that said Local Board is the legal and duly authorized custodian of all the records affecting registrants within the jurisdiction of said Local Board, including the original Registration Cards (Form 1--P.M.G.O.) of all such registrants; and I do further certify that the foregoing and attached documents is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Victor Ortega, registrant with said Local Board, Order No. 42, Serial No. 406.

IN WITNESS WHEREOF, I have hereunto set my hand this 2nd day of June, 1919.

LOCAL BOARD No. 13
 City of Seward
SEWARD, ALASKA
 Stamp of Local Board

J. H. [Signature]
 Member of said Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 68 "

1 Tall, medium, or short (specify which)? Short
Slender, medium, or stout (which)? Medium
2 Color of eyes? Dark Color of hair? Black Bald? No
Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise
3 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:

M. W. Terken
(Signature of registrar.)

Precinct _____

City or County _____

State _____

July 24, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 02-0745

1	Name in full <u>Albert Alexander</u> <small>(Given name)</small> <u>Temple</u> <small>(Family name)</small>	Age, in years <u>22</u>
2	Home address <u>Port Stanley</u> <small>(No.)</small> <u>Ontario</u> <u>Canada</u> <small>(Street)</small> <small>(City)</small> <small>(State)</small>	
3	Date of birth <u>Jan</u> <u>5</u> <u>1895</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Alien</u>	
5	Where were you born? <u>Port Burwell</u> <small>(Town)</small> <u>Ontario</u> <u>Canada</u> <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? <u>Great Britain</u>	
7	What is your present trade, occupation, or office? <u>Sailor whaling</u>	
8	By whom employed? <u>North Pacific Sea Products Co.</u> <u>Arutan, Alaska</u> <small>(Where employed?)</small>	
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)? <u>NO</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____ branch _____; years <u>None</u> Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

A. Temple
(Signature or mark.)

• 2-4745

J. H. I.,
the City of.....
said Local Board
affecting registrants
original Registrants

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Albert Alexander Temple registrant with said Local Board, Order No. 146, Serial No. 407

No. 13 for
I certify that
all the records
and, including the
registrants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 3 day of
....., 1919.

LOCAL BOARD No. 13

City of SEWARD, ALASKA

Stamp of Local Board,

J. H. Ramsey
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 69 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Medium</u>
	Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>Blue</u> Color of hair? <u>Light</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

A. Wilson Clark
(Signature of registrar.)

Precinct _____

City or County _____

State _____

Sept. 12, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21. © 2-4745

1	Name in full <u>John</u> <small>(Given name)</small>	Age, in years <u>29</u>
	<u>Johnson</u> <small>(Family name)</small>	
2	Home address <small>(No.) (Street)</small> <u>Ugaguk</u> <small>(City)</small> <u>Alaska</u> <small>(State)</small>	
3	Date of birth <u>August</u> <small>(Month)</small> <u>2</u> <small>(Day)</small> <u>1888</u> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Alien</u>	
5	Where were you born? <u>Stockholm</u> <small>(Town)</small> <u>Sweden</u> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? <u>Sweden</u>	
7	What is your present trade, occupation, or office? <u>Trapper</u>	
8	By whom employed? <u>Libby, McNeil & Libby</u> Where employed? <u>Ugaguk, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____; years <u>No</u> ; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

J. Johnson
(Signature or mark.)

9-4748

I, J. H. Ramsey,
 the City of SEWARD,
 said Local Board No. 13,
 affecting registration of
 original Registrants,
 do further certify that the foregoing and attached document is a true and accurate
 copy of the Registration Card (Form 1--P.M.G.O.) of John Johnson,
 registrant with said Local Board, Order No. 120, Serial No. 410.

No. 13 for
 certify that
 all the records
 rd, including the
 of all such registrants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of
June, 1919.
 LOCAL BOARD No. 13
 City of Seward
SEWARD, ALASKA
 Stamp of Local Board

J. H. Ramsey
 Member of said Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes"
 (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
 copy the same color (black, blue, or red) as the original registration card,
 attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 70 "

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? Medium
Slender, medium, or stout (which)? Stout
2 Color of eyes? Blue Color of hair? Brown Bald? No
Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise
3 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:

M. W. Torken
(Signature of registrar.)

Precinct Ugaguk

City or County _____

State Alaska

Aug. 1, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 31. # 3-1745

1	Name in full Peter <small>(Given name)</small> Lee <small>(Family name)</small>	Age, in years 28
2	Home address Ugaguk <small>(City)</small> Alaska <small>(State)</small>	
3	Date of birth September <small>(Month)</small> 30 <small>(Day)</small> 1888 <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Declarant	
5	Where were you born? Orohog <small>(Town)</small> Norway <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? Norway	
7	What is your present trade, occupation, or office? Trapper	
8	By whom employed? 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)? No	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military service have you had? Rank _____; branch _____; years No ; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? No	

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

Peter Lee
(Signature or mark.)

03-4748

I, **J. H. B.**,
the City of **SEWARD**,
said Local Board is the
affecting registrants w
original Registration C
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of **Peter Lee**
registrant with said Local Board, Order No. **575**, Serial No. **411**

IN WITNESS WHEREOF, I have hereunto set my hand this the **3** day of
1919.
LOCAL BOARD No. **13**
SEWARD, ALASKA
Stamp of Local Board

J. H. B.
Member of said Local Board.

Note: In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " **71** "

1 Tall, medium, or short (specify which)? Tall

Slender, medium, or stout (which)? Medium

2 Color of eyes? Gray Color of hair? Dark Bald? No

Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise

3 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:

M. W. Torkn
(Signature of registrar.)

Precinct Ugaguk

City or County _____

State Alaska

July 31, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 31. 03-4745

1	Name in full <u>Richard Sawyer</u> <small>(Given name)</small> <small>(Family name)</small>	Age, in years <u>26</u>
2	Home address <u>Anchorage Alaska</u> <small>(City)</small> <small>(State)</small>	
3	Date of birth <u>Aug 31 1890</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural Born</u>	
5	Where were you born? <u>Ludington Michigan</u> <small>(Town)</small> <small>(State)</small> <u>U.S.A.</u> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>General labor</u>	
8	By whom employed? <u>Northwestern Fisheries</u> Where employed? <u>Kenai, Alaska</u>	
9	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependant on you for support (specify which)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Richard Sawyer
(Signature or mark.)

03-4745

3...for
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records
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s; and I
and accurate
Sawyer

I, J. H. Remm
the City of Seward
said Local Board is the
affecting registrants with
original Registration Card
do further certify that
copy of the Registration
registrant with said Local Board, Order No. 247, Serial No. 270

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.

LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. H. Remm
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 37 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Medium	
	Slender, medium, or stout (which)?	Medium	
2	Color of eyes? BROWN	Color of hair? Black	Bald?
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:

----- P. J. Laflin -----
(Signature of registrar.)

Product Kenai Cannery

City or County Cook Inlet

State Alaska

----- Aug. 24, 1917 -----
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21. 03-476

Red Ink No. 280

No. 34

1	Name in full (Given name) Lars (Family name) Hansen	Age, in years 27
2	Home address (No.) Chignik (City) (Street) Alaska (State)	
3	Date of birth (Month) July (Day) 23 (Year) 1890	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Alien	
5	Where were you born? (Town) Tonsberg (State) Norway (Nation)	
6	If not a citizen, of what country are you a citizen or subject? Norway	
7	What is your present trade, occupation, or office? Fisherman	
8	By whom employed? working on own account Where employed? Chignik, Alaska	
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 & two children	
10	Married or single (which)? Married Race (specify which)? Caucasian	
11	What military service have you had? Rank No branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? Yes--Dependents	

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

03-4748

(Signature or mark.)

I, J. H. Rasmussen
the City of Seward
said Local Board is
affecting registrant
original Registrant

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Lars Hansen,
registrant with said Local Board, Order No. 78, Serial No. 78

IN WITNESS WHEREOF, I have hereunto set my hand this the 13 day of

Jan, 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. H. Rasmussen
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 38 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Medium</u>
	Slender, medium, or stout (which)? <u>Slender</u>
2	Color of eyes? <u>Light Blue</u> Color of hair? <u>Light</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>Lost one finger (middle) on left hand</u>

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:

James E. Murphy
(Signature of registrar.)

Precinct C.R.P.A. Cannery

City or County Chignik

State Alaska

August 6, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be furnished in compliance with Section 12, Mobilization Regulations, Form 21. 03-272

1	Name in full <u>Julio</u> (Given name) <u>Martinez</u> (Family name)	Age, in years <u>22</u>
2	Home address <u>None</u> (No.) (Street) (City) (State)	
3	Date of birth <u>January</u> , <u>9</u> , <u>1895</u> (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)?	
5	Where were you born? <u>Guadalajara</u> (Town) <u>Jalisco</u> <u>Mexico</u> (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? <u>Mexico</u>	
7	What is your present trade, occupation, or office? <u>Laborer in cannery</u>	
8	By whom employed? <u>Columbia River Packing Assn.</u> Where employed? <u>Chignik, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____ branch <u>No service</u> ; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>Yes--Alien</u>	

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

Julio Martinez
(Signature or mark.)

02-4745

13 for
certify that
the records
including the
returns; and I
true and accurate

I, J. H. Ramo,
the City of Seward,
said Local Board is
affecting registrant
original Registration
do further certify
copy of the Registration Card (Form 1--P.M.G.O.) of Julio Martinez
registrant with said Local Board, Order No. 111, Serial No. 28

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. H. Ramo
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 309 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Short</u>
	Slender, medium, or stout (which)? <u>Slender</u>
2	Color of eyes? <u>DkBrown</u> of hair? <u>Black</u> <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

James F. Murphy
(Signature of registrar.)

Precinct C.R.P.A. Cannery

City or County Chignik

State Alaska

August 1, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. * 1—028

1	Name in full <u>Gus P. Drimeris</u> <small>(Given name)</small> <u>Drimeris</u> <small>(Family name)</small>	Age, in years <u>30</u>
2	Home address <u>Port Graham</u> <small>(City)</small> <u>Alaska</u> <small>(State)</small>	
3	Date of birth: <u>May</u> <small>(Month)</small> <u>20</u> <small>(Day)</small> <u>1887</u> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Declared intention</u>	
5	Where were you born? <u>Megaly</u> <small>(Town)</small> <u>Baltcha</u> <small>(State)</small> <u>Greece</u> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? <u>Greece</u>	
7	What is your present trade, occupation, or office? <u>Fisherman</u>	
8	By whom employed? <u>Fedalgo Island Pck Co.</u> Where employed? <u>Port Graham</u>	
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)? <u>None</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>No</u> ; branch <u>No</u> ; years _____ ; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Gus P. Drimeris
(signature or mark.)

I, J.P. Ramo
the City of Seward,
said Local Board is
affecting registrant
original Registration
do further certify
copy of the Registration Card (Form 1--P.M.G.O.) of Gus P. Drimeris
registrant with said Local Board, Order No. 272, Serial No. 302

13 for
certify that
the records
including the
grants; and I
true and accurate

IN WITNESS WHEREOF, I have hereunto set my hand this the 13 day of June, 1919.

J.P. Ramo
LOCAL BOARD No. 13
City of Seward

J.P. Ramo
Member of said Local Board.

SEWARD, ALASKA
Stamp of Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 10 "

REGISTRATION

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

2 Color of eyes? Brown Color of hair? 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:

Otto F. Sutter
 (Signature of registrar.)

Product -----

City or County Port Graham

State Alaska

July 30, 1917
 (Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be furnished in compliance with Section 12, Mobilization Regulations, Form 24. 12-4715

1	Name in full <u>John Samuel</u> <small>(Given name)</small> <u>Helmes</u> <small>(Family name)</small>	Age, in years <u>27</u>
2	Home address <u>Grand River, Richmond Co. Nova Scotia</u> <small>(City) (State)</small>	
3	Date of birth <u>May</u> , <u>17</u> , <u>1890</u> <small>(Month) (Day) (Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Declared intention</u>	
5	Where were you born? <u>Grand River</u> <small>(Town)</small> <u>Nova Scotia</u> <small>(State) (Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Fisherman</u>	
8	By whom employed? <u>Pacific American Fisheries</u> <small>Where employed?</small>	
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)? <u>Father & Mother</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>White</u>	
11	What military service have you had? Rank <u>None</u> branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>None except support of folks</u>	

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

John Samuel Helmes
(Signature or mark.)

03-4745

I, J. H. Penney,
the City of Seward,
said Local Board is
affecting registrants
original Registration
do further certify to
copy of the Registration Card (Form 1--P.M.G.O.) of John Samuel Helmes
registrant with said Local Board, Order No. _____, Serial No. 309

13 for
rtify that
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including the
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rns and a copy

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.

LOCAL BOARD No. 18
City of Seward

SEWARD, ALASKA

J. H. Penney
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 41 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Medium</u>
	Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>Blue</u> Color of hair? <u>Brown</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>None</u>

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:

N. E. Balshanin

(Signature of registrar.)

Precinct Aleutian Island

City or County Unalaska

State Alaska

Aug. 3, 1917

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 03-5745

1	Name in full John (Given name) McFadden (Family name)	Age, in years c 26
2	Home address (No.) (Street) Termen Ireland (City) (State)	
3	Date of birth September 6, 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)? An Alien	
5	Where were you born? Termen (Town) Donegal Ireland (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? British subject	
7	What is your present trade, occupation, or office? Foreman	
8	By whom employed? Alaska Eng. Comm. Where employed? Mile 9 Seward	
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)? Mother	
10	Married or single (which)? Single Race (specify which)? White	
11	What military service have you had? Rank No branch <input checked="" type="checkbox"/> ; years <input checked="" type="checkbox"/> Nation or State <input checked="" type="checkbox"/>	
12	Do you claim exemption from draft (specify grounds)? No	

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

John McFadden
 (Signature of Registrant)

I, _____
 the City of _____
 said Local Board _____
 affecting registrant
 original Registrant
 do further certify

copy of the Registration Card (Form 1--P.M.G.O.) of _____
 registrant with said Local Board, Order No. _____, Serial No. _____

IN WITNESS WHEREOF, I have hereunto set my hand this the _____ day of _____, 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " _____ "

No. 13 for
 certify that
 all the records
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 istrants; and I
 a true and accurate

McFadden

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Tall</u>
	Slender, medium, or stout (which)? <u>Slender</u>
2	Color of eyes? <u>Blue</u> Color of hair? <u>Brown</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

J. M. Leonhardt
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

Sept 1, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 03-2745

1	Name in full Candido (Given name) Zambarda (Family name)	Age, in years 28
2	Home address (No.) (Street) Calavino Austria (City) (State)	
3	Date of birth March 7, 1889 (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)? Alien, no papers	
5	Where were you born? Calavino (Town) Tirola Austria (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? Austria	
7	What is your present trade, occupation, or office? Carpenter helper, R.R. Comm.	
8	By whom employed? Department of the Interior Where employed? Seward	
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)? Mother 60, sister 20	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military service have you had? Rank Soldier branch Infantry; years 2 months Nation or State Austria	
12	Do you claim exemption from draft (specify grounds)? No	

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

Candido Zambarda
(Signature or mark.)

02-4745

I, J. H. ...
the City of ...
said Local Board is the
affecting registrants with
original Registration Card
do further certify that
copy of the Registration
registrant with said Local Board, Order No. ... Serial No. ...

...for
...that
...records
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...s; and I
...and accurate

IN WITNESS WHEREOF, I have hereunto set my hand this the ... day of ... 1919.

LOCAL BOARD No. 13
City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. H. ...
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit # 43

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Short</u>
	Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>Gray</u> Color of hair? <u>Dark Brown</u> <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

A. D. Estes
(Signature of registrar.)

Precinct Kenai

City or County Seward, Mile 52, A.N.R.R.

State Alaska

Aug. 24, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 63-476

1	Name in full <small>(Given name)</small> <u>Nicholas George</u> <small>(Family name)</small> <u>Demetrakis</u>	Age, in years <u>27</u>
2	Home address <small>(No.)</small> <u>Milias, Euboea,</u> <small>(City)</small> <u>Greece</u> <small>(State)</small>	
3	Date of birth <small>(Month)</small> <u>January</u> , <small>(Day)</small> <u>18</u> , <small>(Year)</small> <u>1890</u>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Alien. No papers</u>	
5	Where were you born? <small>(Town)</small> <u>Milias</u> <small>(State)</small> <u>Euboea,</u> <small>(Nation)</small> <u>Greece</u>	
6	If not a citizen, of what country are you a citizen or subject? <u>Greece</u>	
7	What is your present trade, occupation, or office? <u>Laborer, Railroad construction</u> <u>Department of the Interior</u>	
8	By whom employed? <u>Alaska Eng. Comm.</u> Where employed? <u>Seward, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Nicholas George Demetrakis
(signature or mark.)

I, J. H. Renny,
 the City of Seward,
 said Local Board is
 affecting registrant
 original Registration
 do further certify to
 copy of the Registration Card (Form 1--P.M.G.O.) of Nicholas George Demetrakis
 registrant with said Local Board, Order No. 41, Serial No. 335

13 for
 certify that
 the records
 including the
 grants; and I
 true and accurate
 335

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.

LOCAL BOARD No. 13
 City of Seward
SEWARD, ALASKA
 Stamp of Local Board

J. H. Renny
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to end at the top of the page of the certificate.

Exhibit " 44 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Short				
	Slender, medium, or stout (which)?	Medium				
2	Color of eyes?	Dk Brown	Color of hair?	Black	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:

A. D. Estes
(Signature of registrar.)

Province Kenai

City or County Seward, Mile 52, A.N.R.R.

State Alaska

Aug. 30, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 21. © 2-2741

1	Name in full <small>(Given name)</small> John <small>(Family name)</small> Tsaras	Age, in years 23
2	Home address <small>(No.)</small> Karasont <small>(City)</small> Turkey <small>(State)</small>	
3	Date of birth <small>(Month)</small> Month not known <small>(Day)</small> 1894 <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Alien. No papers	
5	Where were you born? Tsakrak <small>(Town)</small> Turkey <small>(State)</small> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? Turkey	
7	What is your present trade, occupation, or office? Labourer, R.R. Construction	
8	By whom employed? Alaska ENG. Comm. Where employed? Seward, Alaska	
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)? No	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military service have you had? Rank _____ branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? No	

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

John Tsaras

(Signature or mark.)

I, *J.H. Ramis*,
 the City of *Seward*,
 said Local Board is the
 affecting registrants
 original Registration
 do further certify that
 copy of the Registrati
 registrant with said Local Board, Order No. *420*, Serial No. *41*

B. for
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 nts; and I
 is and accurate

IN WITNESS WHEREOF, I have hereunto set my hand this the *1* day of *Jan*, 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

J.H. Ramis
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 45 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Short	
	Slender, medium, or stout (which)?	Medium	
2	Color of eyes? <u>Light</u>	Color of hair? <u>Black</u>	Bald? <u>No</u>
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:

A. D. Estes
(Signature of registrar.)

Precinct Kenai

City or County Seward, Mile 52, A.N.R.R.

State Alaska

AUG 29, 1917

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Motorization Regulations, Form 31. 62-6725

1	Name in full <u>Moses</u> <small>(Given name)</small> <u>Kalaupa</u> <small>(Family name)</small>	Age, in years <u>21</u>
2	Home address <small>(No.)</small> <u>No home</u> <small>(Street)</small> <small>(City)</small> <small>(State)</small>	
3	Date of birth <u>Apr</u> <small>(Month)</small> <u>5</u> <small>(Day)</small> <u>1896</u> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Naturalized citizen</u>	
5	Where were you born? <u>Mauai I.</u> <small>(Town)</small> <small>(State)</small> <u>Hawaii</u> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? <u>Libby, McNeil & Libby</u> Where employed? <u>Kagging, Alaska</u>	
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)? <u>No</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Malayan</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Moses Kalaupa

(Signature or mark.)

02-4748

the City of...
 said Local Board...
 affecting registrant...
 original Registrant...
 do further certify...
 copy of the Registration Card (Form 1--P.M.G.O.)...
 registrant with said Local Board, Order No. 96, Serial No. 13

No. 13 for
 certify that
 all the records
 d, including the
 strants; and 1.
 and accurate

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.

LOCAL BOARD No. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. H. Pernice
 Mayor of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 46 "

REGISTRAR'S REPORT

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

2 Color of eyes? Brown Color of hair? Black 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:

G. V. S. Harvey
 (Signature of registrar.)

Precinct -----

City or County -----

State -----

Aug. 11, 1917
 (Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be furnished in compliance with Section 12, Mobilization Regulations, Form 81. 02-24

1	Name in full <u>Pat Erskine</u> <small>(Given name)</small> <u>Erskine</u> <small>(Family name)</small>	Age, in years <u>28</u>
2	Home address <u>Kilcar</u> <small>(City)</small> <u>Ireland</u> <small>(State)</small>	
3	Date of birth <u>June</u> <small>(Month)</small> <u>23</u> <small>(Day)</small> <u>1889</u> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Declared intentions 4 yrs ago</u>	
5	Where were you born? <u>Kilcar</u> <small>(Town)</small> <u>Ireland</u> <small>(State) (Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? <u>Declarant</u>	
7	What is your present trade, occupation, or office? <u>Miner</u>	
8	By whom employed? <u>Konai Penn Mining Co.</u> Where employed? <u>Moose Pass, Alaska</u>	
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)? <u>Mother in Ireland</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Irish</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No exemption claimed</u>	

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

Pat Erskine

(Signature or mark.)

Card No. 13 for
I hereby certify that
of all the records
Board, including the
registrants, and I
is a true and accurate

I, _____
the City of _____
said Local Board
affecting registration
original Registrar

do further certify that the foregoing and attached
copy of the Registration Card (Form 1--P.M.G.O.) of Pat Erskine
registrant with said Local Board, Order No. 44, Serial No. 353

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of
June, 1919.

LOCAL BOARD No. 13
City of Seward

J. H. Penney
Member of said Local Board.

SEWARD, ALASKA
Stamp of Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 47 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Tall</u>
	Slender, medium, or stout (which)? <u>Slender</u>
2	Color of eyes? <u>Blue</u> Color of hair? <u>Light Brown</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

No exceptions

Robert L. Weaver
(Signature of registrar.)

Precinct Moose Pass

City or County Third Judicial Division

State Territory of Alaska

July 28, 1917

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 51. 62-474

1	Name in full <u>James</u> <small>(Given name)</small> <u>Boyle</u> <small>(Family name)</small>	Age, in years <u>28</u>
2	Home address <small>(No.)</small> <u>Ballard</u> <small>(Street)</small> <u>Ireland</u> <small>(City)</small> <small>(State)</small>	
3	Date of birth: <u>December</u> , <u>28</u> , <u>1889</u> <small>(Month)</small> <small>(Day)</small> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Declared intention 5 yrs ago</u>	
5	Where were you born? <u>Ballard</u> <small>(Town)</small> <u>Ireland</u> <small>(State)</small> <u>Gt Britain</u> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? <u>Declarant</u>	
7	What is your present trade, occupation, or office? <u>Miner</u>	
8	By whom employed? <u>Kenai Pen. Mining Co.</u> Where employed? <u>Moose Pass, Alaska</u>	
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)? <u>Father & Mother in Ireland</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Irish</u>	
11	What military service have you had? Rank <u>None</u> branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No exemption claimed</u>	

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

James Boyle
(Signature or mark.)

03-5745

I, J. J. [Signature]
 the City of Seward
 said Local Board is the
 affecting registrants
 original Registration

do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of James Boyle registrant with said Local Board, Order No. 2021, Serial No. 354

13 for
 tify that
 the records
 including the
 ants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.

LOCAL BOARD No. 13
 City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. J. [Signature]
 Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 48 "

REGISTRATION REPORT

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

2 Color of eyes? Black Color of hair? Black 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:

No exceptions

Robert L. Weaver
(Signature of registrar.)

Precinct Moose Pass

City or County Third Judicial Division

State Terr. of Alaska

July 28, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 31. 63-4745

1	Name in full Martin (Given name) Jonasson (Family name)	Age, in years 30
2	Home address (No.) Naknek (Street) Alaska (City) (State)	
3	Date of birth June 28 1887 (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)? Declarant	
5	Where were you born? Kalmar (Town) Sweden (State) (Nation)	
6	If not citizen, of what country are you a citizen or subject? Sweden	
7	What is your present trade, occupation, or office? Watchman	
8	By whom employed? P. M. Nelson salting station Where employed? Squaw Creek, Koggning	
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)? No	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military service have you had? Rank Seaman ; branch Navy ; years 3 ; Nation or State Sweden	
12	Do you claim exemption from draft (specify grounds)? No	

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

Martin Jonasson
(Signature or mark.)

02-4748

No. 13 for
I certify that
all the records
card, including the
registrants; and I
a true and accurate
Jonasson
356

I,
the City of
said Local Board
affecting registrants
original Registrants
do further certify
copy of the Registration Card (Form 1--P.M.G.O.) of,
registrant with said Local Board, Order No. 47 Serial No.

IN WITNESS WHEREOF, I have hereunto set my hand this the day of
June 1919.

LOCAL BOARD NO. 13

City of Seward

SEWARD, ALASKA

Stamp of Local Board

J. H. Rennie
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 49 "

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? Tall
Slender, medium, or stout (which)? Medium
2 Color of eyes? Blue Color of hair? Brown Bald? slightly
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:

M. W. Terten
(Signature of registrar.)

Precinct _____

City or County _____

State _____

Aug. 11, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 63-4745

1	Name in full <u>Raymond Reay</u> (Given name) <u>Mason</u> (Family name)	Age, in years <u>25</u>
2	Home address <u>P. O. Box 103</u> (No.) (Street) <u>Prince Rupert</u> (City) (State) <u>B.C.</u>	
3	Date of birth <u>Sept</u> (Month) <u>4</u> (Day) <u>1891</u> (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)?	
5	Where were you born? <u>Portland</u> (Town) <u>Oregon</u> (State) <u>U.S.A.</u> (Nation)	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Gas engine expert (Refrigeration and electrical engineer)</u>	
8	By whom employed? <u>Alaska Packers Assn.</u> Where employed? <u>Nushagak, Alaska</u>	
9	Have you a father, mother, wife, child under 11, or a sister or brother under 12, solely dependent on you for support (specify which)? <u>Sister & three children</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank <u>Private 1st</u> branch <u>S.C.A.S.</u> ; years <u>7 months</u> Nation or State <u>San Diego, Cal</u>	
12	Do you claim exemption from draft (specify grounds)? <u>Support of sister</u>	

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

Raymond Reay Mason
(Signature or mark.)

I, _____
the City of _____
said Local Board
affecting registration
original Registration Card
do further certify that the foregoing and attached document is a true and accurate
copy of the Registration Card (Form 1--P.M.G.O.) of _____
registrant with said Local Board, Order No. _____, Serial No. _____

rd No. 13 for
by certify that
of all the records
board, including the
registrants; and
and accurate

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of
June, 1919.

LOCAL BOARD No. 18
(City of Seward)

J.H. Romig
Member of said Local Board.

SEWARD, ALASKA
Stamp of Local Board

Note. In preparing copy of Registration Card to be certified, "new shapes"
(Form 1--P.M.G.O) may be used, but care should be exercised to employ for the
copy the same color (black, blue, or red) as the original registration card,
attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 50 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Medium</u>
	Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>GRAY</u> Color of hair? <u>Black Bald?</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

~~as per discharge and letter of~~

March 20, 1917

A. Wilson Clark
(signature of registrar.)

Precinct

City or County

State ALC

Aug 15, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 18, Mobilization Regulations, Form 31. 5 2-4745

1	Name in full Bartol (Given name) Salas (Family name)	Age, in years 22
2	Home address 75 (No.) Mine St. (Street) Sonora (City) Mexico (State)	
3	Date of birth December (Month) 30 (Day) 1895 (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)? Alien	
5	Where were you born? Sonora (Town) Mexico (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject? Mexico	
7	What is your present trade, occupation, or office? Laborer	
8	By whom employed? Pacific American Fisheries Where employed? Port Moller, Alaska	
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)? Mother	
10	Married or single (which)? Single Race (specify which)? Spanish	
11	What military service have you had? Rank No branch ; years Nation or State	
12	Do you claim exemption from draft (specify grounds)? No	

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

Baltasar Salas

(Signature or mark.)

Signed by A.W. Clark

No. 13 for certify that all the records, including the registrants; and I do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Baltasar Salas, registrant with said Local Board, Order No. 202, Serial No. 358

I, the City of said Local Board affecting registration

original Registration Card (Form 1--P.M.G.O.) do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Baltasar Salas, registrant with said Local Board, Order No. 202, Serial No. 358

IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.

LOCAL BOARD No. 18
City of Seward

SEWARD, ALASKA

J.H. Roney
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 51 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Tall</u>
	Slender, medium, or stout (which)? <u>Slender</u>
2	Color of eyes? <u>Brown</u> Color of hair? <u>dark</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

G. V. S. Harvey
(Signature of registrar.)

Precinct -----

City or County -----

State -----

July 29, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 11, Mobilization Regulations, Form 31. 02-474

1	Name in full <u>Jacinto</u> (Given name) <u>Liboon</u> (Family name)	Age, in years <u>24</u>
2	Home address <u>None</u> (No.) (Street) (City) (State)	
3	Date of birth <u>January</u> <u>1</u> , <u>1893</u> (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)? <u>Natural born</u>	
5	Where were you born? <u>Miagao</u> (Town) <u>Philippines</u> (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? <u>Laborer</u>	
8	By whom employed? <u>Fidalgo Island Pak Co.</u> Where employed? <u>Hernedeen Bay, Alaska</u>	
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)? <u>Mother</u>	
10	Married or single (which)? <u>Single</u> Race (specify which)? <u>Malayan</u>	
11	What military service have you had? Rank _____ branch <u>No</u> ; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>No</u>	

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

Jacinto Liboon

(Signature or mark.)

03-4745

I, J. H. ... of the City of ... certify that the said Local Board is the authority for the affecting registrants' original Registration Cards (Form 1--P.M.G.O.) of all such registrants; and I do further certify that the foregoing and attached document is a true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of Jacinto Liboon registrant with said Local Board, Order No. 762, Serial No. ...

13 for certify that the records including the

IN WITNESS WHEREOF, I have hereunto set my hand this the ... day of June, 1919.

LOCAL BOARD: No. 18

City of ...

SEWARD, ...

J. H. Ramsey
Member of said Local Board.

Stamp of Local Board, ...

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 52 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Medium</u>
	Slender, medium, or stout (which)? <u>Slender</u>
2	Color of eyes? <u>Brown</u> Color of hair? <u>Black</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>No</u>

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:

G. V. S. Harvey
(signature of registrar.)

Precinct _____

City or County _____

State _____

July 27, 1917

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 31. 03-4745

1	Name in full <u>Base</u> (Given name) <u>Sabaeff</u> (Family name)	Age, in years <u>28</u>
2	Home address (No.) <u>Seward</u> (City) (Street) <u>Alaska</u> (State)	
3	Date of birth (Month) (Day) (Year) <u>1889</u>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Alien</u>	
5	Where were you born? <u>Lesten</u> (Town) <u>Russia</u> (State)	
6	If not a citizen, of what country are you a citizen or subject? <u>Russia</u>	
7	What is your present trade, occupation, or office? <u>Laborer</u>	
8	By whom employed? <u>Alaska Eng. Comm.</u> Where employed? <u>Seward</u>	
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)? <u>Wife & two children</u>	
10	Married or single (which)? <u>Married</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____ branch _____; years _____ Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>Yes--citizen Russia</u>	

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

Base

His x mark

(Signature or mark.)

Sabaeff

02-4745

I, J. H. Remig
the City of Seward
said Local Board is the
affecting registrants with
original Registration Card
do further certify that
copy of the Registration Card (Form 1--P.M.G.O.) of Base Sabaeff
registrant with said Local Board, Order No. 69, Serial No. 199

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IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of
Jan, 1919.
LOCAL BOARD No. 13
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. H. Remig
Member of said Local Board.

Note: In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 26 "

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Short</u>
	Slender, medium, or stout (which)? <u>Medium</u>
2	Color of eyes? <u>Blue</u> Color of hair? <u>Brown</u> Bald? <u>No</u>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? _____

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:

O. H. Poehlmann
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

Sept. 6, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 13, Mobilization Regulations, Form 31. 63-4748

1	Name in full <u>Charles William</u> <small>(Given name)</small> <u>Smith</u> <small>(Family name)</small>	Age, in years <u>29</u>
2	Home address <small>(No.)</small> <u>2nd Ave.</u> <small>(Street)</small> <u>Seward</u> <small>(City)</small> <u>Alaska</u> <small>(State)</small>	
3	Date of birth <u>December</u> <small>(Month)</small> <u>4</u> <small>(Day)</small> <u>1887</u> <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>Natural Born</u>	
5	Where were you born? <u>Rock Rapids</u> <small>(Town)</small> <u>Iowa</u> <small>(State)</small> <u>U.S.A.</u> <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <u>Boiler maker</u>	
8	By whom employed? <u>Alaska Eng. Comm.</u> Where employed? <u>Seward, Alaska</u>	
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)? <u>Wife & girl under twelve</u>	
10	Married or single (which)? <u>Married</u> Race (specify which)? <u>Caucasian</u>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? <u>None</u>	

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

Charles Wm. Smith
(Signature or mark.)

03-4745

I, J. H. [Signature],
the City of Seward,
said Local Board is the legal
affecting registrants within
original Registration Cards
do further certify that the
copy of the Registration Card (Form 1--P.M.G.O.) of Charles William Smith
registrant with said Local Board, Order No. 152, Serial No. 29

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IN WITNESS WHEREOF, I have hereunto set my hand this the 1 day of June, 1919.
LOCAL BOARD No. 18
City of Seward
SEWARD, ALASKA
Stamp of Local Board

J. H. [Signature]
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " 29 "

REGISTRAR'S REPORT

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

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

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? None

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:

Aubrey B. Beem
 (Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

July 19, 1917
 (Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 51.

Chas W. Smith
 605 Jefferson St.,
 Seattle, Wash.

1	Name in full Sam <small>(Given name)</small> Stevovich <small>(Family name)</small>	Age, in years 28
2	Home address Seward <small>(City)</small> Alaska <small>(State)</small>	
3	Date of birth February <small>(Month)</small> 27 <small>(Day)</small> 1889 <small>(Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Alien	
5	Where were you born? Zablak <small>(Town)</small> Montenegro <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject? Montenegro	
7	What is your present trade, occupation, or office? Laborer	
8	By whom employed? Alaskan Eng. Comm. Where employed? Seward	
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)? No	
10	Married or single (which)? Single Race (specify which)? Caucasian	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? No	

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

Sam Stevovich
(Signature or mark.)

03-4745

I, *J. H. Rennie*,
the City of _____,
said Local Board
affecting regis-
original Regis-

do further certify that the foregoing and attached documents are true and accurate copy of the Registration Card (Form 1--P.M.G.O.) of *Sam Stevovich*, Order No. *224*, Serial No. *216* registrant with said Local Board.

rd No. *3* for
by certify that
of all the records
board, including the
registrants; and I

IN WITNESS WHEREOF, I have hereunto set my hand this *1* day of *June*, 1919.

LOCAL BOARD No. 15

SEWARD

Stamp of Local Board

J. H. Rennie
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

Exhibit " *28* "

1 Tall, medium, or short (specify which)? Medium
Slender, medium, or stout (which)? Medium
2 Color of eyes? Brown Color of hair? Black 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:

O. H. Poehlmann
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

Aug. 31, 1917
(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 31. 1-708

1	Name in full Clay Edgar <small>(Given name)</small> Swargo <small>(Family name)</small>	Age, in years 24
2	Home address Seward <small>(City)</small> Alaska <small>(State)</small>	
3	Date of birth January <small>(Month)</small> 9 <small>(Day)</small> 1893 <small>(Year)</small>	
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? Hazelgreen <small>(Town)</small> Kentucky <small>(State)</small> , U.S.A. <small>(Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? Laborer	
8	By whom employed? unemployed 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)? None	
10	Married or single (which)? Single 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)? No	

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

C. E. Swango
(signature or mark.)

93-4745

...for
that
records
ing the
and I
an accurate
copy of the Registration Card (Form 1--P.M.G.O.) of **Clay Edgar Swargo**,
registrant with said Local Board, Order No. **348**, Serial No. **219**.

I, **J. H. R...**
the City of **Seward**,
said Local Board is the leg
affecting registrants withi
original Registration Cards
do further certify that the
copy of the Registration Card (Form 1--P.M.G.O.) of **Clay Edgar Swargo**,
registrant with said Local Board, Order No. **348**, Serial No. **219**.

IN WITNESS WHEREOF, I have hereunto set my hand this the **1st** day of **June**, 1919.

LOCAL BOARD No. 13
City of **Seward**
SEWARD, ALASKA
Stamp of Local Board

J. H. R...
Member of said Local Board.

Note. In preparing copy of Registration Card to be certified, "new shapes" (Form 1--P.M.G.O.) may be used, but care should be exercised to employ for the copy the same color (black, blue, or red) as the original registration card, attaching the copy securely to and at the top of the page of the certificate.

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)?	Tall				
	Slender, medium, or stout (which)?	Slender				
2	Color of eyes?	Brown	Color of hair?	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:

O. H. Pochlmann
(Signature of registrar.)

Precinct Kenai

City or County Seward

State Alaska

Aug 7, 1917

(Date of registration.)

NOTE.—This blank or the original registration card, Form 1, may be used for making copy required to be forwarded in compliance with Section 12, Mobilization Regulations, Form 51. * 2-42