

REGISTRATION CARD—(Must be on or after April 25, 1917 and on or before February 16, 1917)

SERIAL NUMBER 4 NAME (FNU) ORDER NUMBER

U 670 Saverio Iannarino

PLACE OF BIRTH (Foreign) 538 ALPINE AVE N.S. ALLEGHENY DISTRICT PITTSBURGH ALLEA PA

(THE PLACE OF RESIDENCE GIVEN ON THIS LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL)

8. MARITAL STATUS Same

9. TRADES, OCCUPATIONS, INDUSTRIES, PROFESSIONS, ETC. (Indicate above if other than those indicated on this card. If none, leave blank.)

10. TRADES, OCCUPATIONS, INDUSTRIES, PROFESSIONS, ETC. (Indicate above if other than those indicated on this card. If none, leave blank.)

11. PLACE OF BIRTH (Foreign) ITALY

12. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

13. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

14. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

15. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

16. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

17. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

18. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

19. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

20. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

21. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

22. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

23. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

24. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

25. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

26. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

27. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

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31. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

32. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

33. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

34. NAME AND ADDRESS OF PERSON WHO WAS LAST KNOWN TO YOU ABROAD (Indicate if married)

REGISTRAR'S REPORT

| RACE | DESCRIPTION OF REGISTRANT | | | |
|-------|---------------------------|------------------|-------------|-------------------------------------|
| | HEIGHT (Approx.) | WEIGHT (Approx.) | COMPLEXION | |
| White | 5' 4" | 145 | Fellow | <input checked="" type="checkbox"/> |
| Eyes | Blue | Hair | Light | <input type="checkbox"/> |
| | Gray | Red | Dark | <input type="checkbox"/> |
| Nose | Small | Medium | Pointed | <input type="checkbox"/> |
| | Large | Wide | Dark brown | <input type="checkbox"/> |
| Mouth | Thin | Thick | Light brown | <input type="checkbox"/> |
| | Thin | Thick | Dark brown | <input type="checkbox"/> |
| Lips | Thin | Thick | Dark brown | <input type="checkbox"/> |
| | Thin | Thick | Dark brown | <input type="checkbox"/> |

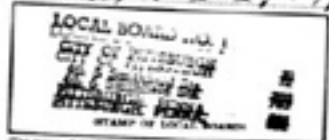
Other obvious physical characteristics that will aid in identification.

I certify that all answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows:

A. E. McP...
(Signature of Registrar)

Registered for Local Board 2 256 PA

Date of registration APRIL 27, 1917



(The stamp of the Local Board before jurisdiction of the registrant shall be placed in the above space)