

Form 1 **1957** REGISTRATION CARD No. 99

1 Name in full Thomas L. Caldrony Age, in yrs. 24

2 Home address River Road, Newark, N.J.

3 Date of birth Dec 17<sup>th</sup> 1892

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 citizen

5 Where were you born? Newark, N.J. N.J.

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

7 What is your present trade, occupation, or office? Physician

8 By whom employed? Just graduated

Where employed?

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

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

11 What military service have you had? Rank none; branch \_\_\_\_\_

years \_\_\_\_\_; Nation or State \_\_\_\_\_

12 Do you claim exemption from draft (specify grounds)? no

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

**370** Thomas L. Caldrony  
(Signature on back)

*If person is of legal age, file of this card*

Form 1 **2(49)** REGISTRATION CARD 732 No. 100

**29-17-A**

REGISTRAR'S REPORT

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

2 Color of hair Dark Brown Color of hair Dark Brown Bald? no

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

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

Robert C. Calderman  
(Signature of Registrar)

Ward # 1  
District \_\_\_\_\_

City or County Newark

State New Jersey 6-5-17  
(Date of registration)