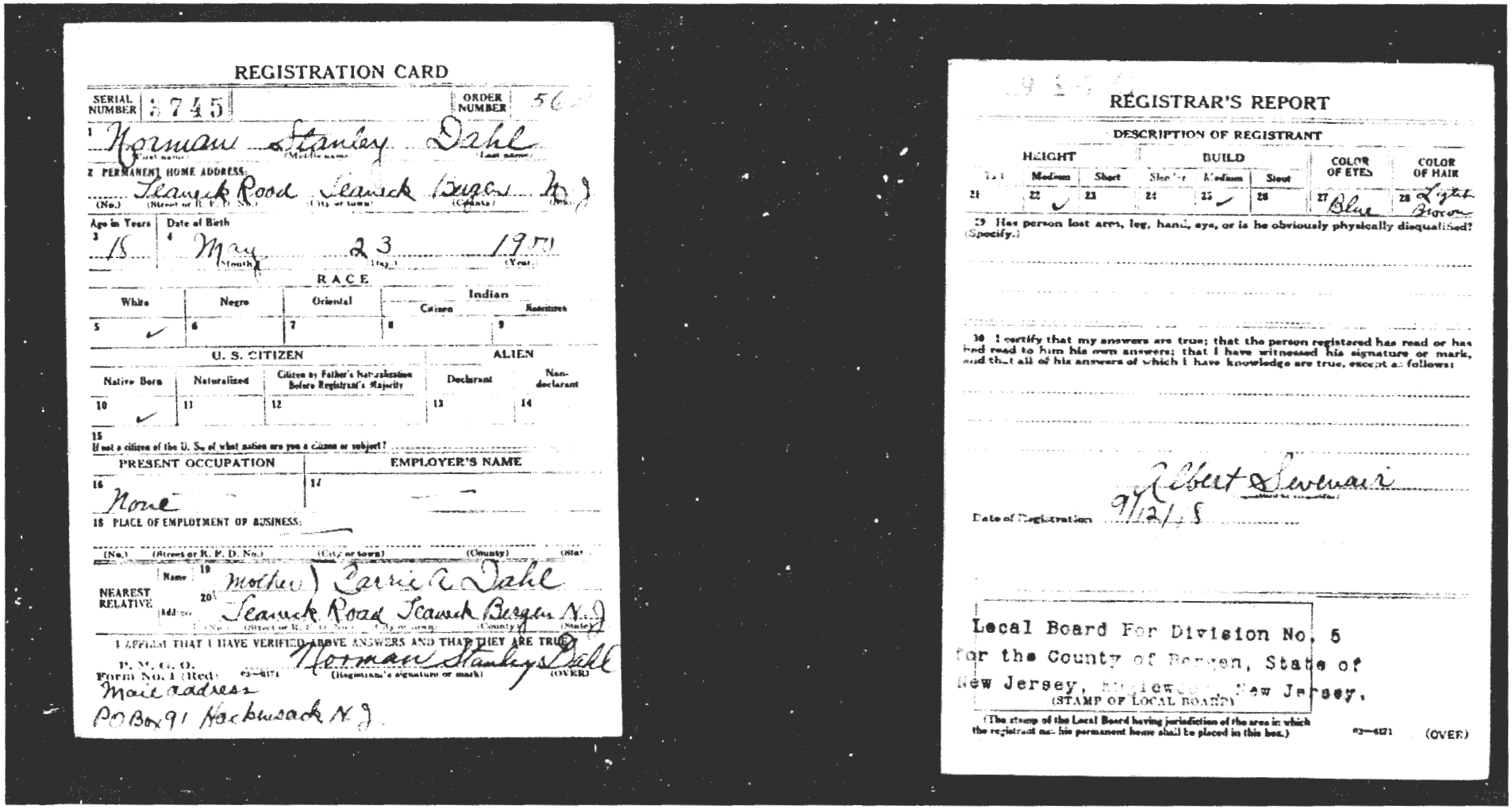


REGISTRATION CARD

SERIAL NUMBER 3745 ORDER NUMBER 56

1 Norman Stanley Dahl
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS: Seamuck Road Seamuck Bergen N.J.
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years	Date of Birth		
3	4		
18	May (Month)	23 (Day)	1901 (Year)

RACE

White	Negro	Oriental	Indian	
			Citizen	Noncitizen
5 ✓	6	7	8	9

U. S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
10 ✓	11	12	13	14

15 If not a citizen of the U. S., of what nation are you a citizen or subject?

PRESENT OCCUPATION	EMPLOYER'S NAME
16 None	17 —

18 PLACE OF EMPLOYMENT OR BUSINESS: —
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE
Name: 19 Mother Carrie A. Dahl
Address: 20 Seamuck Road Seamuck Bergen N.J.
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.
Norman Stanley Dahl
(Registrant's signature or mark)

P. N. G. O. Form No. 1 (Rev.) 93—6171 (OVER)

Mail address
PO Box 91 Hackensack N.J.

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22 ✓	23	24	25 ✓	26	27 Blue	28 Light Brown

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)

30 I certify that my 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:

Albert Sevenair
(Registrar)

Date of Registration 9/12/18

Local Board For Division No. 5
for the County of Bergen, State of
New Jersey, Englewood, New Jersey.
(STAMP OF LOCAL BOARD)

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

93—6171 (OVER)