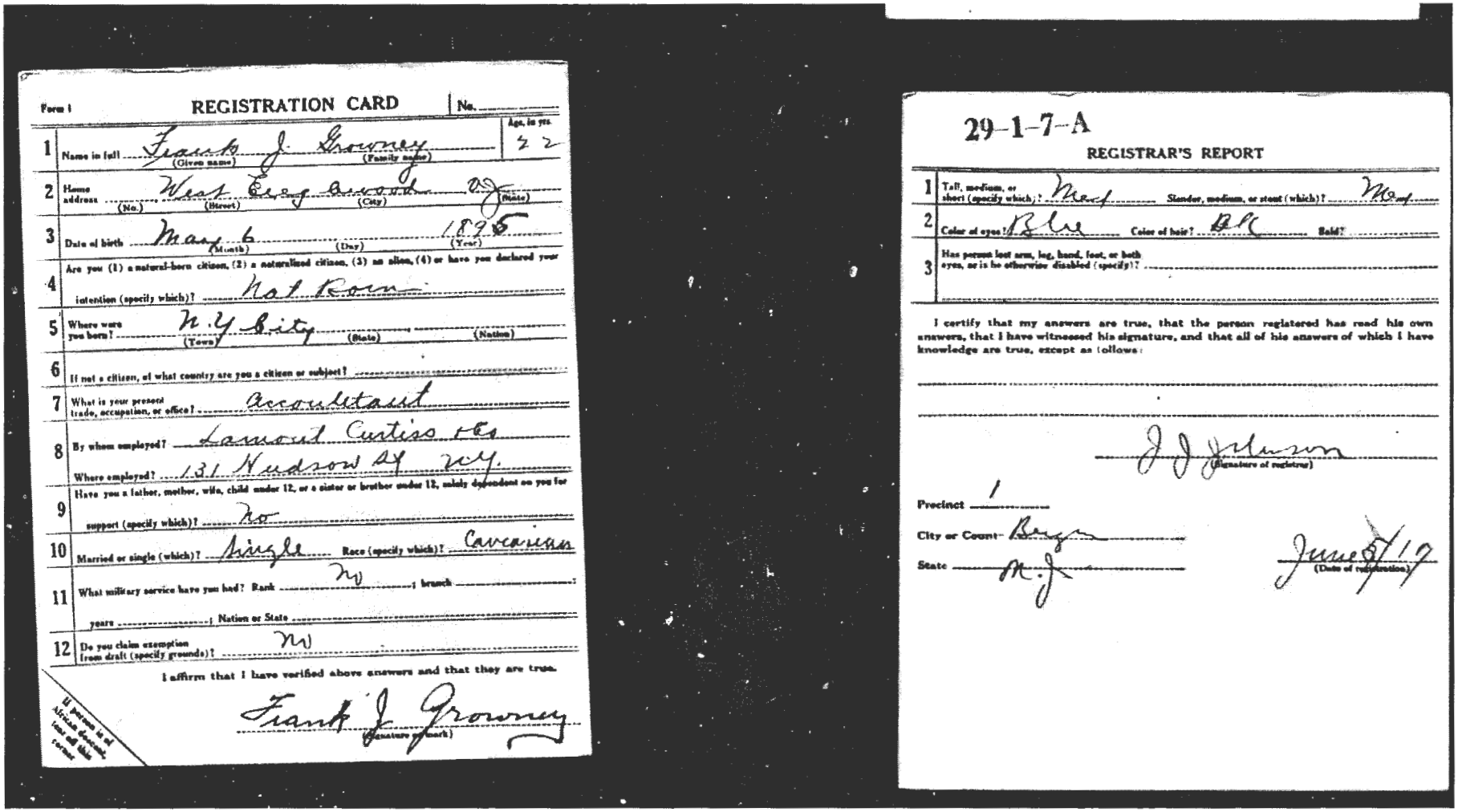

Form 1 **REGISTRATION CARD** No. _____

		Age, in yrs.
1	Name in full: Frank J. Growney (Given name) (Family name)	22
2	Home address: West Engewood (No.) (Street) (City) NJ (State)	
3	Date of birth: May 6 (Month) (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)? Not Born	
5	Where were you born? N.Y. City (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? Accountant	
8	By whom employed? Lamont Curtiss Co Where employed? 131 Hudson St NY.	
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 J Growney
(Signature or mark)

If person is of African descent, insert the word black or the word colored

29-1-7-A

REGISTRAR'S REPORT

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

J J Johnson
(Signature of registrar)

Precinct 1

City or County Bergen

State N.J.

June 5/17
(Date of registration)