Form 1084 **REGISTRATION CARD** 1818 No. ___

1	Name in full: James Francis Kiernan (Given name) (Family name)	Age, in yrs.: 25
2	Home address: 695 East 183rd St. N.Y.C. N.Y. (No.) (Street) (City) (State)	
3	Date of birth: January 17, 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? New York City, N.Y. U.S. (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? Interne at Fordham Hospital	
8	By whom employed? Fordham Hospital 28 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 dependents	
10	Married or single (which)? Single Race (specify which)? White	
11	What military service have you had? Rank none ; branch none ; years 0 ; Nation or State 0	
12	Do you claim exemption from draft (specify grounds)? Physical	

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

1818 James Francis Kiernan M.D. (Signature or mark)

If person is of African descent, tear off this corner

31-9-17-A **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:

Francis X McGovern (Signature of registrar)

Precinct 65th

City or County Bronx Co.

State N.Y.

June 5 17 (Date of registration)