

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)

SERIAL NUMBER U-187 **1. NAME (Print)** ARTHUR JACOB SCHWEIGER. **ORDER NUMBER** _____

2. PLACE OF RESIDENCE (Print) 140 Johnson Ave Hackensack Bergen N.J.
(Number and street) (Town, township, village, or city) (County) (State)

3. MAILING ADDRESS Same
(Mailing address if other than place indicated on line 2. If same insert word same)

4. TELEPHONE T6-1871 **5. AGE IN YEARS** 48 **6. PLACE OF BIRTH** New York City N.Y.
(Exchange) (Number) (Mo) (Day) (Year) (Town or county) (State or county)

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS Dorothy Schweiger 140 Johnson Ave.
(Name) (Address)

8. EMPLOYER'S NAME AND ADDRESS Burden's 163 State St. Hackensack N.J.
(Name) (Address)

9. PLACE OF EMPLOYMENT OR BUSINESS Same
(Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE
(Signature and signature)

D. N. S. Form 1 (over)
(Revised 1-1-42)