

REGISTRATION CARD

REG. NO. 3346

ORDER NUMBER 2191

1. Name of Registrant: *Ernie Asgard*

2. Address: *206 Gardner Street, Gardner, Mass.*

3. Age in Years: *34* Race of Birth: *Am.* Date of Birth: *1876*

4. Back: Yes No

5. U. S. Citizen: Yes No

6. Presently Occupied: *None* Employer Name: *None*

7. Name of Employer or Business: *Hos. Co.*
 8. Street Address: *206 Gardner Street, Gardner, Mass.*

9. Name: *Ernie Asgard (Type)*
 10. Address: *206 Gardner Street, Gardner, Mass.*

I HEREBY CERTIFY THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE
 J. M. G. O.
 TOWN CLERK
Ernie Asgard

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

| HEIGHT | | | BUILD | | | HAIR | EYES |
|--------|--------|--------|-------------------------------------|--------------------------|--------------------------|-------|-------|
| Feet | Inches | Weight | Slender | Medium | Stout | Color | Color |
| 5 | 11 | 150 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Black | Blue |

11. Has person lost eyes, legs, limbs, ears, or is he absolutely physically disabled? Specify: *Two fingers on left hand and one toe*

12. I certify that my answers are true, that the person registered has read or had read to him his own answers, that I have witnessed his signature or mark, and that all of his answers are what I have known him to say, except as follows:

Signature: *Ernie Asgard*
 Date of Registration: *Sept 13 1912*

Local Board for Division
 No. 13, State of Mass.,
 Town Hall, Gardner, Mass.

The stamp of the Local Board having jurisdiction of the case to which the enclosed fee has pertained must also be placed in this box.

OVER