

# REGISTRATION CARD

SERIAL NUMBER **5081** ORDER NUMBER **253**

1 **Alphonse** **Stahl**  
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:  
**2310 Jacob Wheeling Ohio W. Va.**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years **45** Date of Birth **May 5 1873**  
(Month) (Day) (Year)

RACE				
White	Negro	Oriental	Indian	
			Citizen	Non-citizen
5 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	12	13	14

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

16 PRESENT OCCUPATION **Harness Maker** 17 EMPLOYER'S NAME **Self.**

18 PLACE OF EMPLOYMENT OR BUSINESS:  
**2246 Market Wheeling Ohio W. Va.**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE  
 Name **Mrs. Katherine Stahl**  
 Address **2310 Jacob Wheeling Ohio W. Va.**  
(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  
 P. M. G. O. **Alphonse Stahl**  
Form No. 1 (Red) (Registrant's signature or mark) (OVER)

47-1-32-C  
**REGISTRAR'S REPORT**

### DESCRIPTION OF REGISTRANT

21	HEIGHT			BUILD			22 COLOR OF EYES	23 COLOR OF HAIR
	Tall	Medium	Short	Slender	Medium	Stout		
		22 <input checked="" type="checkbox"/>	23	24	25 <input checked="" type="checkbox"/>	26	22 <b>Blue</b>	23 <b>Brown</b>

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)  
**No**

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:

**Ruth Carr**  
(Signature of Registrar)  
 Date of Registration **Sept. 12, 1918.**

Local Board for City of Wheeling,  
 State of West Va. 1425 Chapline St.,  
 Wheeling, West Va.  
 (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.)

(OVER)