



3 - *Adair*

(To be filled in by Registrar)

SOURCE.....  
(Organization or firm registering woman)

If registered before, give name of organization and  
character of service for which registered.....  
.....

Date registered.....

Fee..... Contribution.....

Correspondence regarding woman.....  
.....

PERSONAL EQUIPMENT:

Health.....

Physical defects.....

Voice.....

Sight.....

Hearing.....

ASSIGNMENT

DATE	SENT TO--	RESULT	REMARKS

REMARKS:

Registrar's name.....

Address in full.....  
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