

SOURCE *Adm. Co. 3rd Dist.*
(Organization or firm registering woman)

Date registered.....

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

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

Correspondence regarding woman.....

PERSONAL EQUIPMENT:

ASSIGNMENT

Health..... *Good*
Physical defects..... *None*
Voice..... *Good*
Sight..... *Normal*
Hearing..... *Acute*

DATE	SENT TO—	RESULT	REMARKS

REMARKS:

Registrar's name *Mrs. Clara Gridley*
Address in full *Kuhoka Mo.*