

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..... *not etc*

Physical defects.....

Voice.....

Sight..... *not good*

Hearing..... *good*

ASSIGNMENT

DATE	SENT TO—	RESULT	REMARKS

REMARKS:

Registrar's name..... *Mrs. Crina P. ...*

Address in full..... *1105 1/2 5th Street*

..... *Albuquerque, N.M.*