

3. Adams

(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

REMARKS:

DATE	SENT TO—	RESULT	REMARKS

Registrar's name.....

Address in full.....

.....