

B. Admin Cl.

(To be filled in by Registrar)

Date registered... *7-28-'17.*

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

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

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

Correspondence regarding woman.....

PERSONAL EQUIPMENT:

ASSIGNMENT

Health.....

DATE

SENT TO—

RESULT

REMARKS

Physical defects.....

Voice.....

Sight.....

Hearing.....

REMARKS:

Registrar's name.....

Address in full.....

*Grace E. Robinson.
819 E. 11th St.*