



(To be filled in by Registrar)

SOURCE..... *Sofocornis Club*  
(Organization or firm registering woman)

Date registered..... *July 28 '17*  
Fee..... Contribution.....  
Correspondence regarding woman.....  
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If registered before, give name of organization and character of service for which registered.....  
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PERSONAL EQUIPMENT:

Health..... *Excellent +*  
Physical defects..... *None*  
Voice..... *Good*  
Sight..... *Good*  
Hearing..... *Good*

ASSIGNMENT

DATE	SENT TO—	RESULT	REMARKS

REMARKS:

Registrar's name..... *Mr. Mark Bessone*  
Address in full..... *374 E. Normal*  
*Marksville, Mo.*