

8 - Adult Ed

7-28-'17

SOURCE.....

(Organization or firm registering woman)

Date registered.....

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.....

Grace C. Robins
A. G. E. Ill. S. M.

Address in full.....