

3. Adam Les

(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... *July 28.*.....

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

Correspondence regarding woman.....

PERSONAL EQUIPMENT:

Health... *good*.....

Physical defects... *good*.....

Voice... *good*.....

Sight... *Fair*.....

Hearing... *good*.....

REMARKS:

ASSIGNMENT

DATE	SENT TO—	RESULT	REMARKS

Registrar's name.

Margaret Peterson

Address in full.

*1208 E. Fillmore,
Kirksville, Missouri.*