



3 - *Admitted*

(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... *7/28/17*.....

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

Correspondence regarding woman.....

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PERSONAL EQUIPMENT:

ASSIGNMENT

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

Physical defects..... *none*.....

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

Sight..... *good*.....

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

REMARKS:

DATE	SENT TO—	RESULT	REMARKS

Registrar's name.....

Address in full.....

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