

Copy
(Signature or mark)
Mark

Form 1

REGISTRATION CARD *411* No. *55*

1	Name of full (Given name) <i>Columbus Mahoney</i> (Family name)	Age, in yrs <i>22</i>
2	Home address (No.) <i>Furman</i> (City) <i>La</i> (State)	
3	Date of birth (Month) <i>Oct</i> (Day) <i>4</i> (Year) <i>1894</i>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <i>Natural born</i>	
5	Where were you born? (Town) <i>Furman</i> (State) <i>La</i> (Nation)	
6	If not a citizen, of what country are you a citizen or subject? <i>✓</i>	
7	What is your present trade, occupation, or office? <i>Furman</i>	
8	By whom employed? <i>Self</i> Where employed? <i>Furman La</i>	
9	Have you a father, mother, wife, child under 18, or a sister or brother under 18, wholly dependent on you for support (specify which)? <i>Wife - 1 child</i>	
10	Married or single (which)? <i>Married</i> Race (specify which)? <i>Mexico</i>	
11	What military service have you had? Rank <i>NO</i> : branch years <i>✓</i> : Nation or State <i>✓</i>	
12	Do you claim exemption from draft (specify grounds)? <i>Excluded wife and child</i>	

I affirm that I have verified above answers and that they are true.

Columbus Mahoney
(Signature or mark)

17-3-11, DeSoto, A.
REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <i>Medium</i> Stature, medium, or stout (which)? <i>Medium</i>
2	Color of eyes? <i>Brown</i> Color of hair? <i>Black</i> Bald? <i>✓</i>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <i>NO</i>

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

J A Furman
(Signature of registrar)

Precinct *3*
City or County *DeSoto*
State *La*

6/8/17
(Date of registration)