

REGISTRATION CARD

1 SERIAL NUMBER *1661* ORDER NUMBER *A 481*

1 *Charles Baretta*

2 PRESENT HOME ADDRESS: *83 Hamburg Ave Bklyn NY*

Age in Years *18* Date of Birth *Oct 3 1898*

RACE

White	Negro	Other	Indian
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U. S. CITIZEN ALIEN

Native Born	Naturalized	Admitted by Treaty or Naturalization	Declared	Non-declared
<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>	<i>yes</i>

13 Country of Birth *Italy*

14 PRESENT OCCUPATION *Tailor* EMPLOYER'S NAME *Browning King & Co*

15 PLACE OF EMPLOYMENT OR STREET ADDRESS *10 Cooper Sq. NY City*

16 NEAREST RELATIVE Name *Andrew Baretta father* Address *83 Hamburg Ave Bklyn NY*

I AFFIRM THAT I HAVE READ THE ABOVE ANSWERS AND THAT THEY ARE TRUE

Charles Baretta

P. M. G. O. Form No. 1 (Rev. 1917)

31-9-69-C REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOE OF EYES	COLOE OF HAIR
Tall	Medium	Short	Slim	Medium	Short		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Blue</i>	<i>Brown</i>

25 Has person lost arm, leg, hand, eye, or is he absolutely, or by nearly, incapacitated? (Specify)

No

26 Certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark, and that all of his answers of which I have knowledge are true, except as follows:

Anthony J. Demanda

Date of Registration *SEP 12 1918*

LOCAL BOARD FOR DIVISION NO. 27 CITY OF NEW YORK (Brooklyn) State of New York Court Exchange Building

STAMP OF LOCAL BOARD

The stamp of the Local Board is only valid in case of the one in which the registrant has his permanent home and he placed in case box.