

Serial No. 9A Registration No. 327

1 Name in full <small>(Given name)</small>	William B. Niemers	Age in yrs. <small>(Family name)</small>	21
2 Home address <small>(City)</small>	<u>3810 Westminster Pl. St. Louis Mo</u>	<small>(Street)</small>	<small>(City or town)</small>
3 Date of birth <small>(Month)</small>	<u>August</u>	<small>(Day)</small>	<u>9</u>
4 Where were you born? <small>(City or town)</small>	<u>Bisbee</u>	<small>(State)</small>	<u>Arizona U.S.A</u>
5 I am <small>(Check one or more)</small>	<input checked="" type="checkbox"/> A native of the United States.	<input type="checkbox"/> Canadian citizen.	<input type="checkbox"/> American.
	<input type="checkbox"/> Australian.	<input type="checkbox"/> American Indian.	<input type="checkbox"/> Foreigner.
	<small>(Check off boxes or words not applicable)</small>		
6 If not a citizen, of what Nation are you a citizen or subject?			
7 Father's birthplace <small>(City or town)</small>	<u>near Edenville, McHenry Illinois</u>		
8 Name of employer <small>(Business or occupation)</small>	<u>Wabash RR Co.</u>		
9 Place of employment <small>(Business or occupation)</small>	<u>R. 1393 Ry Exchange Bldg St Louis Mo</u>		
10 Name of nearest relative <small>(City)</small>	<u>Fred. Niemers</u>		
Address of nearest relative <small>(Street)</small>	<u>1528 7 Ave Douglas Arizona</u>		
Race—White, Black or Brown <small>(Check off words not applicable)</small>			

I affirm that I have verified above answers and that they are true.  
Wm B Niemers  
(Signature or Mark of Registrant.)

P. M. C. O.  
Form 1 (blue)  
To Person in Charge  
Listed on Form 1  
for whom this  
card is issued

REGISTRATION CARD. 2-5229

24-1-20 B REGISTRAR'S REPORT

1	<small>Top Medium</small>	<small>Bottom Medium</small>
2 Color of eyes <small>(Strike out words not applicable)</small>	<u>light brown</u>	
3 Color of hair <small>(Strike out words not applicable)</small>	<u>light brown</u>	
Has person lost arm, leg, hand, eye, or is he physically disabled (specify)? <u>No</u>		

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:

E.P. McParley  
(Signature of Registrar.)

Aug. 24-1918  
(Date of Registration.)

Local Board Div. 17  
 CITY OF ST. LOUIS, MO.  
 S. E. Cor. Spring Ave. & Olive St.  
(Stamp of Local Board.)

(The stamp of the local board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this space.)