

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)

SERIAL NUMBER | 1. NAME (Print) | ORDER NUMBER
 U 2360 | Richard *✓* Casciato |

2. PLACE OF RESIDENCE (Print) 420 E. Dewey Ave
 (Number and street) (Town, township, village, or city) (County) (State)

[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]

3. MAILING ADDRESS Same
 [Mailing address if other than place indicated on line 2. If same insert word same]

4. TELEPHONE 5-0361 (Exchange) (Number)	5. AGE IN YEARS 47 DATE OF BIRTH Nov. 24 1894 (Mo.) (Day) (Yr.)	6. PLACE OF BIRTH Pesio castanero Italy (Town or county) (State or country)
---	---	--

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS
 Mr. Vincent Casciato 420 E. Dewey

8. EMPLOYER'S NAME AND ADDRESS
 Strauss Hirschberg Co.

9. PLACE OF EMPLOYMENT OR BUSINESS
 W. Federal St.
 (Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

Richardo Casciato
 (Registrant's signature)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION	
White	5'9	128	Sallow	<input type="checkbox"/>
	EYES	HAIR	Light	<input type="checkbox"/>
Negro	Blue	Blonde	Ruddy	<input checked="" type="checkbox"/>
	Gray	Red	Dark	<input type="checkbox"/>
Oriental	Hazel	Brown	Freckled	<input type="checkbox"/>
	Brown	Black	Light brown	<input type="checkbox"/>
Indian	Black	Gray	Dark brown	<input type="checkbox"/>
		Bald	Black	<input type="checkbox"/>
Filipino				<input type="checkbox"/>

Other obvious physical characteristics that will aid in identification.....

.....

.....

I 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:

.....

.....

Lamise V. Kupura
(Signature of registrar)

Registrar for Local Board.....

(Number) (City or county) (State)

Date of registration.....

LOCAL BOARD No. 8
FOR MAHONING COUNTY
3407 SOUTH AVE.
YOUNGSTOWN, OHIO
(STAMP OF LOCAL BOARD)

(The stamp of the Local Board having jurisdiction of the registrant shall be placed in the above space)