

1	Name in full (Given name) <i>Steven J. Sperra</i> (Family name)	Age, in yrs. <i>25</i>
2	Home address (No.) <i>813</i> (Street) <i>Vine</i> (City) <i>Youngstown</i> (State) <i>OH</i>	
3	Date of birth (Month) <i>Apr</i> (Day) <i>19</i> (Year) <i>1892</i>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, or have you declared your intention (specify which)? <i>Natural Born</i>	
5	Where were you born? (Town) <i>Youngstown Ohio</i> (State) <i>OH</i> (Nation) <i>U.S.A</i>	
6	If not a citizen, of what country are you a citizen or subject? <i>Natural</i>	
7	What is your present trade, occupation, or office? <i>Turnace Gorman</i>	
8	By whom employed? <i>Sp. Sheet & Tube Co</i>	
	Where employed? <i>Socket Shop</i>	
9	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? <i>Wife, Mother & Father</i>	
10	Married or single (which) <i>Married</i> Race (specify which)? <i>1-5</i>	
11	What military service have you had? Rank _____; branch _____; years _____; Nation or State _____	
12	Do you claim exemption from draft (specify grounds)? _____	

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

Steven J. Sperra
(Signature or mark)

If person is of African descent, tear off this corner

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <i>Short</i> Slender, medium, or stout (which)? <i>34-1-2 Med</i>
2	Color of eyes? <i>Brown</i> Color of hair? <i>Brown</i> Bald? _____
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? _____

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:

W. L. Kauffman
(Signature of registrar)

Precinct *4-2d*City or County *Youngstown*State *Ohio*

June 5, 17
(Date of registration)