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REGISTRAR'S REPORT 4-3-17. C

DESCRIPTION OF REGISTRANT

	HEIGHT		1	BUILD	COLOR	COLCR	
Tail	Medium	Short	Slender	Medium	Steet	OF EYES	of this
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29 Has person lost arm, leg, hand, eye, or is he obviously physically disumilified? (Specify.)

30 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:

Date of Registration Sele 12 __ 18-18

LOCAL BOARD FOR THE

COUNTY OF - 1 JOAQUIN,

STAIR OF CHLIFTHRIA.

STOCK STANT OF ALLENO MANA

(The stamp of the Local Board baving printleties of the area in which the registrant has his permanent bases shall be placed in this box.)

C3-6171

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