

# REGISTRATION CARD

SERIAL NUMBER **1635** ORDER NUMBER **1940**

*Thomas Spencer Taylor*  
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:  
*118 Linden Sudlow Kenton Ky*  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years **3** *42* Date of Birth **4** *April 10 1876*  
(Month) (Day) (Year)

**RACE**

White	Negro	Oriental	Indian	
			Citizen	Non-citizen
<b>5</b> <input checked="" type="checkbox"/>	<b>6</b> <input type="checkbox"/>	<b>7</b> <input type="checkbox"/>	<b>8</b> <input type="checkbox"/>	<b>9</b> <input type="checkbox"/>

<b>U. S. CITIZEN</b>			<b>ALIEN</b>	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
<b>10</b> <input checked="" type="checkbox"/>	<b>11</b> <input type="checkbox"/>	<b>12</b> <input type="checkbox"/>	<b>13</b> <input type="checkbox"/>	<b>14</b> <input type="checkbox"/>

15 If not a citizen of the U. S., of what nation are you a citizen or subject?

<b>16</b> PRESENT OCCUPATION	<b>17</b> EMPLOYER'S NAME
<i>Auto Mechanic</i>	<i>Scile Motor Car Co</i>

18 PLACE OF EMPLOYMENT OR BUSINESS:  
*1224 Madison Ave Kenton Ky*  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE

<b>19</b> Name	<i>Dora Lee Taylor</i>
<b>20</b> Address	<i>118 Linden Sudlow Kenton Ky</i> <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE  
**P. M. G. O.**  
 Form No. 1 (Red) 63-6171 *Thomas Spencer Taylor* (Registrant's signature or mark) OVER

## 16-3-3 Kenton "C" REGISTRAR'S REPORT

### DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
<b>21</b>	<b>22</b> <input checked="" type="checkbox"/>	<b>23</b> <input type="checkbox"/>	<b>24</b>	<b>25</b> <input checked="" type="checkbox"/>	<b>26</b> <input type="checkbox"/>	<b>27</b> <i>Blue</i>	<b>28</b> <i>Brown</i>

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)  
*no*

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:

*Thomas Harley*  
(Signature of Registrar)

Date of Registration *Sep 12 1918*

Local Board for Kenton Co.  
 Outside City of Covington,  
 Covington, Ky.  
(STAMP OF LOCAL BOARD)