

1 Name in full *Marion Clifford Ryle* (Given name) (Family name) Age, in yrs. *28*

2 Home address *Rt. 1* (No.) *Grant* (City) *Kentucky* (State)

3 Date of birth *September 20* (Month) (Day) *1888* (Year)

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) have you declared your intention (specify which)? *Natural Born Citizen*

5 Where were you born? *Barlton* (Town) *Kentucky* (State) *U.S.A.* (Nation)

6 If not a citizen, of what country are you a citizen or subject? *—*

7 What is your present trade, occupation, or office? *Farming*

8 By whom employed? *Myself*

Where employed? *Barlton* *Kentucky*

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)? *Wife*

10 Married or single (which)? *Married* Race (specify which)? *Caucasian*

11 What military service have you had? Rank *None*; branch *—*; years *—*; Nation or State *—*

12 Do you claim exemption from draft (specify grounds)? *Wife to support.*

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

If person is of African descent, tear off this corner

Marion Clifford Ryle
(Signature or mark)

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? *Medium* Slender, medium, or stout (which)? *140*

2 Color of eyes? *Gray* Color of hair? *Gray* Bald? *no*

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? *no*

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:

16-3-4 Boone "A"

Robert Clifford McNeely
(Signature of registrar)

Practitioner

City or County

State

(Date of registration)

Barlton
Boone
Kentucky

June 5th 1917