

REGISTRATION CARD

SERIAL NUMBER	441	ORDER NUMBER	A/2368
1 <i>George Spere Agnew</i> <small>(First name) (Middle name) (Last name)</small>			
2 PERMANENT HOME ADDRESS: 226 West Madison St Baltimore Md <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>			
3 Age in Years	4 Date	1884	
34	March 17 th		
RACE			
White	Negro	Oriental	Indian
5 <input checked="" type="checkbox"/>	6	7	8
U. S. CITIZEN		ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant
10	11 <input checked="" type="checkbox"/>	12	13
15 If not a citizen of the U. S., of what nation are you a citizen or subject?			
PRESENT OCCUPATION		EMPLOYER'S NAME	
16 <i>Managr</i>		17 <i>Brighton Lunch Room</i>	
18 PLACE OF EMPLOYMENT OR BUSINESS: 14 N. Howard Baltimore Md <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>			
19 Name <i>Grace R. Agnew (wife)</i>			
20 Address <i>226 West Madison Baltimore Md</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. <i>George Spere Agnew</i> Form No. 1 (Red) (Signature or mark) (OVER)			

REGISTRAR'S REPORT

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

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (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 *Sept 12th 1918* *T. B. H. P.*
(Signature of Registrar)

Local Board for Division No. 11
 City of Balt., State of Maryland,
 N. W. Cor. Park Ave. & Hoffman St.
 (STAMP OF LOCAL BOARD)

(The stamp of the Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)

REGISTRATION CARD

SERIAL NUMBER	559	ORDER NUMBER	A2691
1 <i>Theodore Spere Agnew</i> <small>(First name) (Middle name) (Last name)</small>			
2 PERMANENT HOME ADDRESS: 226 W Madison St Baltimore City Md <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>			
3 Age in Years	4 Date	1878	
40	Sept 12 th		
RACE			
White	Negro	Oriental	Indian
5 <input checked="" type="checkbox"/>	6	7	8
U. S. CITIZEN		ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant
10	11 <input checked="" type="checkbox"/>	12	13
15 If not a citizen of the U. S., of what nation are you a citizen or subject?			
PRESENT OCCUPATION		EMPLOYER'S NAME	
16 <i>Restaurants</i>		17 <i>Theodore Spere Agnew</i>	
18 PLACE OF EMPLOYMENT OR BUSINESS: 14 N. Howard Baltimore City Md <small>(No.) (Street or R. F. D. No.) (City or town) (County) (State)</small>			
19 Name <i>Margaret M. Agnew (wife)</i>			
20 Address <i>226 W Madison St Baltimore Md</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. <i>Theodore Spere Agnew</i> Form No. 1 (Red) (Signature or mark) (OVER)			

REGISTRAR'S REPORT

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

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (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 *Sept 12th 1918* *Charles H. Dingley*
(Signature of Registrar)

Local Board for Division No. 11
 City of Balt., State of Maryland,
 N. W. Cor. Park Ave. & Hoffman St.
 (STAMP OF LOCAL BOARD)

(The stamp of the Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)