

Form 1

1310

635 REGISTRATION CARD

No. 153

1	Name in full <i>Clinton Bowen Fisk</i> <small>(Given name) (Family name)</small>	Age, in yrs. <i>28</i>
2	Home address <i>Fountain City, WIS.</i> <small>(No.) (House) (City) (State)</small>	
3	Date of birth <i>Feb. 7 1889</i> <small>(Month) (Day) (Year)</small>	
4	Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <i>Natural Born</i>	
5	Where were you born? <i>Rochester Minn.</i> <small>(Town) (State) (Nation)</small>	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <i>Theological Student</i>	
8	By whom employed? <i>28</i>	
	Where employed?	
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>None</i>	
10	Married or single (which)? <i>Single</i> Race (specify which)? <i>Caucasian</i>	
11	What military service have you had? Rank <i>None</i> branch years: Nation or State	
12	Do you claim exemption from draft (specify grounds)? <i>Member Metropolitan Church Assn</i>	

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

Clinton Bowen Fisk
(Signature or mark)

If person is of African descent, tear off this corner

48-2-16A

REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <i>Medium</i> Slender, medium, or stout (which)? <i>Medium</i>
2	Color of eyes? <i>Brown</i> Color of hair? <i>Dark</i> Bald? <i>No</i>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <i>No</i>

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:

Fred A. Gaspar
(Signature of registrar)

Precinct

1st

City or County *WAUKESHA,*
State *WISCONSIN*

June 5-1917
(Date of registration)