Form WR4-21 Rev. 10-42

WAR RELOCATION WITHORITY

Relocation Center TIME: 8:00AM 6-25-43 RW 910 REPORT TO WORK: 6-29-47 OTICE OF ASSIGNMENT

Name George Nagumo (M) Usos# 23623	Identification No.
Address 12-A-24	M() F() (Sex) (Date of Birth)
Assigned to: Hospital Dr. Irwin (Division)	(Section)
Classification Male Orderly PLACE TO REPORT: Hospital	(Entrance on Duty Date)
(Signature of Section Head at time worker reports for duty)	(Placement Officer)
	Dear as Maguint
Original - Budget and Finance Section Duplicate - Placement Section	(Worker's Signature)
Triplicate - Division to which Assigned Quadruplicate - Worker	Budget Bureau No. 18-R009-42 Approval Expires 8-81-44
Quintuplicate - Welfare Section	TO mal

(QUADRUPLICATE)

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