REGISTRATION CERTIFICATE

This is to certify that in accordance with the

	2 perecure r	ervice i tociamation of the i resident of the Onited States					
ere)	TAKE	MI (Middle name) H/B/VH (Mast name)					
ā	(First n	ime) (Middle name) (Last name)					
818	104-17	14 HVE. SEHILE WITSH. nd street or R. F. D. No.; city or town, county and State)					
181	(No. and street or R. F. D. No.; city or town, county and State)						
B	has been duly	registered this /6 day of OCT, 19 #					
strant		youl V. asai					
(Signature of registrar)							
E	Registrar	for 36 8 3 4 17 A lattle West (Precinct) (Ward) (City or county) (State)					
	BE ALERT	Keep in touch with your Local Board. Notify Local Board immediately of change of address.					
		RRY THIS CARD WITH YOU AT ALL TIMES					

D. S. S. Form 2

16-17105

DESCRIPTION OF REGISTRANT 45

RAC	Œ	HEIGHT (Approx.)		WEIGHT (Approx.)		Complexion	
		4		SECRETARIST SECRETARIST SECRETARIST		Sallow	
White		ŒYES		HAIR		Light	V
		Blue		Blonde		Ruddy	
Negro		Gray	The second	Red		Dark	The Asia
Oriental		Hazel		Brown		Freckled	- 15
Oriental	-	Brown	-	Black	~	Light brown	
Indian		Black	17.53	Gray	28.32	Dark brown	
				Bald		Black	
Filipino		27710		Same real			

Other obvious physical characteristics that will aid in identification _____

none