

# REGISTRATION CARD

SERIAL NUMBER **705** ORDER NUMBER **a 844**

1 **Nathan Blechman**  
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS  
**Jewish Welfare Bldg. Camp Upton,**  
(Street or R. F. D. No.) (City or town) (County) (State)

3 Age in Years **35** 4 Date of Birth **February fifteenth 1883**  
(Month) (Day) (Year)

RACE  
5 ☒ White 6 ☐ Negro 7 ☐ Oriental 8 ☐ Indian 9 ☐ Other

10 U. S. CITIZEN 11 ☒ Native Born 12 ☒ Naturalized 13 ☐ Citizen by former Naturalization before Registrant's Majority 14 ☐ Declarant 15 ☐ Non-declarant

16 If not a citizen of the U. S., of what nation are you a citizen or subject?

17 PRESENT OCCUPATION **Rabbi of Camp Jewish Welfare Board** 18 EMPLOYER'S NAME **149-5 Ave., N. Y. City**

19 PLACE OF EMPLOYMENT OR BUSINESS  
**Jewish Welfare Bldg. Camp Upton, N. Y.**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE  
19 Name **Mrs. I. Blechman**  
20 Address **56 East 122nd St. N. Y. City**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE  
**Nathan Blechman**  
(Registrant's signature or mark) (OVER)

P. M. G. O. Form No. 1 (Red) 63-5071

# REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

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

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)  
**No**

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:

**Wilmut D. Gerard**  
(Signature of Registrar)

Date of Registration **9/12/18**

(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.)

63-6171 (OVER)