

# 22-4-REGISTRAR'S REPORT

## DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22 ✓	23	24	25 ✓	26	Blue	Light

29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified?  
(Specify.)

Last Two middle  
Fingers on right hand.

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:

*[Handwritten Signature]*

(Signature of Registrar)

9/17/18

Date of Registration

Local Board for Division No. 2  
City of Duluth, State of Minnesota  
Sloan Building, Duluth, Minn.

(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.)