



SERIAL NUMBER <u>471</u> <u>112</u>		1. NAME (Print) <u>Daniel Patrick Collins</u> (First) (Middle) (Last)		ORDER NUMBER <u>1895</u>
2. ADDRESS (Print) <u>Water St. Mahanoy Plane Schuylkill Penna</u> (Number and street or R. F. D. number) (Town) (County) (State)				
3. TELEPHONE <u>None</u> (Exchange) (Number)	4. AGE IN YEARS <u>23</u> DATE OF BIRTH <u>Dec. 27 1916</u> (Mo.) (Day) (Yr.)	5. PLACE OF BIRTH <u>Mah. Plane</u> (Town or county) <u>Penn.</u> (State or country)	6. COUNTRY OF CITIZENSHIP <u>U. S. A.</u>	
7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS <u>Mrs. Kathryn Collins</u> (Mr., Mrs., MRS) (First) (Middle) (Last)			8. RELATIONSHIP OF THAT PERSON <u>Wife</u>	
9. ADDRESS OF THAT PERSON <u>Water St. Mahanoy Plane Schuylkill Pa.</u> (Number and street or R. F. D. number) (Town) (County) (State)				
10. EMPLOYER'S NAME <u>None</u>				
11. PLACE OF EMPLOYMENT OR BUSINESS <u>None</u> (Number and street or R. F. D. number) (Town) (County) (State)				

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

REGISTRATION CARD
D. S. Form 1

(over)

16-17105

Daniel Patrick Collins
(Registrant's signature)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION	
White	5-7	130	Sallow	
	EYES	HAIR	Light	
Negro	Blue	Blonde	Ruddy	
	Gray	Red	Dark	
Oriental	Hazel	Brown	Freckled	
	Brown	Black	Light brown	
Indian	Black	Gray	Dark brown	
		Bald	Black	
Filipino				

Other obvious physical characteristics that will aid in identification.....

NONE

I certify that my answers are true; that the person registered has read or has had read to him his own answer; and that I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows:

Local Board No. 2
Schuyler County
Registrar for
District registration

Signature of registrant: *Wm. Sakina Z. Hausch*
(City or county) *Catskill* (State) *MAHANGY Co. N.Y.*
(Ward) (City or county) (State)
1948

B. No. 2
OFFICE BUILDING

Pine Street
Malaga
MAHANGY CITY, (SCHUYLER CO.)

(The stamp of the Local Board in the right-hand corner of the registrant shall be placed in this space.)

