

953

SERIAL NUMBER 299	1. NAME (Print) MEYER CUMMINS <small>(First) (Middle) (Last)</small>	ORDER NUMBER 953
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2. ADDRESS (Print)
821-18TH AVE KAIMUKI HONOLULU
(Number and street or R. F. D. number) (Town) (County) (State)

3. TELEPHONE 77071 <small>(Exchange) (Number)</small>	4. AGE IN YEARS 24	5. PLACE OF BIRTH HONOLULU <small>(Town or county)</small>	6. COUNTRY OF CITIZENSHIP U.S.A.
DATE OF BIRTH MAR. 16 1916 <small>(Mo.) (Day) (Yr.)</small>		HONOLULU <small>(State or country)</small>	

7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS MR. THOMAS. PATRICK CUMMINS <small>(Mr., Mrs., Miss) (First) (Middle) (Last)</small>	8. RELATIONSHIP OF THAT PERSON FATHER
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9. ADDRESS OF THAT PERSON
821-18TH AVE KAIMUKI HONOLULU
(Number and street or R. F. D. number) (Town) (County) (State)

10. EMPLOYER'S NAME
ANDRADE Co.

11. PLACE OF EMPLOYMENT OR BUSINESS
1027 FORT ST. HONOLULU
(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. S. Form 1

(over)

Meyer Cummins
(Registrant's signature)