	0-		
SERIAL NUMBER 1. NA	ME (Print)		ORDER NUMBER
1.332 GEORGETRIMBLE FOSTER 752			
2. ADDRESS (Print) 2639A Haloloma st Hon TH: (Number and street or R. F. D. number) (Town) (County) (State)			
Litamor mar second at 1 at			
3. TELEPHONE	32	Kamalo	CITIZENSHIP
98819	MAY 11-1908	Molokai	0370
(Exchange) (Number)	(Mgf) (Day) (Yr.)	(State or country)	
7. Name of Person Who Will Always Know Your Address Aura Llorge T. Fosler (Mr., Mrs., Miss) (First) (Middle) (Last) 8. Relationship of That Person (Mr., Mrs., Miss) (First) (Middle) (Last)			
Annual supply supply			
2639 A Halelena st Hou THI			
(Number and street or R. F. D. number) (Town) (County) (State)			
10. EMPLOYER'S NAME			
11. PLACE OF EMPLOYMENT OR BUSINESS			
(Number and street o	or R. F. D. number)	(Town) (Con	inty) (State)
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.			
REGISTRATION CARD Surger Facler.			
D. S. S. Form 1	(over)	(Registrant	s signature)