

1 Name of holder R. Ragle Acree 617 21
(Last name) (First name) (Age)

2 Place of birth 26 E. 11 Indianapolis Ind
(No.) (Street) (City) (State)

3 Date of birth 8 9 1895
(Month) (Day) (Year)

4 Are you (1) a natural born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? (1)

5 Where were you born? Shoals Indiana U.S.A.
(Town) (State) (Country)

6 If not a citizen, of what country are you a citizen or subject?

7 What is your present trade, occupation, or office? Medical Student 28

8 By whom employed?

9 Where employed? Ind. Univ., Bloomington, Ind

10 Have you a father, mother, wife, child under 12, or a sister or brother under 12, wholly dependent on you for support (specify which)? No

11 If single or single (which)? Single Race (specify which) Caucasian

12 What military service have you had? Rank No Branch No
 years No (Dates or State) No

13 Do you claim exemption (specify grounds)? Yes - Medical Student

I affirm that I have verified above answers and that they are true.

C # R Ragle Acree
(Signature of holder)

13-3-15

REGISTRAR'S REPORT

1 Tell whether or not (specify which) 5'8" Height whether or not (which) Medium

2 Color of eyes Blue Color of hair Brown Bald? No

3 Has person had one, by hand, foot, or both ears, or is he otherwise disabled (specify)? No

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

Lou D. Rogers
(Signature of Registrar)
 Clerk Monroe Circuit Court
 President J. M. S.
 City of Commerce Ind. Ple
 State Indy June 5 1917
(Date of registration)