

**REGISTRATION CARD**

SERIAL NUMBER *1189* ORDER NUMBER *1189*

1 *Alfred* *Rigby*

2 *RZD #1, Bancroft Bannock Ho*

Age in Years *41* Date of Birth *July 1st 1877*

RACE

|                                     |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| White                               | Negro                    | Oriental                 | Indian                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

U. S. CITIZEN

|                                     |                          |                                    |                          |
|-------------------------------------|--------------------------|------------------------------------|--------------------------|
| Native Born                         | Naturalized              | Citizen by Father's Naturalization | Alien                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> |

PRESENT OCCUPATION *Farmer* EMPLOYER'S NAME *Self*

PLACE OF EMPLOYMENT *Bancroft Bannock Ho*

Name *Wife Lillian B Rigby*

Address *RZD #1, Bancroft Bannock Ho*

I CERTIFY THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE

P. M. C. O. *Alfred Rigby*

Form No. 1 (Rev. 1-1918)

**REGISTRAR'S REPORT**

DESCRIPTION OF REGISTRANT

| HEIGHT                              |                          |                          | BUILD                    |                                     |                          | COLOR OF EYES     | COLOR OF HAIR |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------|---------------|
| Tall                                | Medium                   | Short                    | Slender                  | Medium                              | Stout                    |                   |               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>light blue</i> | <i>dark</i>   |

28. Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.) *No*

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

*H. G. Johnson*  
Date of Registration *Sept 12-1918*

LOCAL BOARD  
FOR COUNTY OF BANNOCK  
STATE OF IDAHO  
POCATELLO, IDAHO  
(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.)