

Form 1 /30

REGISTRATION CARD 6523 No. 14

1 Name in full Shuichi Sumioka 25 Age in yrs
(Given name) (Family name)

2 Home address 516 705th San Jose Cal.
(No.) (Street) (City) (State)

3 Date of birth August 18 1897
(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)? Alien

5 Where were you born? Hiroshima Japan
(Town) (State) (Nation)

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

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

8 By whom employed? —

Where employed? —

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? no

10 Married or single (which)? Single Race (specify which)? Japanese

11 What military service have you had? Rank —; branch —; years —; Nation or State —

12 Do you claim exemption from draft (specify grounds)? no

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

S. Sumioka
(Signature of registrant)

If permitted by
 District Director
 I may add to
 card

REGISTRAR'S REPORT 4-2-11-A

1 Tall, medium, or short (specify which)? Short Slender, medium, or stout (which)? Slender

2 Color of eyes? Black Color of hair? Black Bald? no

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)?

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:

Yes S. D. Abbott
(Signature of registrar)

Precinct 5City or County San JoseState Calif.

June 5, 1917
(Date of registration)