

The following data was taken from a single source exactly as it was found.

Type of Data: WWI Draft Registration

Photo No.: 2007-

Source of Data: Ancestry.com

REGISTRATION CARD									
SERIAL NUMBER 1647		ORDER NUMBER 2760							
<p>1. <i>Allice</i> <i>Allice</i> <i>Like</i></p> <p>(First name) (Middle name) (Last name)</p>									
<p>2. PERMANENT HOME ADDRESS  <i>1 Gainesville Greene Ark.</i>            (No.) (Street or R. F. D. No.) (City or town) (County) (State)</p>									
Age in Years 319		Date of Birth 6 28 1899							
<p>RACE</p> <p>White <input checked="" type="checkbox"/> Negro <input type="checkbox"/> Oriental <input type="checkbox"/> Indian <input type="checkbox"/></p> <p>3. <input checked="" type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/></p>									
U. S. CITIZEN					ALIEN				
Native Born		Naturalized		Citizen by Father's Naturalization Before Registrant's Majority		Declarant		Non-declarant	
10 <input checked="" type="checkbox"/>		11 <input type="checkbox"/>		12 <input type="checkbox"/>		13 <input type="checkbox"/>		14 <input type="checkbox"/>	
<p>15. If not a citizen of the U. S., of what nation are you a citizen or subject?</p>									
PRESENT OCCUPATION					EMPLOYER'S NAME				
16 <i>farming</i>					17 <i>R. A. Like</i>				
<p>18. PLACE OF EMPLOYMENT OR BUSINESS:  <i>1 Gainesville Greene Ark.</i>            (No.) (Street or R. F. D. No.) (City or town) (County) (State)</p>									
NEAREST RELATIVE		<p>19. <i>Father &amp; Mother, R. A. Like</i>  <i>Gainesville Greene Ark.</i>            (No.) (Street or R. F. D. No.) (City or town) (County) (State)</p>							
<p>I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THEY ARE TRUE</p> <p>P. M. G. O. <i>Allice Like</i>            Form No. 1 (Red) (Signature of registrant)</p>									

REGISTRAR'S REPORT C3-1-21									
DESCRIPTION OF REGISTRANT									
HEIGHT		BUILD			COLOR OF EYES	COLOR OF HAIR			
Medium	Short	Slender	Medium	Stout					
22 <input checked="" type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input checked="" type="checkbox"/>	<i>Brown</i>	<i>Dark</i>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>
<p>29. Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.)</p>									
<p>30. I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark, and that all of his answers of which I have knowledge are true, except as follows:</p>									
<p><i>G. W. Butler</i>            (Signature of Registrar)</p> <p>Date of Registration <i>Sept. 12, 1918</i></p>									
<p>LOCAL BOARD OF GREENE COUNTY, ARKANSAS, PARAGOULD</p> <p>(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.)</p>									