

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

Type of Data: WWI Draft Registration

Source of Data: Ancestry.com

REGISTRATION CARD	
1. Serial Number 361	2. Order Number 44551
3. Full Name Robert Grant Proffitt	
4. Permanent Home Address Flat 606 Atlantic Mo	
5. Age in Years 33	
6. Date of Birth March 31 st 1885	
7. RACE	
White <input checked="" type="checkbox"/>	Negro <input type="checkbox"/>
Oriental <input type="checkbox"/>	Indian <input type="checkbox"/>
8. U. S. CITIZEN	
Native Born <input checked="" type="checkbox"/>	Naturalized <input type="checkbox"/>
Citizen by Father's Naturalization Before Registrant's Majority <input type="checkbox"/>	Declarant <input type="checkbox"/>
9. ALIEN	
10. PRESENT OCCUPATION Mine Foreman Federal Coal Co	
11. EMPLOYER'S NAME Federal Coal Co	
12. PLACE OF EMPLOYMENT Flat 606 Atlantic Mo	
13. NEAREST RELATIVE Name: Mrs Julia Proffitt Address: Flat 606 Atlantic Mo	
14. I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE P. M. G. O. Form No. 1 (Red) Robert Grant Proffitt	

REGISTRATION CARD	
24-820C	
DESCRIPTION OF REGISTRANT	
HEIGHT	BUILD
21 Medium <input checked="" type="checkbox"/> 22 Short <input type="checkbox"/> 23 Slender <input type="checkbox"/> 24 Medium <input checked="" type="checkbox"/> 25 Short <input type="checkbox"/> 26	COLOR OF EYES <input checked="" type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Other <input type="checkbox"/>
27 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
28 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:	
Signature of Registrant: <i>Robert Grant Proffitt</i>	
Date of Registration: 9/2/1918	
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.)	