

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																			
SERIAL NUMBER 1474	ORDER NUMBER A-858																		
1 Thomas Gilbert Roe																			
2 PERMANENT HOME ADDRESS: Des Arc, Prairie, Ark.																			
Age in Years 33 Date of Birth November 2nd 1885																			
RACE <table border="1"> <tr> <td>White</td> <td>Negro</td> <td>Oriental</td> <td>Indian</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>										White	Negro	Oriental	Indian	<input checked="" type="checkbox"/>					
White	Negro	Oriental	Indian																
<input checked="" type="checkbox"/>																			
U. S. CITIZEN <table border="1"> <tr> <td>Native Born</td> <td>Naturalized</td> <td>Citizen by Father's Naturalization Before Registrant's Majority</td> <td>Declarant</td> <td>Non-declarant</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant	<input checked="" type="checkbox"/>				
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant															
<input checked="" type="checkbox"/>																			
15 If not a citizen of the U. S., of what nation are you a citizen or subject?																			
PRESENT OCCUPATION Bookkeeper					EMPLOYER'S NAME B. B. Bethell & Sons														
18 PLACE OF EMPLOYMENT OR BUSINESS: Des Arc, Prairie, Ark.																			
19 NEAREST RELATIVE Minnie Mae Roe Address: Des Arc, Prairie, Ark.																			
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE P. M. G. O. Thomas Gilbert Roe Form No. 1 (Rev. 1-11)																			

REGISTRAR'S REPORT									
DESCRIPTION OF REGISTRANT									
HEIGHT			BUILD			COLOR OF EYES		COLOR OF HAIR	
Tall	Medium	Short	Slender	Medium	Stout	Blue		Dark	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
23 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify.) NO									
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 style="text-align: right;"><i>R. B. Hill</i> (Signature of Registrar)</p> <p>Date of Registration Sept. 12, 1918</p>									
<p style="text-align: center;">(STAMP OF LOCAL BOARD)</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>									