

1 Name in full *John Courm Hopkins* Age in yrs. *23*  
(Given name) (Family name)

2 Home address *Journal Building Madisonville Ky.*  
(No.) (Street) (City) (State)

3 Date of birth *Dec 22<sup>d</sup> 1893*  
(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)? *Actual Born.*

5 Where were you born? *Hopkins Co. Ky.*  
(Town) (State) (Nation)

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

7 What is your present trade, occupation, or office? *Farmer.*

8 By whom employed? *Self.*

Where employed? *near Madisonville Ky.*

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)? *wife & Baby.*

10 Married or single (which)? *Married* Race (specify which)? *White*

11 What military service have you had? Rank *None*; branch \_\_\_\_\_; years \_\_\_\_\_; Nation or State \_\_\_\_\_

12 Do you claim exemption from draft (specify grounds)? *wife & child dependant*

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

*John Courm Hopkins*  
(Signature or mark)

# REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>7' 2" - 2' 16" Hopkins</u>	Slender, medium, or stout (which)? <u>"A" Slender</u>	
2	Color of eyes? <u>Brown</u>	Color of hair? <u>Brown</u>	Bald? _____
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <u>no.</u>		

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:

V. H. Behne

(Signature of registrar)

Precinct 8  
City or County Hopkins  
State N.J.

June 5<sup>th</sup> 1917  
(Date of registration)