

340

1 Name in full *Henry Hopkins* (Given name) *Hopkins* (Family name) Age, in yrs. *28*

2 Home address *Brookhead* (No.) *Brookhead* (Street) *Ky* (City) *Ky* (State)

3 Date of birth *January* (Month) *9* (Day) *1889* (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)? *Natural Born*

5 Where were you born? *Harbin* (Town) *Ky* (State) *USA* (Nation)

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

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

8 By whom employed? *Self*

Where employed? *Brookhead* *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)? *No*

10 Married or single (which) *Single* Race (specify which) *Caucasian*

11 What military service have you had? Rank *Private*; branch *Infantry*  
years *Six*; Nation or State *Nation*

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

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

*Henry Hopkins*  
(Signature of registrant)

If person is of African descent, tear off this corner

# REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <u>Medium</u>	Slender, medium, or stout (which)? <u>Medium</u>	
2	Color of eyes? <u>Dark Brown</u>	Color of hair? <u>Brown</u>	Bald? <u>no</u>
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 my answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

John Rabino  
(Signature of registrar)

Copy

Precinct 15  
City or County Rockcastle  
State Ky

6/5/17  
(Date of report)