

1421

Age, in yrs.

1 Name in full *John Walter Wheelton* *26*

2 Home address *731 Spruce Ave Niagara Falls N.Y.*

3 Date of birth *July 6 1890*

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? *Alien*

5 Where were you born? *Cake Bay Ont Canada*

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

7 What is your present trade, occupation, or office? *Pattern maker* *18*

8 By whom employed? *Niagara Pattern Works*

Where employed? *Niagara Falls N.Y.*

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 *None*, branch *None*; years \_\_\_\_\_; Nation or State \_\_\_\_\_

12 Do you claim exemption from draft (specify grounds)? *None*

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

*John Walter Wheelton*  
(Signature or mark)

If persons of African descent, tear off this corner

31-8-24-A

REGISTRAR'S REPORT

- 1 Tall, medium, or short (specify which)? Short Slender, medium, or stout (which)? Medium
- 2 Color of eyes? dark gray Color of hair? dark brown Bald? No
- 3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? No

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:

*W. H. Donohue*

(Signature of registrar)

Precinct Sto Swain

City or County Wing Falls

State N.Y.

June 5 1917

(Date of registration)

7284