

UCED AT NARA

### REGISTRATION CARD

ORDER NUMBER **488**

SERIAL NUMBER **1603**

1 **Raymond Maxwell Munguia**  
(First name) (Middle name) (Last name)

2 PERMANENT HOME ADDRESS:  
**Box 37** **Kimberly Pine** **Nevada**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

Age in Years **44** Date of Birth **2 1874**  
3 (Month.) 4 (Day.) (Year.)

RACE				
White	Negro	Oriental	Indian Citizen	Indian Noncitizen
5 <input checked="" type="checkbox"/>	6	7	8	9
U. S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
10 <input checked="" type="checkbox"/>	11	12	13	14

15 If not a citizen of the U. S., of what nation are you a citizen or subject?  
PRESENT OCCUPATION

16 **Dairy**  
17 **Proprietor**  
EMPLOYER'S NAME

18 PLACE OF EMPLOYMENT OR BUSINESS:  
**Kimberly Pine** **Nevada**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

NEAREST RELATIVE  
Name **Mrs. P. M. Munguia**  
Address **Box 37, Kimberly Pine Nevada**  
(No.) (Street or R. F. D. No.) (City or town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE

P. M. G. O. **Raymond Maxwell Munguia**  
Form No. 1 (Red) (Registrant's signature or mark)

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27-116-C  
REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22 ✓	23	24	25 ✓	26	Brown	Black

29 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:

*Lardwick*  
(Signature of Registrar)

Date of Registration *Sept 12, 1918*

*Kimberly*  
(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.)

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