

Form 1

REGISTRATION CARD

No. 33

0-384

1	Name in full <i>Esquipula Mungra</i> (Given name) (Family name)	Age, in yrs <i>30</i>
2	Home address <i>Dolomansville Ariz</i> (No.) (Street) (City) (State)	
3	Date of birth <i>July 10 1887</i> (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)? <i>Natural Born</i>	
5	Where were you born? <i>Dolomansville Ariz US</i> (Town) (State) (Nation)	
6	If not a citizen, of what country are you a citizen or subject?	
7	What is your present trade, occupation, or office? <i>Miner</i>	
8	By whom employed? <i>Not at present employed</i>	
	Where employed?	
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)? <i>Mother</i>	
10	Married or single (which)? <i>Single</i> Race (specify which)? <i>Mexican</i>	
11	What military service have you had? Rank _____; branch _____ years _____; Nation or State <i>No Service</i>	
12	Do you claim exemption from draft (specify grounds)? <i>No</i>	

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

Esquipula Mungra
(Signature or mark)

2-2-3 GRAHAM "A"
REGISTRAR'S REPORT

1	Tall, medium, or short (specify which)? <i>Short</i> Slender, medium, or stout (which)? <i>Stout</i>
2	Color of eyes <i>Brown</i> Color of hair? <i>Black</i> Bald? <i>No</i>
3	Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? <i>No</i>

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:

McClara
(Signature of registrar)

Precinct 5City or County GrahamState Ariz

June 5 1917
(Date of registration)

If person is of African descent, color