

WORLD WAR I DRAFT REGISTRATION CARDS, 1917-1918

SOURCE INFORMATION: WWW.ANCESTRY.COM DATABASE: WORLD WAR I DRAFT REGISTRATION CARDS, 1917-1918 DETAIL: REGISTRATION
 LOCATION: RHEA COUNTY, TENNESSEE; ROLL: 1877686; DRAFT BOARD: O.

COUNTY: RHEA
 STATE: TENNESSEE
 BIRTH DATE: 22 FEB 1881
 RACE: WHITE
 ROLL: 1877686
 DRAFT BOARD: O

CALVIN WATSON DYE

REGISTRATION CARD

SERIAL NUMBER: 360 ORDER NUMBER: R-277

1 *Calvin Watson Dye*

2 PERMANENT HOME ADDRESS: *Grandview Rhea Tenn*

Age in Years: 37 Date of Birth: Feb 22 1881

RACE

| | | | | | | | |
|-------------------------------------|---|-------|---|----------|----|--------|-------------------------------------|
| White | | Negro | | Oriental | | Indian | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| <input checked="" type="checkbox"/> | | | | | | | <input checked="" type="checkbox"/> |

U. S. CITIZEN

| | | | | | | | | | |
|-------------------------------------|----|-------------|----|---|----|-----------|----|---------------|----|
| Native Born | | Naturalized | | Citizen by Father's Naturalization Before Registrant's Majority | | Declarant | | Non-declarant | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| <input checked="" type="checkbox"/> | | | | | | | | | |

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

16 PRESENT OCCUPATION: *Farmer* 17 EMPLOYER'S NAME:

18 PLACE OF EMPLOYMENT OR BUSINESS: *Grandview Rhea Tenn*

NEAREST RELATIVE: Name: *Lillian May Dye* Address: *Grandview Rhea Tenn*

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE
 P. M. G. O. Form No. 1 (Rev) *Calvin Watson Dye*

REGISTRAR'S REPORT

21-220

DESCRIPTION OF REGISTRANT

| HEIGHT | | | BUILD | | | COLOR OF HAIR | COLOR OF EYES |
|-------------------------------------|--------|-------|---------|--------|-------------------------------------|---------------|---------------|
| Tall | Medium | Short | Slender | Medium | Stout | | |
| <input checked="" type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | <i>Blue</i> | <i>Blue</i> |

23 Has person lost arm, leg, hand, eye, or is he otherwise physically disqualified? (Specify.)

24 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:

J. F. Kallen
 Date of Registration: *Apr 12 - 1918*

LOCAL BOARD FOR THE COUNTY OF RHEA,
 STATE OF TENNESSEE
 (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.)

PARENTS:
 DAVID DYE & ELIZABETH LEMMONS

