

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: CLEVELAND COUNTY, NORTH CAROLINA; ROLL: 1765631; DRAFT BOARD: O.

COUNTY: CLEVELAND
 STATE: NORTH CAROLINA
 BIRTH DATE: 24 APR 1882
 RACE: WHITE
 ROLL: 1765631
 DRAFT BOARD: O

JAMES ABNER DYCUS

REGISTRATION CARD

SERIAL NUMBER 2531 ORDER NUMBER 25-53

1 James A. Dycus
(First name) (Middle name) (Last name)

2 City of Jarrison Jm Co. City Point, Va.
(Street or R. F. D. No.) (City or town) (State)

3 36 4 Apr. 24 5 1882
Age in Years (Months) Date of Birth (Month) (Year)

RACE

White <input checked="" type="checkbox"/>	Negro <input type="checkbox"/>	Oriental <input type="checkbox"/>	Indian <input type="checkbox"/>	Citizen <input type="checkbox"/>	Non-citizen <input type="checkbox"/>
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U. S. CITIZEN **ALIEN**

Native Born <input checked="" type="checkbox"/>	Naturalized <input type="checkbox"/>	Citizen by Father's Naturalization Before Registration's Majority <input type="checkbox"/>	Declarant <input type="checkbox"/>	Non-declarant <input type="checkbox"/>
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15 If not a citizen of the U. S., of what nation are you a citizen or subject?

16 Sheet metal worker 17 E. J. Du Pont De Nemours & Co.
PRESENT OCCUPATION EMPLOYER'S NAME

18 Hopewell, Va.
PLACE OF EMPLOYMENT OR BUSINESS (Street or R. F. D. No.) (City or town) (County) (State)

19 Mrs. Jonie Dycus
NEAREST RELATIVE Name

20 Jarrison Jm Co. City Pt. Va.
Address (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. Form No. 1 (Red) 42-5711 James A. Dycus (Signature) (Date)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Blue</u>	<u>Freckles</u>
21	22	23	24	25	26		

27 Has person lost arm, leg, hand, eye, or is he absolutely physically disqualified? (Specify.)
no

28 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 my answers of which I have knowledge are true, except as follows:

M. A. Acker
(Signature of Registrar)

Date of Registration _____

32-1-16

Local Exemption Board for Cleveland County
 Shelby, N. C.

(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:
 Willis Elijah Dycus & Nancy Ann McMurray