

Form 1 **92** **REGISTRATION CARD** | No. **35**

1 Name in full **Thos Williams** X | Age, in yrs. **21**  
(Given name) (Family name)

2 Home address **3664 Wabash Ave. Chgo. Ill**  
(No.) (Street) (City) (State)

3 Date of birth **Sept 28 1896**  
(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)? **Nat born**

5 Where were you born? **Charleston So Carolina U.Sa.**  
(Town) (State) (Nation)

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

7 What is your present trade, occupation, or office? **Prof. Base Ball** **2633**

8 By whom employed? **Rube Foster**  
 Where employed? **3242 Vernon Ave**

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)? **Wife**

10 Married or single (which)? **Married** Race (specify which)? **Negro**

11 What military service have you had? Rank **—**; branch **—**  
 years **—**; Nation or State **none**

12 Do you claim exemption from draft (specify grounds)? **no**

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

**8687** **Thos. Williams,**  
(Signature or mark)

REGISTRAR'S REPORT 12-1-5-A

1 Tall, medium, or short (specify which)? med Slender, medium, or stout (which)? med

2 Color of eyes? Black Color of hair? Black 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:

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Marcella Reed.  
(Signature of registrar)

Precinct 50 Ward 2  
City or County Chicago  
State Illinois

June 5 1917  
(Date of registration)

8687

Thomas Williams WWI Draft Registration Card  
Precinct 50, Ward 2, Chicago, Illinois, June 5, 1917