

1089
REGISTRATION CARD No. 31

9143

1 Name of Licensee Luc Roy Vance Lamaster 27

2 Home 316 Bank Louisville Ky

3 Date of birth July 30 1889

4 Are you (1) deaf and dumb, (2) a natural idiot, (3) or blind, (4) or have you declared your intention to apply for citizenship? no

5 Where born? Campbellsville Ky U.S.A.

6 If not a citizen, of what country are you a subject? U.S.A.

7 What is your occupation? Street car motor man

8 By what employer? Louisville Railway Co
Louisville Ky

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, wholly dependent on you for support (specify which)? mother partially supported

10 Married or single (initial)? single Race (specify which)? Caucasian

11 What military service have you had? Rank none, branch _____

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

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

Luc Roy Vance Lamaster

16-1-20 Louisville No. 1 "A"

REGISTRAR'S REPORT

1 Tall, medium or short? tall Eyes red

2 Color of eyes? blue Color of hair? dark brown no

3 Has person had eyes, ear, hand, foot or limb torn, 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:

Mr. Sosine

15 W 12
City or County Louisville Jeff Co 6/5/17
State Ky.

REGISTRATION CARD

REGISTRY NUMBER: 1093
 NAME: Justin Washington Lancaster
 ADDRESS: Campbellsburg, Ky.
 CITY: _____ STATE: _____
 AGE IN YEARS: _____ DATE OF BIRTH: _____
 RACE: _____ SEX: _____
 U.S. CITIZEN: _____
 PRESENT OCCUPATION: _____ EMPLOYER'S NAME: _____
 PLACE OF EMPLOYMENT OR BUSINESS: Campbellsburg, Ky.
 RELATIVE: _____
 I AFFIRM THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THEY ARE TRUE.
 P. M. G. O. Justin Washington Lancaster
 FORM No. 1 (11-22)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

HAIR	HEIGHT		BUILD		COLOR OF EYES	COLOR OF HAIR
	Feet	Inches	Slender	Medium		
21	5	10	24	25	26	Blue

22 Has person lost arms, leg, hand, eye, or is he obviously physically disabled?
 (Specify.) finger on right hand

23 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 written his signature or name, and that all of his answers of which I have knowledge are true, except as follows:

Signature of Registrar

Date of Registration: 16-3-29

(SEAL OF LOCAL BOARD)

(The name of the Local Board having jurisdiction of an area in which the registrant and his permanent home shall be placed in this report.)



Page 1 **REGISTRATION CARD** *6397*

1 Name in full *Geo. S. LaMaster* Age in yrs *24*

2 Home address *Ludphus (R.D.) Ky*

3 Date of birth *Sept 13 1892*

4 Nat. (1) natural born, (2) naturalized citizen, (3) alien, (4) or have you declared your intention (specify which)? *Natural born citizen*

5 Where born? *New Castle Ky - M.D.A.*

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

7 What is your present trade, occupation, or other? *Engineering*

8 By whom employed? *J. H. LaMaster*
Adams County Ky

9 Have you a father, mother, wife, child under 18, or a sister or brother under 18, wholly dependent on you for support (specify which)? *No*

10 Married or single (which)? *Single* Name (specify which) *Concession*

11 What military service have you had? *Cadet at State University*
Private Place of duty

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

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

Geo. S. LaMaster
(Signature or mark)

REGISTRAR'S REPORT

1 Full, complete, or short (specify which)? *Medium* Shape, outline, or size (which)? *Medium*

2 Color of eyes? *Brown* Color of hair? *Red* Hair *None*

3 Has person had scars, lvs, band, lost, lost, 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:

W. B. Jackson
(Signature of Registrar)

Printed *New Castle*
City or County *Adams*
State *Kentucky* *June 6 1917*
(Date of registration)



Form 1 **REGISTRATION** **58746X** **Feb 18 1917**

1 Name in full Fowler Orem LaMaster 22

2 Home address Campbellburg Ky.

3 Date of birth Feb 17 1895

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Natural born

5 Where born? Campbellburg Ky U.S.A.

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

7 What is your present trade, occupation, or other? farmer

8 By whom employed? father Campbellburg

9 Have you a father, mother, wife, child under 18, or a sister or brother who is wholly dependent on you for support (specify which)? no

10 Married or single (which)? single Race (specify) Caucasian

11 What military service have you had? Rank _____ Branch _____

12 Do you claim exemption from this (specify grounds)?

I declare that I have filled above answers and that they are true.

Fowler Orem LaMaster
(Signature to card)

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? Short Shoulder, medium, or stout (which)? Shoulder

2 Color of eyes? Blue Color of hair? Dark Build? no

3 Has person last seen, big, 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 obtained his signature, and that all of his answers of which I have knowledge are true, except as follows:

L. J. Scott
(Signature of registrar)

Printed Campbellburg
City or County Ky.
State Ky. 5 Jan 1917
(Date of registration)



Form 1 (1917) **REGISTRATION CARD** No. 426

1 Name in full Benjamin F. Lamaster Age 22

2 Name Sulphur (R.D.) Ky

3 Date of birth Aug 21 1894

4 Are you (1) a natural born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention? Natural born citizen

5 Where born New Castle Ky. W. Va.

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

7 What is your present trade, occupation, or profession? Farming

8 By whom employed? Working for self

9 Where employed? Henry County Ky

10 Have you a father, mother, wife, child under 18, or a sister or brother above 18, living of whom you are dependent? No

11 Married or single (which)? Single Race (specify which) Caucasian

12 What military service have you had? Private Infantry

4 yrs 1914 Kentucky Battalion

Do you claim exemption from such (specify grounds)? No

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

Benjamin F. Lamaster
(Signature of man)

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? Medium Complexion, or that (which)? Slender

2 Color of eyes? Green Color of hair? Green Build? No

3 Has person last seen, his hand, feet, or both open, 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:

W. B. Barber
(Signature of registrar)

Place New Castle
City or County Henry
State Kentucky

June 5-1917
(Date of registration)



Form 1 6-16 REGISTRATION CARD No. 42

1 Name in full Ormett R. Lancaster Age in yrs 28

2 Place address New Castle Ky

3 Date of birth May 11th 1889

4 Are you (1) a natural born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention to become a citizen? Natural born citizen

5 Where born? Ashland Mo U.S.A

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

7 What is your present trade, occupation, or office? Farming

8 By whom employed? Farming for self

9 Where employed? Henry County Ky

10 Have you a father, mother, wife, child under 18, or a sister or brother under 18, who is dependent on you for support? (Specify which?) Yes - Wife

11 Married or single (which)? Married Name (specify which) Quocassan

12 What subject matter have you had? Rank 1st Sergeant in Tenn. Mil

13 Do you claim exemption from draft (specify grounds)? Yes On account of wife

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

Ormett R. Lancaster
(Signature or name)

REGISTRAR'S REPORT

1 Full name of alien (specify which) Mediamm... Mediamm

2 Color of eyes? Brown Color of hair? Brown Sex? Male

3 Has person lost one, his 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 answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

J. W. J. ...
(Signature of Registrar)

Witness New Castle,

City or County Henry

State Kentucky

June 5-1917
(Date of registration)

