

SERIAL NUMBER 1. NAME (Print)	ORDER NUMBER
431 JOSEPH ALBERT KUNIGONIS	2318
2. ADDRESS (Print) PN. BRD. MT. AVE FRACKVILLE SCHUYLKILL PA (Number and street or R. F. D. number) (State)	
31 MAIZEVILLE	6. COUNTRY OF CITIZENSHIP
DATE OF BIRTH 1909 PA (Town or county)	W.S.A.
(Exchange) (Number) (Mo.) (Day) (Yr.) (State or country)	
7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS	8. RELATIONSHIP OF THAT PERSON
MRS TAFILA KUNIGONIS°	MOTHER
9. ADDRESS OF THAT PERSON	****
9N BRD. MTAYE FRACKVILLE SCHOYLKILL PA (Number and street or B. F. D. number) (Town) (County) (State)	
10. Employer's Name	and,
NONE	
11. PLACE OF EMPLOYMENT OR BUSINESS	
NONE (Number and street or R. F. D. number) (Town) (Cos	4 7
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.	inty) (State)
THE THE AREA TOWN AND AND THAT THE ARE TRUE.	
REGISTRATION CARD D. S. S. FORM 1 (over) 16-17105 Joseph Ku	negonis

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