

REGISTRATION CARD No. 225

1 Name to fill Edward J. Goodrich 30

2 Place address 357 West 17 St, NYC

3 Date of birth May 27, 1887

4 How you (1) a natural born citizen, (2) a naturalized citizen, (3) an alien (4) or have you declared your intention (specify which)? 1030 N.Y.C.

5 Where were you born? NY City

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

7 What is your present trade, occupation, or profession? Labour 30

8 By whom employed? Capt. Wallace

Where employed? 577 Greenwood St

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, singly or jointly dependent on you for support (specify which)? Wife 3 Children (under 12)

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

11 What military service have you had? Rank Private, branch Infantry, name of post or station NY State Militia

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

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

Edward J. Goodrich

REGISTRAR'S REPORT 31-0-101-A

1 Tell whether or about (specify which)? 5 ft 11. Darker medium or stout (which) Medium

2 Color of eyes? Blue Color of hair? Black Scar? No

3 Has person had any leg, hand, foot or limb injury, or is he lame or disabled (specify)?

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:

Arthur P. Weinberg
(Registrar of Records)

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City or County NY

State NY

6/17/17
(Date of Report)

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)

SERIAL NUMBER **U 1993** 1. NAME (Print) **EDWARD JAMES GOODECHILD** ORDER NUMBER

(Number and street) (First) (Middle) (Last) (County) (State)

2. PLACE OF RESIDENCE (Print) **164 West 98th St. New York N.Y.**

(Number and street) (Town, township, village, or city) (County) (State)

[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]

3. MAILING ADDRESS **Same**

[Mailing address if other than place indicated on line 2. If same insert word same]

4. TELEPHONE 5. AGE IN YEARS **55** 6. PLACE OF BIRTH **New York City**

(Exchange) (Number) (Mo.) (Day) (Yr.) (Town or county) (State or country)

May 27, 1887 **N.Y.**

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS **JOHN KRAUS - 214 West 84th New York City**

8. EMPLOYER'S NAME AND ADDRESS

9. PLACE OF EMPLOYMENT OR BUSINESS **Not working**

(Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

Edward J. Goodchild
(Registrant's signature)