

1 Name in *Allen Otto Helke* Age, in yrs. *29*  
(Given name) (Family name)

2 Home address *416 Main St. Slatington Pa.*  
(No.) (Street) (City) (State)

3 Date of birth *May 30 1888*  
(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)? *Natural Born*

5 Where were you born? *Lehigh Gap Pa.*  
(Town) (State) (Nation)

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

7 What is your present trade, occupation, or office? *Bridge Builder 22*

8 By whom employed? *Hennrich Construction Co.*  
 Where employed? *Lehigh Gap Pa.*

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)?

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

11 What military service have you had? Rank \_\_\_\_\_; branch \_\_\_\_\_;  
 years \_\_\_\_\_; Nation or State \_\_\_\_\_

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

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

If person is of African descent, year of this census

3498 *Allen Helke*  
(Signature of registrant)

## 37-8-10. A REGISTRAR'S REPORT

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

2 Color of eyes *Light Blue* Color of hair *Dark Brown* Bald? \_\_\_\_\_

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise 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:

*Allen F. Boyer*  
(Signature of registrar)Precinct *17*City or County *Lehigh*State *Pa.**Borough of Slatington**June 5, 1917*  
(Date of registration)