

William Koch WWI Draft Card

Form 1 1922 REGISTRATION CARD No. 138		REGISTRAR'S REPORT	
1 Name as full <i>William Koch</i>	Age in yrs <i>28</i>	1 Full name of <i>medicine</i>	Specialty <i>dentistry or oral electrotherapy</i>
2 Home address <i>1419 Jefferson Ave</i>		2 Color of eyes <i>Blue</i>	Color of hair <i>Blonde</i> Height <i>5' 11"</i>
3 Date of birth <i>Sept 12 1888</i>		3 Has present or was, by land, sea or both sea, or in the interior of land? <i>no</i>	
4 Are you (1) a married man, (2) a widower, (3) or single, (4) or have you declared your intention to marry? <i>married</i>		I certify that my statement is true, that the person registered has read the same, and that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:	
5 Where born <i>New York</i>		<i>Henry Grathwaite</i>	
6 If not a citizen of the United States, are you a citizen of a foreign country?		Province <i>Ill</i>	
7 What is your present trade, profession, or office? <i>Lawyer 28</i>		City or County <i>Chicago</i>	
8 Do you have employment?		State <i>Ill</i>	<i>4/5/17</i>
9 Where employed? <i>11 South St. N.Y.</i>		(Date of registration)	
10 Have you a habit, whether of the whole body, of or a habit or use of alcohol, tobacco, or any other habit? <i>no</i>			
11 Married during the year? <i>single</i>			
12 What military service have you had? Rank <i>no</i>			
I affirm that I have certified above answers and that they are true.			
<i>William Koch</i>			