

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

SERIAL NUMBER U 1893 1. NAME (Print) SIDNEY BERT LUSIGNAN ORDER NUMBER _____
(First) (Middle) (Last)

2. PLACE OF RESIDENCE (Print) 627 ATLANTIC-AVE ORLEANS LA
(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 ALG. 35299 5. AGE IN YEARS 55 6. PLACE OF BIRTH THIBODEAUX
(Exchange) (Number) (Mo.) (Day) (Yr.) (Town or county) (State or country)
 DATE OF BIRTH FEB 9 1887

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS MRS C. LUSIGNAN 627 ATLANTIC AVE

8. EMPLOYER'S NAME AND ADDRESS W. P. A. ALG. NAVAL STA.

9. PLACE OF EMPLOYMENT OR BUSINESS ALG. ORLEANS LA
(Number and street or R. F. D. number) (Town) (County) (State)

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

D. S. S. Form 1 (Revised 4-1-42) (over) 16-21630-2 Sidney Bert Lusignan
(Registrant's signature)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT			
RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION
<input checked="" type="checkbox"/> White	<u>5-4</u>	<u>160</u>	<input checked="" type="checkbox"/> Sallow
<input type="checkbox"/> Negro	EYES	HAIR	<input type="checkbox"/> Light
<input type="checkbox"/> Oriental	<input type="checkbox"/> Blue	<input type="checkbox"/> Blonde	<input type="checkbox"/> Ruddy
<input type="checkbox"/> Indian	<input type="checkbox"/> Gray	<input type="checkbox"/> Red	<input type="checkbox"/> Dark
<input type="checkbox"/> Filipino	<input type="checkbox"/> Hazel	<input type="checkbox"/> Brown	<input type="checkbox"/> Freckled
	<input type="checkbox"/> Brown	<input type="checkbox"/> Black	<input type="checkbox"/> Light brown
	<input type="checkbox"/> Black	<input type="checkbox"/> Gray	<input type="checkbox"/> Dark brown
		<input type="checkbox"/> Bald	<input type="checkbox"/> Black

Other obvious physical characteristics that will aid in identification...
MOLE ON LEFT LEG

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 witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows:

Registrar for Local Board J. G. of [Signature] (City or county) LA (State)
 (Number) 15-NB (City or county) LA (State)

Date of registration 4-26-42

LOCAL BOARD No. 15
 ORLEANS PARISH
 225 MORGAN ST. (ALGIERS)
 NEW ORLEANS, LA.

(STAMP OF LOCAL BOARD)

(The stamp of the Local Board having jurisdiction of the registrant shall be placed in the above space)

16-21630-1

Sidney Bert Lusignan registration card, United States World War II Draft Registration Cards, 1942, database with images, FamilySearch (https://familysearch.org/ark:/61903/3:1:S3HY-61V9-VJG?cc=1861144&wc=SPWZ-168%3A189236701 : 8 April 2016), 004436546 > image 458 of 1834. Citing NARA microfilm publications M1936, M1937, M1939, M1951, M1962, M1964, M1986, M2090, and M2097 (Washington, D.C.: National Archives and Records Administration, n.d.). Downloaded 7 Jul 2020.