

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

RACE		HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION
White	X	5'9 ^{1/2}	150	Sallow
				Light
Negro		Blue	Blonde	Ruddy
Indian		Gray	Red	Dark
Filipino		Hazel	Brown	Freckled
		Brown	Black	Light brown
Japanese		Black	Gray	Dark brown
Other Oriental			Bald	Black

Other obvious physical characteristics that will aid in identification

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:

61 731 03

A. M. Wheeler

43 Chicago, Ill. (Signature of registrar)

Registrar for Local Board

(Number) (Name or county) (State)

Date of registration 10/15/43

Local Board No. 43 CHICAGO LOCAL BOARD NO. 43
South Pulaski Road 7 S. PULASKI ROAD
Chicago 24, Illinois CHICAGO, ILL.

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

U. S. GOVERNMENT PRINTING OFFICE 160-21630-1

REGISTRATION CARD (Men born on or after July 1, 1924, and on or before December 31, 1924)
(Also for the registration of men as they reach the 18th anniversary of the date of their birth on or after January 1, 1943.)

SERIAL NUMBER 1. NAME (Print) Marvin (None) Margolis ORDER NUMBER
W-1257 (First) (Middle) (Last) 121057

2. PLACE OF RESIDENCE (Print) 300 S. Hamlin Av., Chicago, Ills.
(Town, township, village, or city) (County) (State)

[THE PLACE OF RESIDENCE GIVEN ON LINE 2 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 Nev. 8387	5. AGE IN YEARS 20	6. PLACE OF BIRTH Chicago, Ill.
	DATE OF BIRTH 3 25 25	(Town or county) (State or country)
	(Mo.) (Day) (Yr.)	

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS Mrs. Lillian Margolis (Mother) Same address

8. EMPLOYER'S NAME AND ADDRESS Has just been honorably discharged from U. S. Navy

9. PLACE OF EMPLOYMENT OR BUSINESS Returning to school
(Number and street or R. F. D. number) (Town) (County) (State)

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

DSS Form 1 (Rev. 11-16-42)

c16-21630-4 (OVER)

Maurice Margolis
(Registrant's signature)

Citation:

"Illinois, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:3Q9M-CSTM-PWZ2-W?view=index> : Jan 5, 2026), image 1000 of 1088; National Personnel Records Center (St. Louis, Missouri).

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