

SERIAL NUMBER 3427	1. NAME (Print) Clarence William FARM		ORDER NUMBER 2313
2. ADDRESS (Print) KALAUAO Oahu T.H			
(Number and street or R. F. D. number) (Town) (County) (State)			
3. TELEPHONE 6white 39	4. AGE IN YEARS 27	5. PLACE OF BIRTH Kaimuki - Honolulu	6. COUNTRY OF CITIZENSHIP U.S.A
DATE OF BIRTH Oct 1 1914		(Town or county) (State or country)	
(Exchange) (Number) (Mo.) (Day) (Yr.)			
7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS MR Chi Bui Farm			8. RELATIONSHIP OF THAT PERSON
(Mr., Mrs., Miss) (First) (Middle) (Last)			
9. ADDRESS OF THAT PERSON Kalauao Oahu T.H			
(Number and street or R. F. D. number) (Town) (County) (State)			
10. EMPLOYER'S NAME Unemployed.			
11. PLACE OF EMPLOYMENT OR BUSINESS			
(Number and street or R. F. D. number) (Town) (County) (State)			
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.			
REGISTRATION CARD D. S. S. Form 1		<i>David A Espindola Jr</i> <i>Witness</i>	
(over)		(Registrant's signature)	

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT					
RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION		
White	5ft 8"	190 lbs	Sallow		
	EYES	HAIR	Light	<input checked="" type="checkbox"/>	
Negro	Blue	Blonde	Ruddy		
	Gray	Red	Dark		
Oriental	Hazel	Brown	Freckled		
<i>Pert Hawaiian</i>	Brown <input checked="" type="checkbox"/>	Black <input checked="" type="checkbox"/>	Light brown		
Indian	Black	Gray	Dark brown		
		Bald	Black		
Filipino					

Other obvious physical characteristics that will aid in identification
None

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:
this person is feeble minded - Mother answered all questions

David A Espindola Jr
(Signature of registrar)

Registrar for **32nd St Honolulu T.H**
(Precinct) (Ward) (City or county) (State)

Date of registration **OCT 26 1940**

LOCAL BOARD No. 9
Waipahu Fire Station
Waipahu, Oahu, T. H.

(STAMP OF LOCAL BOARD)

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

SERIAL NUMBER 812		1. NAME (Print) JAMES KEANOALOHA FARM <small>(First) (Middle) (Last)</small>			ORDER NUMBER 2921
2. ADDRESS (Print) KALAUAO AIEA OAHU T.H. <small>(Number and street or R. F. D. number) (Town) (County) (State)</small>					
3. TELEPHONE 6W39 WAIHAHU <small>(Exchange) (Number)</small>		4. AGE IN YEARS 22 DATE OF BIRTH NOV 11 1917 <small>(Mo.) (Day) (Yr.)</small>		5. PLACE OF BIRTH HONOLULU <small>(Town or county)</small> OAHU T.H. <small>(State or country)</small>	
7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS MR CHE BUI FARM <small>(Mr., Mrs., Miss) (First) (Middle) (Last)</small>				6. COUNTRY OF CITIZENSHIP U.S.A.	
9. ADDRESS OF THAT PERSON KALAUAO AIEA OAHU T.H. <small>(Number and street or R. F. D. number) (Town) (County) (State)</small>					
10. EMPLOYER'S NAME LIBERTY AUTO SHOP					
11. PLACE OF EMPLOYMENT OR BUSINESS 818 S. KING ST HONOLULU OAHU T.H. <small>(Number and street or R. F. D. number) (Town) (County) (State)</small>					
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.					
REGISTRATION CARD D. S. S. Form 1		<i>James Keanoaloha Farm</i> <small>(Registrant's signature)</small>			

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT					
RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION		
White	5'-10"	182#	Sallow		
	EYES	HAIR	Light		
Negro	Blue	Blonde	Ruddy		
	Gray	Red	Dark <input checked="" type="checkbox"/>		
Oriental	Hazel	Brown	Freckled		
HAWAIIAN CHI. <input checked="" type="checkbox"/>	Brown <input checked="" type="checkbox"/>	Black <input checked="" type="checkbox"/>	Light brown		
Indiano	Black	Gray	Dark brown		
		Bald	Black		
Filipino					

Other obvious physical characteristics that will aid in identification.....
Scar on left fore arm

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:

Robert Johnston
(Signature of registrar)

Registrar for **32nd 5th Honolulu T.H.**
(Precinct) (Ward) (City or county) (State)

Date of registration **OCT 26 1940**

LOCAL BOARD No. 9
Waipahu Fire Station
Waipahu, Oahu, T. H.
(STAMP OF LOCAL BOARD)

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

SERIAL NUMBER 3724		1. NAME (Print) Joseph Kaohi Farm <small>(First) (Middle) (Last)</small>			ORDER NUMBER 178
2. ADDRESS (Print) Kalouao, Aiea, Honolulu, T. H. <small>(Number and street or R. F. D. number) (Town) (County) (State)</small>					
3. TELEPHONE 6W39 <small>(Exchange) (Number)</small>	4. AGE IN YEARS 21	5. PLACE OF BIRTH Kaimuki, Oahu <small>(Town or county)</small>		6. COUNTRY OF CITIZENSHIP U. S. A.	
DATE OF BIRTH Dec 7 1918 <small>(Mo.) (Day) (Yr.)</small>				7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS Mr Che Bui Farm <small>(Mr./Mrs./Miss) (First) (Middle) (Last)</small>	
8. RELATIONSHIP OF THAT PERSON Father				9. ADDRESS OF THAT PERSON Kalouao, Aiea, Oahu T. H. <small>(Number and street or R. F. D. number) (Town) (County) (State)</small>	
10. EMPLOYER'S NAME Consolidated Amusement Co.					
11. PLACE OF EMPLOYMENT OR BUSINESS 1267 Fort St. Honolulu T. H. <small>(Number and street or R. F. D. number) (Town) (County) (State)</small>					
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.					
REGISTRATION CARD D. S. Form 1				Joseph Kaohi Farm <small>(Registrant's signature)</small>	

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION			
			EYES	HAIR		
White	5' 8"	153			Sallow	
Negro			Blue	Blonde	Ruddy	
Pt. Ch.			Gray	Red	Dark	
Oriental	X		Hazel	Brown	Freckled	
Indian			Brown	X Black	X Light brown	X
Filipino			Black	Gray	Dark brown	
				Bald	Black	

Other obvious physical characteristics that will aid in identification
none

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 **B. J. Jibona**
(Signature of registrar)
14 **5** **Honolulu, T. H.**
(Precinct) (Ward) (City or county) (State)

Date of registration **October 26, 1940**

LOCAL BOARD No. 9
 Waipahu Fire Station
 Waipahu, Oahu, T. H.

(STAMP OF LOCAL BOARD)

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

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 **W-370** 1. NAME (Print) **Theodore Che Bui Farm** ORDER NUMBER **12626**
(First) (Middle) (Last)

2. PLACE OF RESIDENCE (Print) **Kalauna Aiea Oahu T. H.**
(Number and street) (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 as above**
(Mailing address if other than place indicated on line 2. If same, insert word same)

4. TELEPHONE **Aiea 63907** 5. AGE IN YEARS **18** 6. PLACE OF BIRTH **Honolulu**
(Exchange) (Number) (Mo.) (Day) (Yr.) (Town or county) (State or country)
DATE OF BIRTH **Nov. 25 1925**

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS **Che Bui Farm (father) Kalauna, Aiea, T. H.**

8. EMPLOYER'S NAME AND ADDRESS **P. N. A. B.**

9. PLACE OF EMPLOYMENT OR BUSINESS **Mord Island**
(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) **Theodore C. B. Farm**
(Registrant's signature)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION	
			Sallow	Light
White	5'6"	130		
Negro	EYES	HAIR	Ruddy	
			Dark	
Filipino	Blue	Blonde		
	Gray	Red		
Other	Hazel	Brown	Freckled	
	Brown	Black	Light brown	
Oriental	Black	Gray	Dark brown	
		Bald	Black	

Other obvious physical characteristics that will aid in identification **birth mark on right side of back**

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:

Eunice J. Richardson
(Signature of Registrar)

Registrar for Local Board **9 Waipahu T. H.**
(Number) (City or county) (State)

Date of registration **25 November 1943**

LOCAL BOARD No. 9
August Ahrens School
Waipahu, Oahu, T. H.

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