



DANIEL P COLLINS

PFC US ARMY

WORLD WAR II

DEC 27 1916



OCT 5 1991

SERIAL NUMBER 1. NAME (Print) ORDER NUMBER

#2<sup>47</sup> Daniel Patrick Collins 1895  
(First) (Middle) (Last)

2. ADDRESS (Print)

Water St. Mahanoy Plane Schuylkill Penna  
(Number and street or R. F. D. number) (Town) (County) (State)

3. TELEPHONE

None  
(Exchange) (Number)

4. AGE IN YEARS

23  
DATE OF BIRTH  
Dec. 27 1916  
(Mo.) (Day) (Yr.)

5. PLACE OF BIRTH

Mah. Plane  
(Town or county)  
Penna.  
(State or country)

6. COUNTRY OF  
CITIZENSHIP

U. S. A.

7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS

Mrs. Kathryn Collins  
(Mr., Mrs., Miss) (First) (Middle) (Last)

8. RELATIONSHIP OF THAT  
PERSON

Mother

9. ADDRESS OF THAT PERSON

Water St. Mahanoy Plane Schuylkill Pa.  
(Number and street or R. F. D. number) (Town) (County) (State)

10. EMPLOYER'S NAME

None

11. PLACE OF EMPLOYMENT OR BUSINESS

None  
(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. Form 1

(over)

16-17105

Daniel Patrick Collins  
(Registrant's signature)

**REGISTRAR'S REPORT**

**DESCRIPTION OF REGISTRANT**

| RACE     | HEIGHT<br>(Approx.) | WEIGHT<br>(Approx.) | COMPLEXION  |  |
|----------|---------------------|---------------------|-------------|--|
| White    | 5-7                 | 130                 | Sallow      |  |
|          | EYES                | HAIR                | Light       |  |
| Negro    | Blue                | Blonde              | Ruddy       |  |
|          | Gray                | Red                 | Dark        |  |
| Oriental | Hazel               | Brown               | Freckled    |  |
|          | Brown               | Black               | 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:

Local Board No. 2  
 Schuylkill County  
 Registrar for *Colts* (Ward) *1* (City or county) *Mahangy City Pa.* (State)  
 District registration *1* (State) *1948*

**B. No. 2**  
 OFFICE BUILDING  
 Pine Street  
 Mahangy  
 (CITY OF SCHUYLKILL CO.)

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

