

**U.S., World War II Draft Cards Tuscarora Indian Men, 1940-1947**  
**Tuscarora Chief Hibert Chew, Tuscarora Reservation,**  
**Lewiston-Sanborn, New York**

SERIAL NUMBER <i>1252</i>	1. NAME (Print) HIBERT CHEW (First) (Middle) (Last)		ORDER NUMBER <i>406</i>
2. ADDRESS (Print) R. D. 2 SANBORN NIAGARA N. Y. (Number and street or R. F. D. number) (Town) (County) (State)			
3. TELEPHONE <i>none</i>	4. AGE IN YEARS <i>23</i> DATE OF BIRTH <i>4 11 1919</i> (Mo.) (Day) (Yr.)	5. PLACE OF BIRTH <i>Lewiston</i> (Town or county) <i>N.Y.</i> (State or country)	6. COUNTRY OF CITIZENSHIP <i>U.S.</i>
7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS <i>Mrs. Shirley Chew</i> (Mr., Mrs., Miss) (First) (Middle) (Last)			8. RELATIONSHIP OF THAT PERSON <i>Wife</i>
9. ADDRESS OF THAT PERSON <i>R. D. 2 Sanborn</i> <i>Nia</i> <i>N.Y.</i> (Number and street or R. F. D. number) (Town) (County) (State)			
10. EMPLOYER'S NAME <i>Certaineed Products Co.</i>			
11. PLACE OF EMPLOYMENT OR BUSINESS <i>Niagara Falls, Nia</i> <i>N.Y.</i> (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 (over)		16-17105 <i>Hibert Chew</i> (Registrant's signature)	

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**Lewiston-Sanborn, New York**

**REGISTRAR'S REPORT**

**DESCRIPTION OF REGISTRANT**

RACE		HEIGHT (Approx.)		WEIGHT (Approx.)		COMPLEXION	
White		5 ft 7 in		140		Sallow	
		EYES		HAIR		Light	
Negro		Blue		Blonde		Ruddy	
		Gray		Red		Dark	
Oriental		Hazel		Brown	X	Freckled	X
		Brown	X	Black		Light brown	
Indian	X	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:

*Milton H. Swann*  
 (Signature of registrar)

Registrar for *2nd* (Precinct) *9th* (Ward) *N.Y.C.* (City or county) *N.Y.* (State)

Date of registration *Oct 16, 1946*

LOCAL BOARD No. 586  
 Town Hall  
 Newfane, N. Y.  
 (STAMP OF LOCAL BOARD)

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



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**Harold Chew, Tuscarora Reservation, Lewiston-Sanborn, New York**

REGISTRATION CARD—(Men born on or after February 17, 1897 and on or before December 31, 1921)				
SERIAL NUMBER		1. NAME (Print)		ORDER NUMBER
T. 502		Harold Chew		T. 10,859
		(First)	(Middle)	(Last)
2. PLACE OF RESIDENCE (Print)				
Upper Mt. Rd. Tuscarora Reservation Lewiston N.Y.				
(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				
Sanborn RFD I New York				
(Mailing address if other than place indicated on line 2. If same insert word same)				
4. TELEPHONE		5. AGE IN YEARS		6. PLACE OF BIRTH
No		20		Buffalo
				(Town or county)
		DATE OF BIRTH		
		10 5 1921		N.Y.
(Exchange)		(Number)	(Mo.) (Day) (Yr.)	(State or country)
7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS				
Mrs. Amelia Williams Sanborn RFD I				
8. EMPLOYER'S NAME AND ADDRESS				
Walter Johnson Building Co.				
9. PLACE OF EMPLOYMENT OR BUSINESS				
Hyde Park Blvd. Niagara Falls N.Y.				
(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 1-1-42)		☆ GPO 16-21630-1		Harold Chew (Registrant's signature)



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**REGISTRAR'S REPORT**

**DESCRIPTION OF REGISTRANT**

RACE		HEIGHT (Approx.)	WEIGHT (Approx.)		COMPLEXION	
White		6 FT.	150		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:

*None to my knowledge*

*Alnothy M. Baker*

(Signature of registrar)

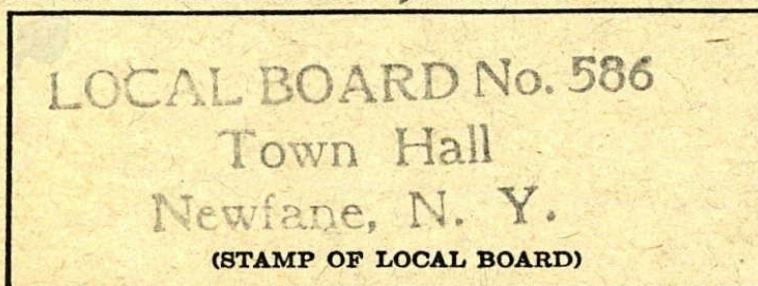
Registrar for Local Board *586 Newfane N.Y.*

(Number)

(City or county)

(State)

Date of registration *Feb. 15, 1942*



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