

NAME WEIL ANDRE DR. AGE 28  
(LAST) (FIRST) (MIDDLE NAME OR INITIALS)

NATIVE OF France TOWN OR CITY OF BIRTH Paris DATE 1-31-12  
(COUNTRY)

PRESENT ADDRESS Augusta Kennebec Augusta State  
(CITY OR TOWN) (COUNTY) (STREET AND NUMBER)  
Hospital

REPORTED BY Registration

ACTIVITY Claims: 1 yr 4mo. residence in Maine

Occupation: Physician

Employed by, Augusta State Hospital

Speaks: French & German

No military service

REGISTRATION FILE X LETTER FILE \_\_\_\_\_ CONF'D'T'L. FILE \_\_\_\_\_

(OVER)