



STATE OF MAINE
OFFICE OF THE ADJUTANT GENERAL
AUGUSTA

ALIEN REGISTRATION

Canton, Maine

Date *August 2/1940*

Name *Margaret Aust Eastman*

Street Address *Main Street*

City or Town *Canton, Maine*

How long in United States *four years* How long in Maine *four years*

Born in *Oldhelfarvik, Scotland* Date of Birth *October 29/1913*

If married, how many children *two* Occupation *housewife*

Name of employer
(Present or last)

Address of employer

English *yes* Speak *yes* Read *yes* Write *yes*

Other languages

Have you made application for citizenship? *yes*

Have you ever had military service? *no*

If so, where? When?

Signature *Margaret Aust Eastman*

Witness *M. A. R. A. L. i*
Charles W. Eastman M.D.