

MANIFEST

Port of *Maneuers Wash* Date *8/31/09* Serial No. *76-1384*
 Family name *EDGE* Given name *SAMUEL* Accompanied by

C.I.V. No.	Place and date of issue	Section and subdivision	Quota country charged	R.P. No.
		Act of 1924:		P.V. No.
Place of birth (town, country, etc.)	Age <i>28</i> Yrs. Sex <i>M</i>	M. <i>S</i> Occupation <i>mines</i>	Read <i>Yes</i>	
<i>New Westminster Can</i>	Mo. <i>M</i> W. <i>D</i>		Write	
Language or exemption	Race <i>Irish</i>	Nationality <i>Can.</i>	Last permanent residence (town, country, etc.)	
			<i>Phoenix - Can.</i>	
Name and address of nearest relative or friend in country whence alien came				
<i>B. M. Elias Edge. B. C. Can</i>				
Ever in U.S.	From	To	Where	Passage paid by
<i>Yes</i>	<i>1906</i>	<i>1907</i>	<i>Wallace Idaho</i>	<i>Self</i>
Destination, and name and complete address of relative or friend to join there				
<i>Shoshone. Wash. no ad.</i>				
Money shown	Ever arrested and deported, or excluded from admission		Purpose in coming and time remaining	
<i>80.00</i>			<i>Perman.</i>	
Head tax status	Height	Complexion	Hair	Eyes
	<i>6 Ft. 1 In.</i>	<i>lt.</i>	<i>br.</i>	<i>br.</i>
Distinguishing marks				
<i>none</i>				
Seaport and date of landing, and name of steamship				Con. Im. identification card No.
Records by	Previously examined at	Date	Previous disposition	Present disposition, P. I.
<i>L.H.H.</i>				
Arrived by				

DISPOSITION BEFORE B.S.I.

Deferred for and date	Rejected as and date	Visitor 514 No.	Transit 514 or S.S. Line and Ticket No.
Date appealed	Decision and date	Date admitted	File No.
		Steamship	Ticket issued at and date

MEDICAL CERTIFICATE

Afflicted with _____

Part of body afflicted _____

Surgeon, U.S. Public Health Service.

REMARKS AND ENDORSEMENTS

Signature of alien.

Immigrant Inspector.