

U.S., Border Crossings from Canada to U.S., 1895-1960

MANIFEST		Part of <i>Buffalo N.Y.</i>		Date <i>6/13/36</i>	Serial No. <i>36</i>
Family name <i>GILKIS</i>		Given name <i>ROBERT</i>		Accompanied by	
C.I.V. No.	Place and date of issue	Section and subdivision Act of 1924		Quota country charged	R.P. No.
Place of birth (town, country, etc.) <i>Ottawa Ont.</i>	Age <i>27</i> Yrs. Sex <i>M</i>	Occ. <i>Lab</i>	Read <i>Y</i>		
Language or description <i>Irish</i>	Nationality <i>Canada</i>	Last permanent residence (town, country, etc.) <i>St Catharines Ont</i>			
Name and address of nearest relative or friend in country whence alien came <i>Father James</i>					
Ever in U.S.	From	To	Where	Passage paid by <i>J</i>	
Destination, and name and complete address of relative or friend to join there <i>Buffalo N.Y. No address</i>					
Money at sea <i>2.00</i>	Ever arrested and deported, or excluded from admission			Purpose in coming and time remaining <i>Visit</i>	
Head tax status	Height <i>5 ft. 10 in.</i>	Complexion <i>Fair</i>	Hair <i>Blk</i>	Eyes <i>Brn</i>	Distinguishing marks
Seaport and date of landing, and name of steamship					Can. Im. Identification card No.
Records by	Previously examined at	Date	Previous disposition	Present disposition, P. I.	Arrived by <i>July</i>

U.S. DEPARTMENT OF LABOR, Immigration and Naturalization Service. Form 541.

DISPOSITION BEFORE U.S.A.				VISITORS OR TRANSITS	
Deferred for and date		Rejected on and date		Visitor F-12 No.	Transit Visa or U.S. Line and Ticket No.
Date accepted	Exemption and date	Date admitted	File No.	Signature	Final release and date

MEDICAL CERTIFICATE

Affected with _____

Part of body affected _____

Born Oct 23 '06 Surgeon, U.S. Public Health Service

REMARKS AND ENDORSEMENTS

[Signature] *H. B. Thomas*
Inspection Inspector

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