

E. K. Sanders, 1st Lt MC
2nd GENERAL HOSPITAL
A. P. O. 647 % Postmaster
New York, New York.



Mr & Mrs. E. O. SANDERS
2745 - PIKE AVE
BIRMINGHAM
ALABAMA
U. S. A.



MS

OPENED BY

MEDICINE - 1943

*Place and date of birth BIRMINGHAM, ALA. Aug. 26, 1914

* Professional school attended CORNELL UNIV. MEDICAL SCHOOL

*No. of license _____ Date of issue _____

*License originally recorded in _____ county in year _____

* County in New York where practising New York (See Below)

Signature Elmer K. Sanders

*Sworn to before me this _____ day of _____ 19 _____

Notary Public.

* Now in U.S. Army

ELMER K SANDERS MD 39095
622 W 168 ST NY CITY

AN26

Change address if incorrect.

*Not required if applicant registered from same address last year.

(OVER)

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NEW YORK STATE EDUCATION DEPARTMENT

The law requires every practising physician to register annually with the State Education Department before the first day of January. This application card should be filled out and returned together with the statutory fee of \$2 to the New York State Education Department at Albany.

Checks should be made payable to the Department.

Any practitioner maintaining two or more offices must make a separate application for each.

IRWIN A. CONROE
Assistant Commissioner of Education