



SERIAL NUMBER 2399		1. NAME (Print) CHARANCE-ALBERT. BRETZ (First) (Middle) (Last)		ORDER NUMBER 2832	
2. ADDRESS (Print) 217 N. NICE FRACKVILLE SCH. PA (Number and street or R. F. D. number) (Town) (County) (State)					
3. TELEPHONE		4. AGE IN YEARS 21 DATE OF BIRTH Nov. 24, 1918 (Mo.) (Day) (Yr.)		5. PLACE OF BIRTH FRACKVILLE PA (Town or county) (State or country)	
				6. COUNTRY OF CITIZENSHIP U. S.	
7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS Mrs. Mable Bretz (Mr., Mrs., Miss) (First) (Middle) (Last)				8. RELATIONSHIP OF THAT PERSON Mother	
9. ADDRESS OF THAT PERSON 217 N. NICE FRACKVILLE SCH. PA (Number and street or R. F. D. number) (Town) (County) (State)					
10. EMPLOYER'S NAME BROAD. MT. BLDG. + LOAN ASSO.					
11. PLACE OF EMPLOYMENT OR BUSINESS HAUPT. BLDG. W. FRACK. FRACK SCH. PA (Number and street or R. F. D. number) (Town) (County) (State)					

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

REGISTRATION CARD
D. S. S. Form 1

(over)

16-17105

Clarence Bretz
(Registrant's signature)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION
White	5-8	180	Sallow
	EYES	HAIR	Light
Negro	Blue	Blonde	Ruddy
	Gray	Red	Dark
Oriental	Hazel	Brown	Freckled
	Brown	Black	Light brown
Indian	Black	Gray	Dark brown
		Bald	Black
Filipino			

Other obvious physical characteristics that will aid in identification. *None*

I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows:

Registrar for *Robert Murphy*
(Signature)
North Frack PA
(City or county) (State)
Date of registration *Oct. 16 - 1940*

LOCAL BOARD NO. 3
SCHUYLKILL COUNTY
5 Legion Place
BETHLEHEM, PENNA.
(STAMP OF LOCAL BOARD)

(The stamp of the Local Board having jurisdiction of the registrant shall be placed in the above space.)

