



CLARENCE A BRETZ

CMI US NAVY

WORLD WAR II

NOV 24 1918



OCT 23 2000

SERIAL NUMBER 1. NAME (Print) ORDER NUMBER

2399

CHARANCE-ALBERT. BRETZ

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 5. PLACE OF BIRTH 6. COUNTRY OF CITIZENSHIP
21 Frackville U. S.
DATE OF BIRTH
Nov. 24, 1918 Pa
(Exchange) (Number) (Mo.) (Day) (Yr.) (Town or county) (State or country)

7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS 8. RELATIONSHIP OF THAT PERSON
Mrs. Mable Bretz Mother
(Mr., Mrs., Miss) (First) (Middle) (Last)

9. ADDRESS OF THAT PERSON
217 N. Nice FRACK. Sch. Pa.
(Number and street or R. F. D. number) (Town) (County) (State)

10. EMPLOYER'S NAME
Broad. Mt. Bldg. + Loan Assn.

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

16-17105

Charance 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:

Robert Murphy
(Signature of registrant)

Registrar for *NORTH FRACK PA.*

Date of registration *Oct. 16 - 1940*

LOCAL BOARD NO. 5
SCHUYLKILL COUNTY 3.
5 Legion Place 1C
CARLEND, PENNA. 005

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

