



+

WALTER J BRONICK  
PENNSYLVANIA  
PVT CO A 56 INFANTRY  
WORLD WAR I  
JAN 3 1903      MARCH 13 1971

REGISTRATION CARD—(Men born on or after February 17, 1897 and on or before December 31, 1921)

SERIAL NUMBER	1. NAME (Print)	ORDER NUMBER
T 507	WALTER — BRONICK	T 10420
	(First) (Middle) (Last)	

2. PLACE OF RESIDENCE (Print)  
 425 W. PINE ST. FRACKVILLE SCH PA  
(Number and street) (Town, township, village, or city) (County) (State)

[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]

3. MAILING ADDRESS  
 SAME  
[Mailing address if other than place indicated on line 2. If same insert word same]

4. TELEPHONE 519	5. AGE IN YEARS 39	6. PLACE OF BIRTH Turkey Run
Frackville <small>(Exchange) (Number)</small>	DATE OF BIRTH Aug 5 1903 <small>(Mo.) (Day) (Yr.)</small>	Pa <small>(Town or county) (State or country)</small>

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS  
 Mrs. Theresa Bronick 425 W. Pine St. Frackville, Pa

8. EMPLOYER'S NAME AND ADDRESS  
 Penna. Power & Light Co

9. PLACE OF EMPLOYMENT OR BUSINESS  
 Pottsville 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.

D. S. S. Form 1  
 (Revised 1-1-42)

(over)

☆ GPO 16-21630-1

Walter Bronick  
(Registrant's signature)

### REGISTRAR'S REPORT

#### DESCRIPTION OF REGISTRANT

RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION	
White	✓ 5-6	160	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:

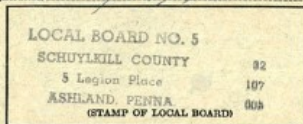
Registrar for Local Board

*Myrtle M. Purcell*  
(Signature of registrar)

*#5 Sch Po*  
(Number) (City or county) (State)

Date of registration

*2/11/46*



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

