



323

REGISTRATION CARD

777

No. 332

1 Name in full Wilfred Brammall Age in yrs. 21  
(Given name) (Family name)

2 Home address 211 Kenyon Av. Pawtucket R.I.  
(No.) (Street) (City) (State)

3 Date of birth December 15 1895  
(Month) (Day) (Year)

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? naturalized

5 Where were you born? Denton England  
(Town) (State) (Nation)

6 If not a citizen, of what country are you a citizen or subject? \_\_\_\_\_

7 What is your present trade, occupation, or office? Machinist

8 By whom employed? Potter & Johnston  
Where employed? Pawtucket

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? \_\_\_\_\_

10 Married or single (which)? single Race (specify which)? Caucasian

11 What military service have you had? Rank \_\_\_\_\_; branch \_\_\_\_\_;  
years \_\_\_\_\_; Nation or State \_\_\_\_\_

12 Do you claim exemption from draft (specify grounds)? \_\_\_\_\_

I affirm that I have verified above answers and that they are true.

Wilfred Brammall  
(Signature or mark)

If person is of African descent, tear off this corner

38-2-1-A  
REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? medium Slender, medium, or stout (which)? slender

2 Color of eyes? dark brown Color of hair? dark brown Bald? no

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? \_\_\_\_\_

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

M. Agnes Boles  
(Signature of registrar)

Precinct Wd 1-1  
City or County Pawtucket  
State Rhode

June 5, 1917  
(Date of registration)

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)

SERIAL NUMBER	1. NAME (Print)	ORDER NUMBER
U 244	Wilfred (none) Brammall <small>(First) (Middle) (Last)</small>	

2. PLACE OF RESIDENCE (Print)  
 44 Illinois Street, Central Falls, (Prov.) R.I.  
(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	5. AGE IN YEARS	6. PLACE OF BIRTH
none	46	Denton
<small>(Exchange) (Number)</small>	<small>DATE OF BIRTH</small>	<small>(Town or county)</small>
	Dec. 15, 1895	England
	<small>(Mo.) (Day) (Yr.)</small>	<small>(State or country)</small>

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS

Mary E. Brammall, 44 Illinois St., Central Falls, R.I.

8. EMPLOYER'S NAME AND ADDRESS

U.S. Government

9. PLACE OF EMPLOYMENT OR BUSINESS

Naval Torpedo Station, Newport, R.I.  
(Number and street or R. F. D. number) (Town) (County) (State)

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

Wilfred Brammall  
(Registrant's signature)