



STATE OF MAINE  
OFFICE OF THE ADJUTANT GENERAL  
AUGUSTA

**ALIEN REGISTRATION**

....., Maine

Name *William Lawrence H. Fowler* Date .....

Street Address *23 Brattle Street*

City or Town *Portland, Maine*

How long in United States *1926* How long in Maine *1926*

Born in *Haverlock Kings County New Brunswick* Date of Birth *Feb. 22-1918*

If married, how many children *One* Occupation *Laborer*

Name of employer *Chester R. Easson*  
(Present or last)

Address of employer *71 Kennebec Street Portland, Me.*

English *Yes* Speak *Yes* Read *Yes* Write *Yes*

Other languages *none*

Have you made application for citizenship? *No*

Have you ever had military service? *No*

If so, where? ..... When? .....

Signature *Lawrence H. Fowler*

Witness *Catherine Ward*