Reproduced below is a facsimile of the form currently in use for

registration: SWORN WRITTEN APPLICATION FOR REGISTRATION

(By reason of the provisions of Section 244 of the Constritutio

tion of Mississippi and House Bill No. 95, approved March 24,1955 the applicant for registration, if not physically disabled, is required to fill in this form in his own handwriting in the presence of the registrar and without assistance or suggestion of any other person or memorandum.)
1. Write the date of this application: 4 27, 1964
2. What is your full name? Versey ha Brewer
3. State your age and date of birth 33 Feb 26 1931
4. What is your occupation? Farmering
5. Where is your business carried on? Charleston & July 197
6. By whom are you employed?
7. Are you a citizen of the United States and an inhabitant of Mississippi?
8. For how long have you resided in Mississippi? 33
9. Where is your place of residence in the district? Sharkie
10. Specify the date when such residence began:
11. State your prior place of residence, if any:
12. Check which oath you desire to take: (1) General (2)Minister
(3) Minister's Wife(4) If under 21 years at present, but
21 years by date of general election
13. If there is more than one person of your same name in the pre-
cinct, by what name do you wish to be calle?
14. Have you ever been convicted of any of the following crimes: bribery, theft, arson, obtaining money or goods under false pretenses, perjury, forgery, embezzlement, or bigamy?
15. If your answer to question 14 is "yes", name the crime or Crimes of which you have been convicted, and the date and place of such convictions:
16. Are you a minister of the gospel incharge of an organized church or the wife of such a minister?

17. If your answer to Question 16 "yes", state the length of your residence intthe election district: