

Personal 201



# Army of the United States

### CERTIFICATE OF SERVICE

This is to certify that GEORGE C BOLDEN 0-2075526 1ST LT AC Sq "F" 318th Army Air Force Base Unit

honorably served in active Federal Service in the Army of the United States from

16 December 1943

to

11 December 1946

Given at AAF Separation Point, Lockbourne Army Air Base, Columbus 17 Ohio

on the 11th

day of December

19 46

Velsous Brooks

NELSON S BROOKS Lt Col Air Corps Commanding

## MILITARY RECORD AND REPORT OF SEPARATION CERTIFICATE OF SERVICE .

| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL                                                                                                        | 2. ARMY SER                | IAL NUMBER                                                 | 3. AUS. GRADE             | 4. ARM OR S                             | ERVICE 5.                                                    | COMPONENT                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------|---------------------------|-----------------------------------------|--------------------------------------------------------------|----------------------------------|
| Bolden George C                                                                                                                                   | 0-20                       | 75526                                                      | lstlt                     | AC                                      |                                                              | AUS                              |
| Sq *F* 318th Army Air Force B.U.                                                                                                                  | 7. DATE OF R<br>FROM ACTIV |                                                            |                           |                                         |                                                              | ir Base                          |
| 9. PERMANENT ADDRESS FOR MAILING PURPOSES 3476 Webster Ave Pittsburgh Penna                                                                       |                            | 2 Se                                                       | pt 25                     | Pitts                                   | burgh                                                        | Pa                               |
| 12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9                                                                                            |                            | 13. COLOR<br>EYES<br>Grey                                  | 14. COLOR HAIR Brwn       | 15. HEIGHT 519#                         | 16. WEIGHT                                                   | 17. NO. OF DEPENDENTS            |
| 18. RACE 19. MARITAL STATUS 20. U.S. WHITE NEGRO OTHER (specify) SINGLE MARRIED OTHER (specify) YES  X MILITARY                                   | NO                         |                                                            | t 00.99                   | 99                                      | Los                                                          |                                  |
| 22. BEGISTEREN 23. LOCAL S. S. 24. COUNTY AND STATE                                                                                               | 111510                     | THE RESERVE OF THE PERSON NAMED IN                         | DRESS AT TIME             | OF FUTDY ON                             |                                                              | A CONTRACTOR STATE               |
| SELECTIVE SERVICE PES NO BOARD NUMBER Allegheny  X #5 Penna  26. DATE OF ENTRY ON ACTIVE DUTY 27. MILITARY OCCUPATIONAL SPECIALTY AND ACTIVE DUTY |                            |                                                            | e 9                       | OF ENTRY ON                             | ACTIVE DUTY                                                  |                                  |
| 16 Dec 43 Pilot (TE) 10                                                                                                                           |                            |                                                            |                           |                                         |                                                              |                                  |
| None                                                                                                                                              |                            |                                                            |                           |                                         |                                                              |                                  |
| American Campaign Medal Victory 30. WOUNDS RECEIVED IN ACTION None                                                                                | Medal                      | World                                                      | l War I                   | 12998                                   | 74                                                           | No.                              |
| Sec IT WD Cin 200 1945                                                                                                                            | A OF TOX OF ACT            | T <b>ger</b> tificate<br>Terans acu<br>U <u>ana</u> est co | DESTRUCTION OF THE SEPARA | I DE USED<br>LIEFII UKDER<br>DERNOED, I | FOR THE PI                                                   | 7 ME                             |
|                                                                                                                                                   | 18 IMF LERY                | UR IN MHOR                                                 | IIIIO OLI IIIII           |                                         |                                                              |                                  |
| YEARS MONTHS DAYS YEARS MONTHS DAYS                                                                                                               | 35<br>GR                   | AMMAR SCHOOL                                               |                           | SCHOOL TO                               | coll                                                         | <sub>EG</sub> Б                  |
| INSURANCE                                                                                                                                         | NOTICE                     |                                                            |                           |                                         |                                                              |                                  |
| V.A.                                                                                                                                              | BDIVISION, V               | PREMIUM 40. F                                              | REMIUM DUE                | WASHINGTON                              | OR MONEY OF<br>1 25, D. C.<br>TION OF VETER<br>CONTINUE ONLY | RDERS PAYABLE RAN TO DISCONTINUE |
| 43. REMARKS (This space for completion of above its  Lapel button issue                                                                           |                            | of other items                                             | s specified in 1          | W. D. Directii                          | ves)                                                         | TION SELL OF                     |

45. PERSONNEL OFFICER ( Type name, grade and or anization - signatus

VERNEAL M AUSTIN Capt, Air Corps

WD AGO FORM 53 - 98 1 November 1944

44. SIGNATURE OF OFFICER BEING SEPARATED

This form supersedes all previous editions of WD AGO Forms 53 and 280 for officers entitled to a Certificate of Service, which will not be used after receipt of this revision.

### CERTIFICATION OF RE-ENTRANCE AND/OR CHANGE OF TRAINING STATUS

(Under Title II, Public Law 346, 78th Congress, as amended)

| MPORTANT—Please read Instructions on reverse side.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| PART I—IDENTIFY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ING INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN (Print or type)  3. MAILING ADDRESS (Number and street, city or P. O., zone number, and State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2. CLAIM No.<br>C-1405 2273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3476 WEDSTER AVE PAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 19 PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT University of Pittsburgh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5. TRAINING STATUS CHANGE (Check one)  CHANGE IN CREDIT-HOURS OR CLOCK-HOURS ATTENDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Pittsburgh 13, Pennsylvania                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CHANGE TO NEW COURSE CHANGE IN TRAINED-WORKS OR TRAINEE PAY RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UPON RE-ENTRANCE INTO TRAINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | E OF \$500 FOR ORDINARY SCHOOL YEAR, DO YOU WISH THE VETERANS ADMINISTRATE YOUR ENTITLEMENT AN ADDITIONAL DAY FOR EACH \$2.10 OF SUCH EXCESS COSTS?  This agreement will be effective only for this period of enrollment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| IS THIS COURSE OR ANY PART THEREOF BY CORRESPONDENCE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9. DO YOU WISH TO BE PAID SUBSISTENCE ALLOWANCE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| YES NO NOTE.—No subsistence allowance is paid for correspondence courses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YES NO (If "yes," complete item 10 or 11, as applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Complete only if enrolled in a school                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | complete only if on-the jeb trainee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| I estimate my average monthly compensation from productive labor during current period of enrollment will be amount shown above. Pay for overtime beyond the standard work-week is not included. I agree to report to the Veterans Administration whenever my compensation from productive labor plus subsistence allowance exceeds the legal limit for payment of full subsistence allowance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | next 4-month period will be amount shown above. This estimate include wages, salary, commission, bonuses, or other payments for productive is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| I CERTIFY THAT the above statements, made in connection with my approximate to the best of my knowledge and belief.  12. DATE SIGNED  13. SIGNATURE OF VETERAN (Do not account to the best of my knowledge and belief.  14. DATE SIGNED  15. SIGNATURE OF VETERAN (Do not account to the best of my knowledge)  16. HERE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | plication for education or training under Public Law 346, are true and cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| IN INK  CAUTION.—Willful false statements as to a material fact in a claim for education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or training is a criminal offense and may result in forfeiture of these or other ben                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| THE RESIDENCE OF THE PROPERTY | OOL OR TRAINING ESTABLISHMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SECTION A-TO BE COMPLETED BY SCHOOLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14. NAME OF COURSE (Answer only if changed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 15. TOTAL LENGTH OF COURSE (Check only if changed)  15. TOTAL LENGTH OF COURSE UNDER THIS CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| School ENGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LESS THAN 30 WEEKS 30 WEEKS 30 WEEKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 17A. EFFECTIVE DATES OF PERIOD OF INSTRUCTION FOR WHICH CERTIFICATION IS MADE  BEGINNING ENDING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17B. PERIOD OF INSTRUCTION (Check applicable boxes)  OTHER (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 10/19 9/8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SCHOOL QUARTER SEMESTER SUMMER SESSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 18A. SEMESTER HOUR CREDITS (If certification is for school year, enter semester-hours during first period of instruction)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | R 19, DO CUSTOMARY CHARGES EXCEED THE RATE OF \$500 FOR FULL-TIME COURSE FOR ORDINARY SCHOOL YEAR?  20. ESTIMATED TOTAL CUSTOM CHARGES FOR THIS PERIOD OF ROLLMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES NO \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 18C, TRAINING TIME (Check one if graduate or professional course)  FULL TIME  34 TIME  152 TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NOTE.—If customary charges exceed \$500 for full-time course for ordi<br>school year, the Veterans Administration cannot pay the excess unless vet<br>elects, by an affirmative answer to item 7, to have his entitlement cha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ☐ ¼ TIME ☐ LESS THAN ¼ TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | accordingly. The Veterans Administration cannot pay more than \$500 for course of less than 30 weeks. If veteran pursues flight training in connect with academic course, full details must be attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Complete only if veteran pursues cooperative course                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TRAINING ON-THE-JOB (In calendar weeks)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| IT IS HEREBY CERTIFIED THAT the veteran named herein commenced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SIGN HERE IN INK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | to a principle of the country of the |

VA FORM 7-1909

EXCESS CHARGE COURSE \*\*\*\*\*\*\*\*\*\*\*\*

SUPERSEDES VA FORM 7-1909, DEC 1947, WHICH WILL NOT BE LED.

| COURT HAT WATER                                                      |                                         | PART III (C              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 04                                        |                                                                              |
|----------------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|
| SECTION B-TO BE COMPLETED BY                                         |                                         | NDENCE SCHOOL W          | HEN COURSE IS C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CORRESPONDEN                              | CE ONLY                                                                      |
| 25. NAME OF COURSE (Answer only if change                            | d)                                      |                          | 26. REMAINING NUMB<br>BE COMPLETED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ER OF LESSONS TO                          | 27. DATE VETERAN COMMENCE ININ UNDER THIS CERTIFICATION                      |
| IT IS HEREBY CERTIFIED THAT shown above.                             | the veteran n                           | amed herein commenced    | training in a new tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | aining status at thi                      | is approved correspondence school as                                         |
| 28. DATE                                                             | 29. SIGNATURE<br>SIGN<br>HERE<br>IN INK | AND TITLE OF CERTIFYING  | OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Mark College                                                                 |
| SECTION C-TO BE COMPLETED B                                          | Y ESTABLIS                              | HMENT OFFERING           | TRAINING ON-THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E-JOB                                     | ABT LANK                                                                     |
| 30. NAME OF POSITION, OBJECTIVE, OR TRAC<br>(Answer only if changed) | E FOR WHICH V                           | ETERAN IS BEING TRAINED  | 31. LENGTH OF COUL<br>THIS VETERAN (<br>only if changed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RSE APPROVED FOR In months—answer         | 32. DATE VETERAN COMMENCED TRAINING UNDER THIS CERTIFICATION                 |
| 33. NUMBER OF HOURS EMPLOYED PER WEEK                                | 34. APPRENTIC                           | ESHIP?                   | 35. BEGINNING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FOR WHICH VETER                           | R TRAINED WORKER IN POSITION RAN IS TO BE TRAINED  k, exclusive of overtime) |
| 36. SCHEDULE OF RATE OF (Standard workweek, e.                       |                                         |                          | STANDARD WORK-<br>WEEK (Ilours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RATE OF PAY                               | RATE (Check one)                                                             |
| STANDARD WORKWEEK (Hours)                                            | RATES (Check                            | PER MONTH                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s                                         | PER PER MONTH HOUR WEEK 434 weeks                                            |
|                                                                      |                                         | weeks)                   | 37. ESTIMATED AVERA<br>NEXT 4-MONTH PE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GE MONTHLY COMPEN                         | ISATION TO BE PAID THIS VETERAN DURING                                       |
| PERIODS                                                              | RATE                                    | EFFECTIVE DATE           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                              |
| BEGINNING NOW                                                        |                                         |                          | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                              |
| AFTER 1ST SCHEDULED INCREASE                                         |                                         |                          | NOTE.—The abov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | re estimate includes                      | all salary, wages, bonuses, commission,                                      |
| AFTER 2D SCHEDULED INCREASE                                          |                                         |                          | a reasonable value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | for food, fuel and she                    | elter, if to be provided, and other pay-                                     |
| AFTER 3D SCHEDULED INCREASE                                          |                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y reason of his emp<br>andard workweek is | loyment with this firm. Pay for over-                                        |
| AFTER 4TH SCHEDULED INCREASE                                         |                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Manage Workweek IS                        | not included.                                                                |
| IT IS HEREBY CERTIFIED THAT th                                       | ne veteran nam                          | ned herein commenced tra | aining in a new trainin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ng status at this app                     | proved establishment as shown above.                                         |
| 38. DATE                                                             | THE RESERVE OF THE PERSON NAMED IN      | AND TITLE OF CERTIFYING  | PART SERVICE PROPERTY AND ADDRESS OF THE PARTY OF THE PAR |                                           |                                                                              |
|                                                                      | HERE<br>IN INK                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | 02-31-3                                                                      |
| 40. REMARKS:                                                         |                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                              |
|                                                                      |                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                              |

IMPORTANT.—This certification by the training institution or establishment becomes the basis for payment of all training benefits to, and in behalf of, this veteran. It is, therefore, imperative that the data contained herein be accurate in every respect and that the trainer notify the Veterans Administration promptly if this veteran interrupts, discontinues, or modifies the course of training described above in such a way as to affect the charges against his period of entitlement, subsistence allowance, or tuition.

### INSTRUCTIONS

### 1. GENERAL:

Type or print all entries. This form will be used for reentrances into training and for changes in training status following entrance or re-entrance. It is important to submit this form promptly so that the veteran will receive his subsistence allowance and the school or training establishment will receive tuition or instructional costs after proper vouchering.

#### 2. RE-ENTRANCE:

a. Do not use this form when veteran re-enters on basis of supplemental certificate.

b. Schools. Veteran completes part II, the school completes part I and section A of part III, except items 14 and 15 which will be used only to report a change of course.

15 which will be used only to report a change of course.
c. Correspondence Schools. Veteran completes part II, the correspondence school completes part I and section B of part III.

d. On-the-Job Training. Veteran completes part II, the training establishment completes part I and section C of part III.

### 3. CHANGE OF COURSE OR OBJECTIVE:

A change of educational or vocational objective is considered to constitute a change of course. Only those schools or training establishments authorized to make changes of course or objectives by the VA may report such changes on this form.

- a. Schools. School completes part I and section A of part III. If this change involves excess costs which the veteran desires the VA to pay, the veteran must complete items 6, 7, 12, and 13 of part II.
- b. On-the-Job Training. Job-training establishment completes part I and section C of part III.

#### 4. REPORT OF OTHER CHANGES AFFECTING VET-ERAN'S TRAINING:

- a. Where there is a change only in semester-hour credits or clock-hours of attendance, such changes will be reported by the schools executing part I and items 16, 17A, 17B, 18A or 18B as applicable, 18C, 19, 20, 23, and 24 of section A, part III. If this change involves excess costs which the veteran desires the VA to pay, the veteran must complete items 6, 7, 12, and 13 of part II. If veteran is pursuing cooperative course, items 21 or 22 of section A should be completed as applicable.
- b. Authorized changes in trained-worker and/or trainee rates of pay will be reported by the job-training establishment executing part I and items 32, 33, 35 and/or 36 as applicable, 38 and 39 in section C of part III. Any change in the trained-worker or trainee rate of pay not specifically provided for in the training agreement signed by the training establishment and the State Approving Agency must be approved by the State Approving Agency.



## Honorable Discharge

This is to certify that

GEORGE C. BOLDEN

33714011, Aviation Cadet, Attached Unassigned Section "H" 2528th Army Air Forces Base Unit

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America

This certificate is awarded as a testimonial of Honest and Faithful Service to his country.

Given at

Midland Army Air Field, Midland, Texas

Late

3 November 1944

BURTON H. ROWDEN,

Lt. Colonel, Air Corps,
Deputy for Administration and Services.



| BOLDEN (Last name)                        | George<br>(First nam |                 | C. (Middle initial)    | 33714011 (Army serial number) | , Avn Cadet          |
|-------------------------------------------|----------------------|-----------------|------------------------|-------------------------------|----------------------|
| Born in Pittsb                            | urgh                 | , in th         | e State of             | Pennsylvania                  |                      |
| Enlisted of inducted 1                    | December             | 1943., at       | Pittsbu                | rgh, Pennsylvania             |                      |
| When entisted are inducted h              | e wasLlgn            | teen and T      | hree-twelft            | hs years of a                 | ge and by occupation |
| a Student                                 |                      |                 |                        |                               |                      |
| He had Blue                               | eyes,                | Brown           | hair,                  | Colored                       | complexion,          |
| and was Five                              |                      |                 |                        |                               |                      |
| Completed NO.                             | years,               | Ten             | months,Tw              | enty-three days service       | e for longevity pay. |
| Prior service: 2None                      |                      |                 |                        | NO                            | V. 3 1944            |
|                                           |                      |                 |                        | FINANC                        | E OFFICER            |
| Noncommissioned officer                   | Never                |                 |                        | Midland Are                   | ay Flying School     |
| Military qualifications 3                 | Not Qualifie         | ed.             |                        | Midla                         | ad, Texas            |
| Army specialty                            | Bombardier           |                 |                        | PAID IN FULL.                 |                      |
| Attendance at                             | None                 |                 |                        | 10.50                         |                      |
|                                           |                      | (Name of noncom | missioned officers' or | special service school)       |                      |
| Battles, engagements, skirm               |                      |                 |                        |                               | 97. Jan              |
| Decorations, service medals,              | citations            | None            |                        | G. F. TRU                     | JE, Major, F.D.      |
| Wounds received in service .              |                      | None            |                        | Finan                         | ce Officer           |
| Date and result of smallpox               | vaccination 4        | 6 May           | 7 1944 Vacc            | inia                          |                      |
| Date of completion of all typ             | phoid-paratyphoid    | vaccinations 4  | 8 Septembe             | r 1944 Stimulant I            | ose                  |
| Date and result of diphtheria             |                      |                 |                        |                               |                      |
| Date of other vaccinations (              |                      |                 |                        |                               | Tav 1966 BT "A"      |
| Physical condition when disc              | charged Good         | i               |                        | Married or singl              | e Single             |
| Honorably discharged by rea               | son of 5 Convn       | of Govt to      | accept Co              | mmission as 2nd Lt.           | . AUS**              |
| Character                                 |                      | Periods of ac   | etive duty 6N          | one                           |                      |
| Remarks 7 Entitled t                      | o pay and all        | Lowances.       | Not entitl             | ed to travel pay.             |                      |
|                                           |                      |                 |                        |                               |                      |
| *Yellow Fever 2 Sep<br>*Sec X, AR 615-360 | ocupor Tytti         |                 | Debrember.             | 1944. Unotera 8 Se            | eptemper 1944.       |
| The Property and                          |                      | Simustan        | b. B.                  | eorge C Bol                   | de.                  |
|                                           |                      | Signature       | of soldier             | 20041000                      | wen                  |
|                                           |                      |                 |                        | Marimoh                       | 7. 5                 |
|                                           |                      |                 |                        | . Wojinski, Wojć, U           | TO A                 |
|                                           |                      |                 | Acci                   | stant Personnel Off           | inon,                |
|                                           |                      |                 | MAGI                   | avanu. 1.51 SQIIIET. UI       |                      |
|                                           |                      |                 | Characte               | anding                        |                      |
|                                           |                      |                 |                        |                               | ·····                |
| Enter date of industion only in           | INS                  | TRUCTIONS FOR   | R ENLISTED RECO        | ORD                           |                      |

- rainee inducted under Selective Training and Service Act of 1940 (Bull. 25, W. D., 1940); in all other cases enter date of enlistment. Eliminate word not applicable.
- <sup>2</sup> For each enlistment give company, regiment, or arm or service with inclusive dates of service, grade, cause of discharge, number of days lost under AW 107 (if none, so state), and number of days retained and cause of retention in service for convenience of the Government, if any.
  - <sup>2</sup> Enter qualifications in arms, horsemanship, etc. Show the qualification, date thereof; and number, date, and source of order announcing same.

4 See paragraph 12, AR 40-210.

- <sup>5</sup> If discharged prior to expiration of service, give number, date, and source of order or full description of authority therefor.
- <sup>6</sup> Enter periods of active duty of enlisted men of the Regular Army Reserve and the Enlisted Reserve Corps and dates of induction into Federal Service in the cases of members of the National Guard.
- <sup>†</sup> In all cases of men who are entitled to receive Certificates of Service under AR 345-500, enter here appointments and ratings held and all other items of special proficiency or merit other than those shown above.

### INSTRUCTIONS FOR CERTIFICATE OF DISCHARGE

AR 345-470.

Insert name; as, "John J. Doe," in center of form.

Insert Army serial number, grade, company, regiment, or arm or service; as "1620302"; "Corporal, Company A, 1st Infantry"; "Sergeant, Quartermaster Corps." The name and grade of the officer signing the certificate will be typewritten or printed below the signature.

February 1, 1999

George C. Bolden 302 Surrey Rd. Cherry hill N.J. 08002-1540

Army
Freedom of Information Office
7798 Cissna Rd. Suite 205
Springfield, Va.
22150-3197

Re: Personal Files Available Under Freedom Of Information Acts

To Whom It May Concern:

I am requesting a copy of all my files, which have been developed by your organization. This request is made under the Freedom of Information Act. Listed below is pertinent data about myself for your use. Since I was a Aviation Cadet and underwent several tests related to Air Corp Personnel, I would like to know some of the results of the tests preformed in Kessler Field, Ms. to qualify for air borne duty. also the pre induction tests which were given to incoming personnel

George C. Bolden 302 Surrey Rd. Cherry Hill, N.J. 08002-1540 609-667-2556

Date of birth 09-02-25
Pittsburgh, Penna.
Social Security Number 210-14-8280
Army serial numbers Cadet 33714011
Officer 02075526

I served in the armed forces from December 13, 1943 until December 1947. After this tour of service I was employed by the Radio Corporation of America. Where I was awarded a clearance of secret because of the type of work I was doing.

I am available to answer any questions you may have after Feb. 27th

at the above mentioned address and telephone.

Thanks for any material you can forward to me. Sincerely Yours

George C. Bolden.

### Request Pertaining To Military Records

### Item # 2

- 08-11-1943 ---Recruiting Station Records--Pertaining to examinations Made at this time for enlistment Air Corp. Both physical and mental. Air Corp Cadet per par 65.0 69
  - H.Q. TAAF Ala. dated 03-14-4
  - 12-11-43 Pvt. Ind. Camp Lee VA.
  - 12-13-43 Camp Lee Va. par 6 SO 295 13 Dec.1943 1350 Service Co.
  - 12-20-43 A.A.F. Btc. No.2 Keesler Field Miss. Per par 4-S0-303 dated 12-20-43
    Records of Physical, Psychological and Psychomotive tests. Results and classification determined by the tests. 1170 Trg. Gp.
  - 01-29-44 320 Col. Tng. Det. [Aircrew] C.O. Tuskegee Inst. Ala. Para. 3 SO. 20 HQ. 320 CTD 21 Feb. 44. Reason for transfer at this time Feb. 26, 1944
  - 03-21-44 Avn. cdt. det Tusk, Ala. per Par. 10 SO 102 TAAF Dtd. 04-19-44.
  - 06-08-44 Headquarters AAFFGS, Tyndall Field Fla. Par 1 SO 159 HQ AAFGS T/F Fla. Results of Training tests at this Base.
  - 07-03-44 C. AAB Midland, Texas
  - 11-03-44 Attached Unasgd. Sec 2528 AAFBU MAAF Midland, Texas. Honorably discharged COG to accept Commission as 2nd. Lt., AUS Auth. Sec X, AR 615-360 What was the results of the scores made at this school, which determined a passing grade for graduation.
  - 11-03-44 SO 265 Midland AAF Commissioned 2nd. Lt. AUS
  - 11-04-44 Relieved from atchd unasd Section B, 2528th. AAF Base Unit asgn 1st. Air Force Army Air Field, Godman, Fld, Ky.

1 of 2

12-02-44 SO 332 asgnd 618th Bomb Sqd. [M] Atterbury AAFLD, Columbus, Ind. 01-24-45 SO 24 Par. 16 assigned Primary Tng. Sch, Tuskegee Ala. [EFTC] Why The transfer to pilot training at this time? 01-24-45 SO 24, HQ Godman Army Air Base Ky. Reld. from present duty assignment, 618th Bomb Sqd [M] to Tuskegee, Ala. 04-16-45 SO 51 Cl 45F Contract Pilot School Primary Tuskegee Inst. Ala. Assigned to 2143rd. AAFBU TAAF. Basic Flying School. 12-31-45 SO 314 Tuskegee, Ala.assignd Perm. party at this station. EDCMR. 01-25-46 SO 21 Par 1, Tuskegee, Ala. Granted Leave. 02-02-46 SO 28 Tuskegee, Ala.par. amended SO 21 par 1. 02-08-46 So 33 Tuskegee, Ala. par.9 Pdy Tech Supply. 05-13-46 So 112 Tuskegee, Ala. Par. 13. Supply Off. 05-14-46 SO 113 Par 4 Trans. Supply Office 08-21-46 SO 183 par 8 Tuskegee, Ala. Tranf Lockbourne Oh. 318th AAFBU Lockbourne AAB Ohio. 09-05-46 SO 193 par 13 Lockbourne AAB Assigned Base services. 09-09-46 SO 195 Lockbourne AAFB Ohio, Assigned Squadron A 318th. AAF BU. 09-12-46 SO 198 Lockbourne AAF BU. par 2 09-20-46 SO 204 Lockbourne Oh. par 19 11-01-46 SO 236 par 11 Lockbourne AAFB Oh. 11-05-46 SO 5 par 2 Lockbourne Sept. Center 01-20-47 AGPR-A 201 Appointment in the Officers' Reserve Corps.



## DEPARTMENT OF THE ARMY FREEDOM OF INFORMATION AND PRIVACY ACTS OFFICE 7798 CISSNA ROAD SPRINGFIELD, VIRGINIA 22150-3197

March 16, 1999

FOIA #99-0501

Mr. George C. Boldon 302 Surrey Road Cherry Hill, NJ 08002-1540

Dear Mr. Bolden:

This letter responds to your Freedom of Information Act request dated February 1, 1999. You request all records on yourself and aviation testing conducted at Kessler Field, Missouri.

To assist you in obtaining a copy of your Official Military Personnel File, we have enclosed a Standard Form 180, Request Pertaining to Military Records. You should fill out this form with as much information as possible and mail it to the appropriate address listed on the back of the form.

To obtain any organizational records, from the 1943 through 1947 timeframe, you may write directly to the following address.

National Archives and Records Administration ATTN: Special Access and FOIA Branch Room 6350 8601 Adelphi Road College Park, MD 20740-6001 Telephone: (301) 713-7250

When you write to the above organization, please include the name of your training unit and/or any other unit that you would like to receive records on.

If this office can be of further assistance to you, please contact Darryll G. Smith, of my staff, or myself, at the above address. The telephone number is (703) 806-7133.

Sincerely,

Rose Marie Christensen Chief, Freedom of Information

Re main Chestran

and Privacy Acts Office

February 1, 1999

George C. Bolden 302 Surrey Rd. Cherry hill N.J. 08002-1540

U.S Army Freedom of Information Office 7798 Cissna Rd. Suite 205 Springfield, Va. 22150-3197

To Whom It May Concern:

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George C. Bolden 302 Surrey Rd. Cherry Hill, N.J. 08002-1540 609 667 2556

Date of birth 09-02-25
Pittsburgh, Penna.
Social Security Number 210-14-8280
Army serial numbers Cadet 33714011
Officer 02075526

I served in the armed forces from December 13, 1943 until December 1947. After this tour of service I was employed by the Radio Corporation of America. Where I was awarded a clearance of secret because of the type of work I was doing.

I am available to answer any questions you may have after Feb. 27th at the above mentioned address and telephone.

Thanks for any material you can forward to me. Sincerely Yours

George C. Bolden.

February 1, 1999 George C. Bolden 302 Surrey Rd. Cherry hill N.J. 08002-1540 Federal Bureau Of Investigation Freedom of Information Office 935 Pennsylvania Ave. Washington D.C. 20535 Re: Personal Files Available Under Freedom Of Information Acts To Whom It May Concern: I am requesting a copy of all files on me, which have been developed by your organization. This request is made under the Freedom of Information Act. Listed below is pertinent data about myself for your use. George C. Bolden 302 Surrey Rd. Cherry Hill, N.J. 08002-1540 609 667 2556 Date of birth 09-02-25 Pittsburgh, Penna. Social Security Number 210-14-8280 Army serial numbers Cadet 33714011 Officer 02075526 I served in the armed forces from December 13, 1943 until December 1947. After this tour of service I was employed by the Radio Corporation of America. Where I was awarded a clearance of secret because of the type of work I was doing. I am available to answer any questions you may have after Feb. 27th at the above mentioned address and telephone. Thanks for any material you can forward to me.

Sincerely Yours

George C. Bolden.

| REPLY CONCERNING MILITARY RECORDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RE GOLDEN, C                                                           | EORGE, C                                            | 00201552                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|
| The reply to the inquiry will be found in thecked item(s). If y request, this form, and any other form you complete.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ou write to us again o                                                 | s subject, please                                   | return your origina                                    |
| Copies of requested military personnel medical records are atta.  We regret if any photocopies may be of poor quality, but they are the best co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ched. We suggest you make a opies obtainable.                          | n extra copy and guard                              | against loss or damage                                 |
| The attached separation document may include the following information and Separation (SPN/SPD) Code. If you require a copy of the separation document may include the following information and Separation (SPN/SPD) Code. If you require a copy of the separation document may include the following information and Separation (SPN/SPD) Code. If you require a copy of the separation document may include the following information and Separation (SPN/SPD) Code. If you require a copy of the separation document may include the following information and Separation (SPN/SPD) Code. If you require a copy of the separation document may include the following information and Separation (SPN/SPD) Code. If you require a copy of the separation document may include the following information and Separation (SPN/SPD) Code. If you require a copy of the separation document may include the following information and Separation (SPN/SPD) Code. If you require a copy of the separation document may include the following information and Separation (SPN/SPD) Code. If you require a copy of the separation document may include the separation document may include the separation of the | cument that does not contain the                                       | on for separation, Reer<br>e above information, yo  | nlistment Eligibility Code<br>u may request a deleted  |
| Title 32, Part 45 of the Code of Federal Regulations prohibits this Center the type and character of discharge, authority and narrative reason for separal fryou require a copy of the separation document containing the above information copy of the separation document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ation, reenlistment eligibility cod                                    | le and senaration prod                              | ram decignator/number                                  |
| The Privacy Act of 1974 does not permit the release of a social security the veteran concerned; therefore, we have deleted personal identifying data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | number or other personal infor relating to other persons.              | mation to the public wit                            | hout the authorization of                              |
| Since September 1979 the military service departments have not issued discharged for immediate reenlistment. Block 18 of the DD Form 214 issued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d individual separation document<br>d at final separation reflects the | nts for each enlistment<br>full period of continuou | period if the person was<br>s active military service. |
| The Reenlistment Eligibility (RE) Code issued upon release from active                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                     |                                                        |
| The reason and authority for separation from active duty/discharge on _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                     |                                                        |
| The record of service in the indicates being in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n a POW status from                                                    |                                                     |                                                        |
| A discharge certificate is issued only as an original document; thus, there is substitute certificate for a veteran or surviving spouse if you will tell us whether                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | no file copy from which to mak                                         | o o comu for you M/o                                | :II -La-:                                              |
| The document you have requested, DD Form 214, Report of Separation, we the person named above was separated. A copy of it is attached. A seal have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | vas not used until lan 1 1950                                          | However a similar for                               |                                                        |
| When the person named above was separated, it was not the practice to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                     |                                                        |
| The original report of separation was issued at the time of separation. Another purpose as the original.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                     |                                                        |
| No report of separation was issued, since the person named above had                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                     |                                                        |
| The service record of the person named above does not contain a copy of the attached NA Form 13038, Certification of Military Service. This will serve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of a report of concretion or its                                       |                                                     |                                                        |
| That portion of your request seeking medals/awards has been referred medals/awards. Any further correspondence on this subject should be address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d to the office checked below                                          |                                                     |                                                        |
| ARPERCEN, Attn: DARP-VSE-A Navy Liais                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | on Office Room 5409                                                    | are are or so y age Ave.                            | , ot. Louis, WO 63132.                                 |
| That portion of your request regarding Air Force or Army Air Corps meda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ls will be answered under sepa                                         | rate cover.                                         |                                                        |
| The medical records requested  The documents requested pertaining Please phone the VA at 1-800-827-1000 for help in obtaining these records,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | on to discharge have been le                                           | and the Albert Desertion of                         | Veterans Affairs (VA).                                 |
| The Department of Defense Privacy Program, 32 CFR 310.30(f), allows to portion of the requested medical records, however, contains information which to send copies to a designated physician, please provide us with the name and (signature) of the person whose records are involved, authorizing the release                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | address of that physician The                                          | properly only by a ph                               |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                     |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                     |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date:                                                                  | 1/15/91                                             | - Mileston -                                           |
| GEORGE C SoldEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | 5 Ch. 14/1                                          |                                                        |
| -309 Muses . 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | 11100/8                                             |                                                        |
| Vod OURKEY RA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | For the                                                                | Chief,<br>Reference Branch                          |                                                        |
| CHERRY HILL NT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ₫ Air F                                                                | orce Reference Branch                               |                                                        |
| 08002-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | □ Navy                                                                 | Reference Branch<br>ords Reconstruction Branc       | h                                                      |
| 1540                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NATIO<br>(Military                                                     | NAL PERSONNEL RECO                                  |                                                        |
| NATIONAL APCHIVES AND DECORDS ADMINISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9700 P<br>St. Lou                                                      | age Avenue<br>is, MO 63132-5100                     |                                                        |

NA FORM 13044 (REV. 12-95)

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

| 22. If registrant's answer to Item 6 above is "yes," wh                                                                                                                     | INING PHYSICIAN AND LOCAL BOARD CLASSIFICATION. sen and for what ailment(s)                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 23. Is registrant now or previously an enrollee in the C 24. Serological test (syphilis): Date  Second serological test (syphilis): Date  25. Examining physician's remarks | ivilian Conservation Corps: No 📑; Yes 🗆  Result  Result                                                                                                            |
| (If in doubt, answer "no," and give details.)                                                                                                                               | has any of the defects set forth in Part I of the List of Defects (Form 220 (Answer yes or no) If answer is "yes," describe the defects, in order of significant   |
| (b) Do you find that the above-named registrant (If in doubt, answer "no," and give details.)                                                                               | has any of the defects set forth in Part II of the List of Defects (Form 220  If answer is "yes," describe the defects, in order of significant (Answer yes or no) |
| (c) I have examined the above-named registrant in                                                                                                                           | accordance with Selective Service Regulations                                                                                                                      |
| (e) Place(Town or city)                                                                                                                                                     | (County) (State) (f) Date                                                                                                                                          |
| (b) Signature of Member of Local Board                                                                                                                                      | d registrant in Class (d) Date                                                                                                                                     |
| A. Nearest relative and person to be notified in case of 28. Nearest relative Laulie Bolden  29. Relationship Mother 30. Address                                            | (Other than wife or minor child. Name in full)  3476 Webster Ave. Pittsburgh. Pa.                                                                                  |
| 31. Person to be notified in case of emergency                                                                                                                              | Laulie Bolden  (Name in full)                                                                                                                                      |
| B. Designation of beneficiary: 33. Address 34. The persons eligible to be my beneficiary are designation.                                                                   | 3476 Webster Ave. Pittsburgh Pa. Number and street or rural route; if none, so state) (City, town, or post office) (State or country)                              |
| (2) none                                                                                                                                                                    | e is deceased or divorced, so state) (Wife's full address)                                                                                                         |
| (Full name and address of each miner child and each depen                                                                                                                   | ndent child over 21 years of age. If there are no children, so state. If the address is the same as the                                                            |
| dependent relative whose name, relationship, and  (3) Laulie Bolden (Mother) 347                                                                                            | their decease before payment is made, I then designate as my beneficiary the address are shown below:  Webster Ave. Pittsburgh, Pa.                                |
| 36. In the event of the death or disqualification of the my beneficiary the dependent relative whose name (4) Jesse Bolden (Father) 2/76                                    | must state in 5wh handwriting: "I decline to designate any person as my beneficiary")                                                                              |
| 37. Signature of registrant                                                                                                                                                 | Clay Bolden                                                                                                                                                        |
| 38. Witnessed at Pittaburgh, Sa.                                                                                                                                            | on ll December , 1943                                                                                                                                              |
| (Signature of wirness attesting)                                                                                                                                            | (Name of witness typed) (Grade and organization)                                                                                                                   |
| ORIGINAL COPY                                                                                                                                                               | (Page 2)                                                                                                                                                           |

016-26941-2

## CAN EXAMINATION AND INDUCTION

Jr. Herron Hill School Pittsburgh, Pa.

|            | st examination Second examination Third examination Fourth examination (To be filled in by local board clerk. Check number of examination made by local board)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | amination [                                |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| SEC        | TION I.—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do Not Enter<br>Anything in This<br>Column |
|            | (a) Tange por leave any question blank.) apport. Vas 17 (To be filled in by Armed Forces)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RESIDENCE                                  |
| 8q.        | Name (page 1) (First) and explanation (Middle) (Last)  Armed Forces 1337749114 m. (Armed Forces Serial No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Poul State (70                             |
| 2.         | Address (page 1) 3476 Webster Avenue Pittsburgh Alleg. Penna.  (Street or rural route) (Street or rural route) (County) (County)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 PT County                                |
| 3.<br>5.   | Social Security No. (Series I, line 5) 210-14-8280 4 Registrant's order number (page 1) Vol.  Physical or mental defects or diseases (Series II, line 1) None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Place inducted                             |
| 47-57      | Treatment at an institution, sanitarium, or asylum (Series II, line 2) No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |
|            | (14 (ARM) VI GILL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE INDUCTED                              |
| 7.         | (Number years Education completed) (Series III): school High Vocational school, school college, or university                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Day                                        |
|            | Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Waiter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | egrapiana analas                           |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Color Month                                |
| 28.        | (b) Duties (Series IV, line 2 (b)) Wait on table                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Apple of the second                        |
| 381        | (c) Title of last job; if unemployed (Series IV, line 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Year                                       |
| 7          | Assist the first for the control of the religious free of the control of the cont | Source Source                              |
| 9.         | Years experience in this work (Series IV, line 2 (c), or Series V, line 2) 0  Income (Series IV, line 2 (d)): Average monthly earnings \$40.00  (Weekly, monthly, annual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DANTION OF                                 |
| 11.        | Permanent Temporary Independent Employment class (Series IV, line 2 (e)): employee Apprentice ; worker ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Nativity                                   |
| 3.5        | Unpaid family worker : Employer : Student (Series IV, line 4 (a))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Year of birth                              |
| 12.        | Business of present employer (Series IV, line 2 (g))Apartment House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| 13.        | Married, not Married, Married Separated : Separated : Separated : Separated : Separated : Married : Married : Separated : Separated : Separated : Married : Separated : Separa | Race/citizenship                           |
|            | Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |
| 15.<br>63. | Birthplace (Series IX, line 1) Pittsburgh Penna. U.S.A.  (Town or city) (State) (Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Education                                  |
| 16.        | Birth date (Series IX, line 2) Sept. 2 1925 (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Occupation                                 |
| 17.        | Race (Series IX, line 3): White []; Negrox[]; Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
|            | Citizenship: United States citizen (Series IX, line 4) Yes Declarant alien (Series IX) line 70 de la Citizenship:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of eMerital                                |
|            | Positional To a specific approximation of the process of the proce | 8 (Form 220)                               |
| 19.        | Previous U. S. military service (Series XII): None ; Army ; Guard ; Navy ; Corps ; Guard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |
|            | Type of discharge (Series XII): Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |
| 21.        | Date of registrant's affidavit (top of page 8) 6th Sept. 1943.  (Day) (Month) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | THE RESERVE OF                             |
| is d       | 1. An original and three copies of this form will be prepared for each registrant called up for physical examination esignated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second established the copy of the copy of the copy of the copy of the second established the copy of the copy | The origin                                 |

is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.

2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.

3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53).

4. For registrants accepted by the induction station of the armed forces: If inducted by the Army, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the Navy or Coast Guard, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the Marine Corps, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.

5. Fingerprints are required only on this original and only for registrants who are inducted. If inducted by Army, prepare F. B. I. Military Fingerprint Card.

CRIGINAL COPY

ORIGINAL COPY

SECTION IV.—PHYSICAL EXAMINATION RESULTS: (All Items Must Be Filled In. Indicate Normal or None Where Applicable.

To Be Filled Out by the Medical Board at the Induction Station of the Armed Forces.)

| 39. | Eye abnormantiesneg                                                                                                                                                                                           | 60. Vision thout correction:                                                                                  | t Write |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------|
| 40  | Ear, nose, throat abnormalitiesneg                                                                                                                                                                            |                                                                                                               |         |
| 10. | Tat, 1050, Wilder abitorinatives                                                                                                                                                                              |                                                                                                               |         |
| 41. | Mouth and gum abnormalities neg                                                                                                                                                                               |                                                                                                               |         |
| 42. | Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable teeth by /; missing natural teeth by X.                                                                                               | carious 62. Color perception*                                                                                 |         |
|     | Right Examinee's Left                                                                                                                                                                                         | 63. Hearing:                                                                                                  |         |
|     |                                                                                                                                                                                                               | (a) Right ear 20/20                                                                                           |         |
|     | \$ \$\begin{pmatrix} 6 & 5 & 4 & 3 & 2 & 1 & 1 & 2 & 3 & 4 & 5 & 6 \\ \begin{pmatrix} 6 & 5 & 4 & 3 & 2 & 1 & 10 & 9 & 9 & 10 & 11 & 12 & 13 & 12 & 13 & 12 & 14 & 13 & 12 & 14 & 14 & 14 & 14 & 14 & 14 & 14 | (b) Left ear20/20                                                                                             |         |
|     | (b) Remarks, including other defectsnone                                                                                                                                                                      | 64. Height 69½ inches.                                                                                        |         |
|     |                                                                                                                                                                                                               |                                                                                                               |         |
|     | (c) Prosthetic dental appliancesnone                                                                                                                                                                          | 66. (a) Girth, at nipples; inspira-                                                                           |         |
|     | (d) Remediable dental defectsnone                                                                                                                                                                             |                                                                                                               |         |
|     |                                                                                                                                                                                                               |                                                                                                               |         |
| 43. | Skinneg                                                                                                                                                                                                       | (c) Girth, at umbilicus                                                                                       |         |
| 44. | Varicose veinsneg                                                                                                                                                                                             |                                                                                                               |         |
| 45. | Hernianog                                                                                                                                                                                                     |                                                                                                               |         |
|     |                                                                                                                                                                                                               |                                                                                                               |         |
| 46. | Hemorrhoidsneg                                                                                                                                                                                                |                                                                                                               |         |
| AT  | Contraction ( )                                                                                                                                                                                               |                                                                                                               |         |
| 47. | Genito-urinary (non-venereal)neg                                                                                                                                                                              |                                                                                                               |         |
| 48  | Venereal diseasesneg                                                                                                                                                                                          | 그는 그들은 그는 그는 그들은 사람들이 모르는 사람들은 그림을 가지 않는데 보면 하는데 보면 하는데 되었다면 하는데 되었다면 하는데 |         |
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| 49. | Feetneg                                                                                                                                                                                                       |                                                                                                               |         |
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| 50. | Musculoskeletal defectsneg                                                                                                                                                                                    |                                                                                                               |         |
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| 51. | Abdominal visceraneg                                                                                                                                                                                          |                                                                                                               |         |
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| 52. | Cardiovascular systemneg                                                                                                                                                                                      | (a) Specific gravity 1.025                                                                                    |         |
|     |                                                                                                                                                                                                               |                                                                                                               |         |
| 53. | Lungsneg                                                                                                                                                                                                      | (c) Sugar neg                                                                                                 |         |
| E 4 | Chart V von                                                                                                                                                                                                   | (d) Microscopie*                                                                                              |         |
| 04. | Chest X-rayneg                                                                                                                                                                                                |                                                                                                               |         |
| 55. | Mental Literate                                                                                                                                                                                               | STS neg 2 Sept. 1943                                                                                          |         |
| 56. | Nervous systemneg                                                                                                                                                                                             |                                                                                                               |         |
| 57  | Endomina avatam                                                                                                                                                                                               | <b>A A</b>                                                                                                    |         |
| 58  | Endocrine systemneg                                                                                                                                                                                           |                                                                                                               |         |
| 50. | Other defects and/or diseases or other remarksnone                                                                                                                                                            |                                                                                                               |         |
| 59. | Summary of defects in order of significance none                                                                                                                                                              |                                                                                                               |         |
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33714011 (Army serial No.)

(AIR CREW AVIATION CADET TRAINING) (Arm or service for which enlisted or inducted)

COLORED Color or race ....

(PLACE X IN BOX INDICATING COMPONENT)

Regular Army. ☐ National Guard of the United States.

Army of United States:

- For Regular Army units.
- For National Guard units.
- Selective Service and Training.
- Regular Army Reserve—Active duty.
  - Enlisted Reserve Corps—Active duty.

### SERVICE RECORD

covering period

rom 11 Dec. , 19 43, to 3 Nov , 1944

For instructions see AR 345-125

7. D., A. G. O. Form No. 24 November 1, 1940

1.50

| L.B.#5                                      | , Pittsburgh City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
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| Local board of                              | (Board Nos situ and State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Date of arrival Date and place By whom indu | FADI O VENINCOV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                             | CAPTAIN, AUS.  (Grade and ST, or RETG & IND OFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Place to which                              | (Post, camp, or reception center)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Date sent                                   | RECORDS OF IMMUNIZATION 6, AR 40-215, for details relative to immunization records)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| - were                                      | SMALLPOX VACCINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Date - 12. 16-                              | Wiesen.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 5-6-4                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 60 90 90                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                             | TYPHOID VACCINATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 1-14.                                       | 14 2nd Disc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                             | 40 de 07 de 4000 de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 8- Sep                                      | to 44 Stem. Do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                             | OTHER VACCINATIONS 72 T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| ToJ                                         | Kind Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 1-14                                        | 144 Compl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Hehiro                                      | SFEVER 478 9-2-44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| CHARLES OF SECTION S.                       | PHTHERIA SUSCEPTIBILITY TEST—SCHICK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Date                                        | Result 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 9-2:4                                       | 14 9-8-44 Sund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                             | CARRIER EXAMINATIONS (See AR 40-310)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Date                                        | Parasite examined Kind of Positive or negative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Ino.                                        | WASSERMAN BLOOD NEG,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                             | Property and the second |  |
| 1 Record as va                              | ecinia, vaccinoid, or immune reaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Record as fed                               | ecinia, vaccinoid, or immune reaction. sittive, positive combined, negative-psoudo or negative- ses, urine, sputum, blood, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                             | B.T. A C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

PRIOR SERV

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| Bolden, George C. 33 011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (Lastgame) (Firstpon) 5 Dallade Hitial gh (Armourial No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Month, dayl and year) Height 5 ft. 7 in. Weight 168 lb. Eyes blue Hair Click Brown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Height 2 ft. 73 in. Weight 100 lb. Eyes 0145 Hair A DIOWI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Complexion Colored Size of gas mask 2/4/20 Size of shoe 12-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Married or single single Occupation Waiter  EDUCATIONAL QUALIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Years in: Grammar school 8 High school 4 College or university 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Graduate work none Specialized in none                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Speaks *English <b>ZKAK ZKAK XXXX</b><br>OCCUPATIONAL QUALIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Sudent : -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (Main occupation) (Weekly wages) Yearsas *apprentice, journeyman, expert.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Just what did he do?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| (Next best occupation) (Weekly wages) Years as *apprentice, journeyman, expert-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Just what did he do?HOME ADDRESS AND NEAREST RELATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3176 Webster Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| D. 4 Number and street or rural route; if none, so state)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (City, town, or post office) State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mother 34/6Webster Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (Relationship), (Number and street or rural route; if none, so state)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Person to be notified in case of emergency Laulie (Stratemy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Mother 3476 Webster Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (Relationship if grand so state) (Number and street or rural soute; if none, so state)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| (City, town, or post office) (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DESIGNATION OF BENEFICIARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (To be entered only from appropriate enlistment or induction record or W. D., A. G. O. Form No. 41)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Laulie Bolden (Mother)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3476 Webster Ave. Pittsburgh, Pa.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Jesse Bolden (Addres) er) 3476 Name and degree of relationship of olternate beneficiary) 3476 Webster Ave. Pittsburgh, Pa.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 3476 Webster Ave. Pittsburgh. Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (Addross)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (Name and degree of relationship of alternate beneficiary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| non <b>e</b><br>(Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (See "Remarks—Financial" (par. 3g, AR 345-125))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Age at entired 18 years 3 months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Age at enhance Po months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| the thick or service at Pittsburgh, Pa.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| tEdited at Pittsburgh, Pa. on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 11th day of December 19 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| in grado of Private by EARL G. KENNEDY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| for Aviation Cadet CAPTAIN, AUS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| to serve Dur of war to a to serve Dur of War (Words and figures)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Completed years months day for longerity page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| at misting Has over years' service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Physical defects at enlistment None (Initials of officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| The transfer of the control of the c |
| * Strike out words not applicable. † No entry required for men secured through Selective Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                                                                                         |                                                                                                                        | /100     | Army, the ms<br>s, Navy, Marine<br>med.                                                                                                                     | - 114                                      |           |
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|                                                                                         | from                                                                                                                   |          | ; 19; to                                                                                                                                                    | THE                                        |           |
| (Co., regt., arm, o                                                                     | or service)                                                                                                            |          |                                                                                                                                                             |                                            |           |
| Discharged as _                                                                         |                                                                                                                        | ;        | COLC SERVE S                                                                                                                                                | ; By reason of                             | 5-15%     |
|                                                                                         | (Grade)                                                                                                                |          | (Character)                                                                                                                                                 |                                            |           |
|                                                                                         | (Data roas                                                                                                             | rised by | par. 8, AR 345                                                                                                                                              |                                            |           |
|                                                                                         |                                                                                                                        |          |                                                                                                                                                             |                                            |           |
| (Co., regt., arm, o                                                                     | r service)                                                                                                             |          | , 19, to                                                                                                                                                    |                                            |           |
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|                                                                                         | (Grade)                                                                                                                | W-114    | (Character)                                                                                                                                                 | -, DJ 1045011 01                           |           |
|                                                                                         |                                                                                                                        |          |                                                                                                                                                             |                                            |           |
|                                                                                         |                                                                                                                        |          | par. 8, AR 345-                                                                                                                                             |                                            | 77.00     |
| (Co., regt., arm, or                                                                    | service)                                                                                                               |          | ; 19; to .                                                                                                                                                  |                                            | ; 19      |
| Discharged as _                                                                         |                                                                                                                        |          |                                                                                                                                                             |                                            |           |
|                                                                                         | (Grade)                                                                                                                | ,        | (Character)                                                                                                                                                 | -; By reason of                            | -         |
|                                                                                         |                                                                                                                        |          | TAXISTICS OF                                                                                                                                                |                                            |           |
|                                                                                         | (Data requi                                                                                                            | ired by  | par. 8, AR 345-                                                                                                                                             | 125)                                       | 1000      |
| Co                                                                                      | from                                                                                                                   |          | , 19, to .                                                                                                                                                  |                                            | . 19      |
| Co., regt., arm, or                                                                     |                                                                                                                        |          |                                                                                                                                                             |                                            |           |
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|                                                                                         | (Grade)                                                                                                                |          | (Character)                                                                                                                                                 |                                            |           |
|                                                                                         | (Data requi                                                                                                            | red by   | par. 8, AR 345-                                                                                                                                             | 125)                                       |           |
|                                                                                         | from                                                                                                                   |          | , 19, to_                                                                                                                                                   |                                            | 10        |
| Co., regt., arm, or                                                                     | service)                                                                                                               |          |                                                                                                                                                             |                                            | , 19      |
| Discharged as                                                                           |                                                                                                                        | -;       |                                                                                                                                                             | ; By reason of .                           |           |
|                                                                                         | (Grade)                                                                                                                |          | (Character)                                                                                                                                                 | 151210                                     |           |
|                                                                                         | Dete requi                                                                                                             | rad bu   | par. 8, AR 345-                                                                                                                                             |                                            | - 200     |
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| Co., regt., arm, or                                                                     | service)                                                                                                               |          | , 19, to _                                                                                                                                                  |                                            | , 19      |
| Discharged as                                                                           |                                                                                                                        |          |                                                                                                                                                             | . Br                                       |           |
|                                                                                         | (Grade)                                                                                                                |          | (Character)                                                                                                                                                 | ; By reasen of _                           |           |
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|                                                                                         | (Data requir                                                                                                           |          |                                                                                                                                                             |                                            |           |
| lo., regt., arm. or                                                                     | from                                                                                                                   |          |                                                                                                                                                             | 20)                                        |           |
| Co., regt., arm, or s                                                                   | from                                                                                                                   |          | ; 19, to _                                                                                                                                                  |                                            | , 19      |
| Co., regt., arm, or s                                                                   | fromservice)                                                                                                           |          | ; 19, to _                                                                                                                                                  |                                            | , 19      |
|                                                                                         | from                                                                                                                   |          | ; 19, to _                                                                                                                                                  |                                            | , 19      |
|                                                                                         | from<br>service)<br>(Grade)                                                                                            | ;;       | (Character)                                                                                                                                                 | ; By reason of _                           | , 19      |
| Discharged as                                                                           | (Grade) (Data requir                                                                                                   | ed by p  | (Character)                                                                                                                                                 | ; By reason of _                           | _, 19     |
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| Discharged as                                                                           | (Grade)  (Data requir from service)  (Grade)                                                                           | ed by p  | (Character)  ar. 8, AR 345-1  ; 19, to  Character)                                                                                                          | ; By reason of                             | ., 19     |
| Discharged as                                                                           | (Grade)  (Data requirer from service)  (Grade)                                                                         | ed by p  | (Character) ar. 8, AR 345-1                                                                                                                                 | ; By reason of                             | ., 19     |
| Discharged as                                                                           | (Grade)  (Data requirer from service)  (Grade)                                                                         | ed by p  | (Character) ar. 8, AR 345-1, 19, to (Character) ar. 8, AR 345-1                                                                                             | ; By reason of; By reason of; By reason of | ., 19     |
| Discharged as O., regt., arm, or s Discharged as O., regt., arm, or s                   | (Grade)  (Data requirer from service)  (Grade)                                                                         | ed by p  | (Character) ar. 8, AR 345-1, 19, to (Character) ar. 8, AR 345-1                                                                                             | ; By reason of                             | ., 19     |
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| Discharged as  Discharged as  O., regt., arm, or s  Discharged as                       | (Grade)  (Grade)  (Data require from ervice)  (Grade)  (Grade)  (Grade)  (Grade)                                       | ed by p  | (Character)  ar. 8, AR 345-1 , 19, to  Character)  ar. 8, AR 345-1 , 19, to  Character)  ar. 8, AR 345-12 , 19, to                                          | ; By reason of                             | ., 19     |
| Discharged as  No., regt., arm, or s Discharged as  No., regt., arm, or s Discharged as | (Grade)  (Data require from service)  (Grade)  (Data require from service)  (Grade)                                    | ed by p  | (Character) ar. 8, AR 345-1 , 19, to  (Character) ar. 8, AR 345-1; , 19, to  (Character) ar. 8, AR 345-1; , 19, to                                          | ; By reason of                             | , 19, 19  |
| Discharged as  Discharged as  O., regt., arm, or s  Discharged as                       | (Grade)  (Grade)  (Data require from ervice)  (Grade)  (Grade)  (Grade)  (Grade)                                       | ed by p  | (Character)  ar. 8, AR 345-1 , 19, to  Character)  ar. 8, AR 345-1 , 19, to  Character)  ar. 8, AR 345-12 , 19, to                                          | ; By reason of                             | ., 19     |
| Discharged as  Discharged as  O., regt., arm, or s  Discharged as                       | (Grade)  (Data require from service)  (Data require from service)  (Grade)  (Data require from service)  (Grade)       | ed by p  | (Character)  ar. 8, AR 345-1  ., 19, to  Character)  ar. 8, AR 345-1  ., 19, to  Character)  Character)  Character)  Character)  Character)                 | ; By reason of                             | ., 19     |
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(Data required by par. 8, AR 845-125)

### MILITARY QUALIFICATIONS ... in the United States Army ne World War (Highest grade held) in the Officers' Reserve Corps (Grade) (Section) (Noncommissioned officers' or special service school) ARMY SPECIALTY Specialty 6290 Aerial Gunner 611 SSK6-3-49 \*Ex=Excellent; VG=Very good; G=Good; F=Fair. SPECIAL DUTY At As To Authority ARTICLES OF WAR (Read to soldier as required by the 110th Article of War) Date Initials Date Initials DEC 1 6 1943 24 1944 SEX MORALITY dom Course completed (see AR 40-235) \_ QUALIFICATION IN ARMS (Special qualifications attained in the use of the various arms and additional com-pensation therefor) Qualified as (Grade designation) Compensation \$ per menth. Aggregate or final score Order publishing fact of qualification \_\_\_\_\_(Number) (Grade designation) Compensation \$\_\_\_\_\_ per month. Aggregate or final score. Order publishing fact of qualification \_\_\_\_\_\_(Number) (Source) Order publishing fact of qualification \_\_\_\_\_(Number)

Qualified as \_\_\_\_\_(Grade designation)

Qualified as \_\_\_\_\_(Grade designation)

Compensation \$\_\_\_\_\_ per month. Aggregate or final score \_

Compensation \$\_\_\_\_\_ per month. Aggregate or final score \_

(Date)

William .

Order publishing fact of qualification \_\_\_\_\_(Number)

Order publishing fact of qualification \_\_\_\_\_(Number)



### MILITARY RECORD APPOINTMENT, PROMOTION, OR REDUCTION, WITH AUTHORITY THEREFOR

| Grade                             | Date       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A             | uthority  |              | Initial             |
|-----------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------|--------------|---------------------|
| PVT.<br>A/C                       | 3-14-9     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FAR. 65.      | 0. 69 No. | THAR         | CO.                 |
|                                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |           |              |                     |
|                                   |            | SPECIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LIST RA       | TINGS     |              |                     |
| Class Qua                         | lification | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | То            | Auth      | ority        | Initia              |
|                                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |           |              | 48 500<br>200       |
|                                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |           |              |                     |
| ORGAN<br>Organi                   | -          | on<br>H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | ICH AT    | TACHEI<br>To | 5N-334/4011         |
| ENLISTMEN                         | T PER      | юр                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | i             |           |              | 1108                |
| igned to compa<br>ment, arm, or s |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Station       | n         | Date         | 140.4<br>140.4<br>8 |
|                                   |            | Contract Con | V. S. Company |           | -            |                     |
| Unasa                             | d /        | MARF.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Midla         | nd,Tex    | 9542         | 144                 |
|                                   | d /        | YARF,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Midla         | ndTex     | 9747         | <br>1,44            |

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| Authority                   |                          |              | 9-9-3           |                   |                                         |
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| Left United States for du   | ty in                    |              |                 |                   |                                         |
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|                             |                          |              | to in security. | 16-2528           | 59-1                                    |
|                             |                          |              |                 |                   | Charles Committee Co.                   |

TIME LOST PRIOR TO THE RMAL DATE OF EXPI-RATION OF TERM OF ENLISTMENT TO BE MADE (a) Absence without 107th ARTICLE OF WAR;

| From                                                   | without proper a                                                      | То                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | Day                        |
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| The state of the same                                  |                                                                       | August 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                            |
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|                                                        |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 200000000000               |
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| 100000000000000000000000000000000000000                |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | il e deligio      | Participation              |
| (b) Time and                                           | 11.                                                                   | e of the desire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | art from the con-          |
| dispositio                                             | lly in confinem<br>on of case, if tria                                | ent under sen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tence or wi       | ile awaiting to            |
| From                                                   |                                                                       | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nviction.         | Manager Bases B            |
|                                                        |                                                                       | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | Days                       |
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| (c) Unable to per<br>liquor or thr<br>From             | ough disease or                                                       | injury the resu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | erate use o       | f drugs or alc             |
| From                                                   | Marque a rest                                                         | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                            |
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| BSENCE SUBS                                            | SEQUENT                                                               | TO THE N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOPH -            |                            |
| BSENCE SUBS<br>EXPIRAT                                 | SEQUENT<br>ION OF T                                                   | TO THE N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ORMAL             | DATE OF                    |
| BSENCE SUBS<br>EXPIRAT<br>a) Absence without           | SEQUENT<br>ION OF TI                                                  | TO THE NERM OF E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IORMAL<br>NLISTM  | DATE OF                    |
| BSENCE SUBS<br>EXPIRAT<br>a) Absence without           | SEQUENT ION OF TI                                                     | TO THE NERM OF E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IORMAI<br>NLISTM  |                            |
| BSENCE SUBS<br>EXPIRAT. a) Absence without             | SEQUENT<br>ION OF TI                                                  | No. of Contract of | IORMAT,<br>NLISTM | DATE OI                    |
| BSENCE SUBS<br>EXPIRAT.<br>(a) Absence without<br>From | SEQUENT<br>ION OF TI                                                  | No. of Contract of | IORMAL<br>NLISTM  |                            |
| From                                                   |                                                                       | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | Days                       |
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| From  Time actually in disposition of case  From       | confinement un<br>se, if trial result                                 | To  der sentence ced in conviction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | or while aw       | Days aiting trial and      |
| From  Time actually in disposition of car  From        | confinement un<br>se, if trial result                                 | To  der sentence ced in conviction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | or while aw       | Days aiting trial and      |
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| From                                                   | confinement un se, if trial result duty through the disease or injury | To  der sentence ced in conviction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | or while aw       | Days aiting trial and Days |
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CLASS "B", PLAN # 2
3.6.3.5. per month for/NAEF months, commencing JANUAR DEPOSIT and expiring \_\_\_\_\_, 19\_\_\_, in favor of \_ Total Amount Name and grade of finance Date Initials for the purpose of \_\_ officer accepting deposit Discontinued 30 JUNE, 1944, reason W.D. Circ # 237/44 Dol. Ct. Dol. Ct. W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., 19 , by \_\_\_\_\_\_\_\_(Namo and grado of forwarding officer) Acknowledgment of discontinuance received \_\_ /100 Dollars. per month for \_\_\_\_\_ months, commencing \_\_\_\_\_ /100 Dollars. and expiring \_\_\_\_\_, 19\_\_\_, in favor of \_\_\_\_\_ for the purpose of \_ /100 Dollars. W. D., A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, /100 Dollars. Acknowledgment of discontinuance received \_\_\_\_\_, 19\_\_\_\_, NATIONAL SERVICE LIFE INSURANCE goo GOVERNMENT INSURANCE Deduction of pay for Government insurance authorized as follows:

Class & insurance adduction of \$ 6.40 per month for months, /100 Dollars. DEC 1943 and expiring ETS , 19 for payment of monthly premium on \$10,000 Discontinued 31 Juz, 19 44 reason(U. D. Cip 1/44 W. D., A. G. O. Form No. 30, mailed to Veterans' Administration, Washington, D. C., on 3 Aug /100 Dollars. by S.F. WOJINSKI, WOJG, USA /100 Dollars. Deduction of pay for Government incurance authorized as fellows: /100 Dollars. Class D insurance deduction of \$\_\_\_\_\_ per month for \_\_\_\_\_ commencing \_\_\_\_\_\_, 19\_\_\_\_, and expiring \_\_\_\_\_\_, 19\_\_\_\_ for payment of monthly premium on \$\_\_\_\_\_\_ Discontinued \_\_\_\_\_\_, 19\_\_\_\_ /100 Dollars. W. D., A. G. O. Form No. 30, mailed to \_/100 Dollars. Veterans' Administration, Washington D. C., on \_\_\_\_\_\_, 19\_\_\_\_, (Name and grade of forwarding officer) and \_\_\_\_ \_/100 Dollars. PAY DETAINED BY COURTS MARTIAL ENTERED ON Deduction of pay for Government insurance authorized as follows: PAY ROLL Class D insurance deduction of \$\_\_\_\_\_ per month for \_\_\_\_\_ months; Amount Month Name and grade of finance officer \_\_\_\_\_, 19\_\_\_\_, and expiring \_\_\_\_\_, 19\_\_\_\_ Accounts Ct. for payment of monthly premium on \$\_\_\_\_\_ Discontinued \_\_\_\_\_, 19\_\_\_\_ W. D., A. G. O. Form No. 30, mailed to Veterans' Administration, Washington, D. C., on \_\_\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_ (Name and grade of forwarding officer) 16-25259-1

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| nlistment allow  | ling will be shown all financial matters not entered e<br>loss of or damage to Government property, amount<br>ments, overpayments, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
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| Date Dec         | Description and amount due U.S. or soldier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Roll on<br>which<br>collected |
| 1943.            | WD, AGO Form #28, Issue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | d acon                        |
| DEC 43           | CL N ALMT 6-60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |
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| DEC 43           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
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| *                | DO NOT DESIRE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |
|                  | FILE AN APPLICATION FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | R                             |
|                  | DEPENDENCY BENEFITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |
|                  | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ) /                           |
|                  | MROUGE CIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lold                          |
| 1-0.16           | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |
| 10043            | Colmy 6.21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |
|                  | PERMOLOMM. Jan 1944                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Lon                           |
| 1                | DEC 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PAIN                          |
| -19-44I          | ast paid to inclaiMarlay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11                            |
| 20-44            | MON ALMS IN WIGH OF BATS (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | XXX                           |
|                  | HAST POTO INCL4-20- 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SAPO                          |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7/ //                         |
|                  | APR 4 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PAID                          |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4-PAI                         |
| 1.44             | DUE HE MID THOSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |
| 1.14             | DOE O'S' MILK FINDKY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1.50                          |
|                  | # P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 30 JU                       |
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|                  | mo discontip 3 TH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |
|                  | W. D. CIR 237/44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The same                      |
|                  | . 77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 70.00 A 10.00                 |
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### REMARKS-FINANCIAL-Continued

| Date  | Description and amount due U. S. or soldier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Roll on<br>which<br>collected |
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|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
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|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
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|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |
|       | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V                             |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |

Insert No. addeer BOLDEN, GEORGE C. AS 33714011
REMARKS—Administrative Soldier completed course in Aerial Gunnery at AAFFGS, Tyndall Field, Florida, June 3. 1944. Qualified Aerial Gunner: Marksman Sharpshooter Expert Oxygen mask size Medium Flights Type 1 & 2 completed 25th Altitude Training Unit Date May 44 Rec'd Basic Sanitation & First Aid Course # 1 , AAFFGS, 17/F, Flat, including li-hour Malaria Control Lecture. 3-/3-44 Sol successfully completed 63-44 Aerial Gunnery phase checks. Soldier entitled to wear 6-3-44 Aerial Gunner Badge. Due to short period of TD at T/F, Flat soldier not considered for Good Conduct Medal. 7-Hour Chemical Warfare Service Course completed, The Fla. in Cumouflage

H.A.F. # 206.

2000 202 GALYS. UNB- 42. 490 may 21 acted 4-22-44, 11

### INDORSEMENTS

These indorsements are filled out in all cases when a soldier deserts—as transferred from one company or detachment to another company or detachment and in all changes of station except with an organization, and upon transfer to inactive status. These indorsements will not be used when a soldier is only attached to another organization for either rations or quarters or both.

1st Ind.

| 1350th Service Unit                                                      |                        |              |
|--------------------------------------------------------------------------|------------------------|--------------|
| Pittsburgh, Pa.                                                          | 1 3 DEC '4             | 3 10         |
| T. C.O. RC Camp Lee                                                      | , Va.                  | , 17         |
| This soldier was transferred to Your                                     | command                |              |
| P 6 SO 2 95                                                              |                        |              |
| and off this organization                                                | 1 3 DEC '43            | 3 19         |
| He lay Reams                                                             | 1 3 DEC '43            | 3 19         |
| by <u>0</u> 0                                                            |                        |              |
| CName and grade of finance off Due United States; if nothing, so state   | othing.                | ıy)          |
| Das Clated States; it nothing, so state                                  | 0.01121121             |              |
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|                                                                          | 2.4 4.484.45           |              |
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|                                                                          |                        |              |
| *Due soldier at date of transfer:                                        | Nothing.               |              |
|                                                                          |                        |              |
|                                                                          |                        | 10 P. A.     |
|                                                                          |                        |              |
| This soldier thas not a Class E allotment run his pay to include Nothing | ning which has been de | educted from |
| This soldier has authorized a Class D deduct                             |                        | , 19         |
| has been deducted from his pay to include                                | nothing.               | trance which |
| His character isNot Observ                                               |                        |              |
| Efficiency rating as soldier Not Ob                                      |                        |              |
| I have personally verified all entrine in this index                     |                        |              |
| Who I at                                                                 | sement.                |              |
| N C TREISTED O LL                                                        | Name)                  |              |
| N. G. TREISTER, 2nd Lt.,                                                 | AUS, Asst Rctg. &      | Ind. Off.    |
| This soldier reported 1 4 DEC 4                                          |                        | 10           |
|                                                                          |                        | , 19         |

HQ. RCT RECEPTION CENTER, CAMP LEE, VA.

|                                                           |               |                | 1/Drs          | , 19.4.5         |
|-----------------------------------------------------------|---------------|----------------|----------------|------------------|
| TO JAAF. BTC.                                             | 1102.         | Kresker        | Fld.           | Miss.            |
| This soldier was transferred to                           | DUR CO        | MMAND          |                |                  |
| per/21 -4 50-303TH                                        | IS STA        | DATED          | 2010           | -0/43            |
| and left this organization                                |               |                | 2114           | re 1943          |
|                                                           | a du fr       | date of rot    | ng for AD      |                  |
| by See previ                                              | ous ]         | Ind.           |                |                  |
| (Name and gra                                             | de of finar   | noe officer or | agent officer, | if any)          |
| by See previ (Name and gro Due United States; if nothing, | so state      | 10 011717      | 3              |                  |
| Halladinkshippiskustus viita                              | OXXXXI.       | 7-47-46.3      | APPROPRIES     | BENERE           |
|                                                           |               |                |                |                  |
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|                                                           |               |                |                |                  |
|                                                           |               |                |                |                  |
|                                                           |               | MARKE A        |                |                  |
| * Due soldier at date of TTE                              | asfer         | 0              |                |                  |
| ACC:                                                      | rued          | Pay &          | Allows         | nces:            |
|                                                           |               |                |                |                  |
|                                                           |               | 191-118        |                |                  |
| This soldier thas that a Class E                          | allotment     | running whi    | ch has been d  | educted from his |
| pay to includeS6                                          |               |                |                | · 10年            |
| This soldier has authorized a C                           |               |                |                |                  |
| been deducted from his py                                 | 9 ipclude     | ine Re         | marka.         | Financia1        |
| His character is                                          | -             | .,             |                |                  |
| Efficiency rating as soldier                              | akno          | WIL            |                |                  |
| I have personally verified all en                         | tries in this | M B            | ckha           | ~                |
| 60 11                                                     | DIG:          | (Name)         |                |                  |
|                                                           | RICK          | JAM. 2         | 1. LT., Y      | VAC              |
| This soldier reported                                     | 2 - 3         | 2 3 ~          | 43             |                  |
| and soluter reported                                      |               |                | 7              | , 19             |

<sup>\*</sup>Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state. †Strike out words not applicable. 16—25259-1

<sup>\*</sup>Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state, †Strike out words not applicable,

| by C. H. BURD, Major For (Name and grade of finance officer or agent officer, if any)  Due United States; if nothing, so state of the s | . 4      |
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| Transfer-Accrued Pay  Dec soldier at date of  Transfer-Accrued Pay  Dec soldier at date of  Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4        |
| and left this organization  He was last paid to include  BURD, Major, Formand (Name and grade of finance officer, or agent officer, if any)  Due United States; if nothing, so state of the control of th | 4        |
| and left this organization  He was last paid to include  BIDEC 1943  19  (Name and grade of finance officer, or agent officer, if any)  Due United States; if nothing, so state of the control of the con | 14:      |
| by C. H. BURD, Major, FD (Name and grade of finance officer, or agent officer, if any)  Due United States; if nothing, so state of the  |          |
| by C. A. BURD, Major, From (Name and grade of finance officer, or agent officer, if any)  Due United States; if nothing, so state of the control of the cont |          |
| Due United States; if nothing, so state of the state of t |          |
| Due soldier at date of Transfer-Account Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| Due soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| Due soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| Due soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <br><br> |
| Due soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| Due soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _        |
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| Due soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _        |
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| Oue soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| ve soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
| ue soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
| ve soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
| Due soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| Oue soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -        |
| Oue soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| Due soldier at date of Transfer-Accrued Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
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| п.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| is soldier thas not a Class E allotment running which has been deducted from heavy to include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |
| 1/5/,19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -        |
| een deducted from his pay to include 5 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
| character in the NOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -        |
| ciency rating as soldier - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -        |
| we personally verified all entries by this jadorsoment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -        |
| A Comment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
| D. CHARLET, Complete, WAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| A WAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -        |
| s soldier reported DFC 3 0 1945                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -        |
| s soldier reported 11 30 1343 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -        |

| 4th Ind.                                                                |                                                                                                                |
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| 320 - Col Ing DeT (Aircreu)                                             | ive A                                                                                                          |
| Tysheace Int. Ale FEB 23 18                                             | 129                                                                                                            |
| To CO. TAAF Tuskegee, Ala                                               |                                                                                                                |
| This soldier was transferred to Your Command                            |                                                                                                                |
| 10 - 2 2 4 1 2 - 1 2 7 1 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2          | 1/44                                                                                                           |
| ELB 75 10/1/1                                                           | 10                                                                                                             |
| and left this organization 12/ 780                                      | , 19                                                                                                           |
| He was last paid to include                                             | , 1980                                                                                                         |
| (Name and grade of finance officer or agent officer, if any)            | <del></del>                                                                                                    |
| Due United States; if nothing, so state Nothing                         |                                                                                                                |
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|                                                                         |                                                                                                                |
| Transfer: Accrued                                                       | 20.16) cp2- y                                                                                                  |
| *Due soldier at date of Pay & Alws                                      |                                                                                                                |
| 3.3.                                                                    |                                                                                                                |
|                                                                         |                                                                                                                |
| Han n                                                                   |                                                                                                                |
| This soldier the net a Class Ballotment running which has been deducted | from his                                                                                                       |
| pay to include Mever                                                    | , 19                                                                                                           |
| This soldier has authorized a Classo deduction for Government insurance | which has                                                                                                      |
| been deducted from his pay to include 31 16 C                           | 19/5                                                                                                           |
| His character is EXCELLENT THE                                          |                                                                                                                |
| Efficiency rating as soldier _ Satisfactory JAPP                        |                                                                                                                |
| I have personally varied all shiries in this Inderfement                |                                                                                                                |
| Statty & Charles                                                        | 100 St. 100 St |
| WALTER H. ENGLISH                                                       |                                                                                                                |
| - /5 Lt AC Ad ittent                                                    |                                                                                                                |
| This addies amounted - 1-1-18, 25, 1944                                 | 10                                                                                                             |

<sup>\*</sup>Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state, †Strike out words not applicable.

| Avn Cdt det TAAF Tusk Ala                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |
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| APR 21 1944 ,19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
| TO CO: TYNDASA FAD PANAMA CITY FAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |
| This soldier was transferred to Your command                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _ |
| Par / SO # /07 TAAF Tuskegee, Ala                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L |
| and left this organization 1944                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
| He was last paid to include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |
| by E. F. FEIND I.t. Col. FD (Name and grade of finance officer or agent officer, if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |
| Oname and grade of finance officer or agent officer, if any)  Due United States; if nothing, so state MOTHING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |
| 1 "B" Almt 6, 25 per molast Deo To INCL 3.31-44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | / |
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| * Due soldier at date of transfer; Accrued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |
| Pay & Alwa?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |
| TAY-W-ALV-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |
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| This soldier that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |
| This soldier that not a Class E allotment running which has been deducted from Lis pay to include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | , |
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| 1110 04 1011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |
| been deducted from his pay to include MAR 31, 1944, 19 His character is EXCELLENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |
| Efficience rating as soldier Sattsfactory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |
| have never the control of the contro |   |
| I have persunally writing all entries in this indersement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |
| GEORGE CYHTIMING THE WAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |
| -72ml/Figure die Comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| This soldier reposedt Unit Personnel Offices 4-21-44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |
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\*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.

†Strike out words not applicable, 16—25259-1

| 6th Ind.                                                                                             |
|------------------------------------------------------------------------------------------------------|
| PEADQUARTERS AAFFGS O HIM 1044                                                                       |
| TWODALL FIELD, FLA: 8 JUN 1944                                                                       |
| To C.O. AAB Midland, Texas                                                                           |
| This soldier was transferred to YOUT COMMAND                                                         |
| PO AP 1 SO 159 HO LAFGS TAF ELA                                                                      |
| and left this organization 8 JUN 1962                                                                |
| He was last paid to include 3 1 MAY 1944 ,19                                                         |
| by F. F. ROSENBAUM, Major F.D. (Name and grade of finance officer of agent officer, if any)          |
| Due United States; if nothing, so state                                                              |
| See remarks finaming                                                                                 |
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| 31121                                                                                                |
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| B ALINE LIEU & TINGLE                                                                                |
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|                                                                                                      |
|                                                                                                      |
| Soldier Has:                                                                                         |
| CI N Almt. 6.40 a 31 MAY 1944                                                                        |
| CLE Almi                                                                                             |
| CI D Almt ded to Incl                                                                                |
| ChF-Almtded to in:                                                                                   |
| CIB Almt 6.25 ded to incl 3 1 MAY 1944                                                               |
| 000 100 11104                                                                                        |
| *Due soldier at date of Trf, accrued pay & alws                                                      |
| * Due soldier at date of Trf, accrued pay & alws                                                     |
|                                                                                                      |
|                                                                                                      |
| m. 11. than C. E. Harris with he had district to                                                     |
| This soldier has not a Class E allotment running which has been deducted from his pay to include, 19 |
| This soldier has authorized a Class Dededuction for Government insurance which has                   |
| been deducted from his pay to include                                                                |
| His character is FXCELLENT                                                                           |
| Efficiency rating as soldier SATISFACTIONY                                                           |
| I have personally serified all entries in this indersement                                           |
| MANAGEM MENAMO : DWYEN                                                                               |
| LT. AIR CORPS                                                                                        |
| (Grade and organization)                                                                             |
| This soldier reported 1047 3 July 19 14 4                                                            |

\*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state, †Strike out words not applicable,

|  | In |  |
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| This soldier was transferred to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the second             |
| per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | i est i l'esque deste a co |
| and left this organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10                         |
| He was last paid to include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . 19                       |
| by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The sector is a mark       |
| (Name and grade of finance officer or agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | officer, if any)           |
| Due United States; if nothing, so state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESIDENCE AND CO.          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
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| A.D. III. A.V. A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |
| Due soldier at date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
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| This soldier thas that a Class E allotment running which has pay to include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
| The second secon | , 19                       |
| This soldier has authorized a Class D deduction for Government been deducted from his pay to include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| His character is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
| Efficiency rating as soldier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |
| I have personally verified all entries in this indersoment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
| (Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |

### FINAL INDORSEMENT

|   | Atchd Unasgd Sec 1" 2528th AAFBU                                                                                                                                                                                                                                          |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | MAAF, Midland, Texas                                                                                                                                                                                                                                                      |
| , | 3 November , 1944                                                                                                                                                                                                                                                         |
|   | To The Adjutant General:  BOLDEN George C. 3371,011  (Last name) (First name) (Middle initial) Army serial No.)  Aviation Cadet 2528th AAFBU  (Granization)  (Grade)  was separated from the service by reason of Honbly Disch COC.  (State specific gauge, See par, 27g, |
|   | to accept Commission as 2nd Lt., AUS.  AR 345-125) on 3 November 1944  at MAAF, Midland, Tex. authority Sec 4, AR 615-360                                                                                                                                                 |
|   | Retained in service Q days to make good time lost (A. W. 107).                                                                                                                                                                                                            |
|   | Absent from dutyQ days subsequent to normal date of expiration of term of enlistment.                                                                                                                                                                                     |
|   | Retained in service days for convenience of the Government on account of                                                                                                                                                                                                  |
|   | His character is Excellent  Efficiency rating as soldier Excellent                                                                                                                                                                                                        |
|   | *Biok Miscomenk Directished. *Paid on final pay roll. *Discharge certificate furnished, W. D., A. G. O. Form No. 55, MG/SK  Due United States; if nothing, so state                                                                                                       |
|   |                                                                                                                                                                                                                                                                           |
| • | †Due soldier at date of _Disch: Accrued Pay & Alws.                                                                                                                                                                                                                       |
|   | Address furnished for future references: 3476 Webster Ave. (Number and street or rural route)  Pittsburgh Pa                                                                                                                                                              |
|   | Pittsburgh  (City, town, or post office)  Receipt of Discharge Certificate is acknowledged.                                                                                                                                                                               |
|   | Signature of Soldier: Leage & Bolden                                                                                                                                                                                                                                      |
|   | I have verified the foregoing entries.                                                                                                                                                                                                                                    |
|   | Name signed                                                                                                                                                                                                                                                               |
|   | Name typed or printed S. F. WOU NSKI                                                                                                                                                                                                                                      |
|   | WOJG USA, Ass! Pers Officer (Grade and organization)                                                                                                                                                                                                                      |

\*Strike out words and figures not applicable.
†Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.

<sup>\*</sup>Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state. †Strike out words not applicable.

| Initials                                | Name, grade, and organization<br>(Typewritten or printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| West.                                   | EARL G. KENNEDY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                         | CAPTAIN, AUS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| alle                                    | N. G. TREISTER, 2nd Lt., AUS, Asst Rorg. & Ind. O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| MAB                                     | M. H. BICKHAM, 2d. LT., WAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| CON                                     | ALLEN V. ROZELLE 1st. LT. A. C. Asst. Personnel Add.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| He                                      | D. CHARLET, 2nd LT. WAC Ass't Personnel Adjutant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| WARE                                    | WALTER H. ENGLISH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| JAP                                     | THEODORE H. RANDA L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 2000                                    | HENRY P. MILES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| - MI                                    | 2nd Lt., Sig. Corps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 1                                       | GEORGE C. HUNTER  2nd Lieut., Air Corps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| - Ein                                   | WALLACE C. COLLING, JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                         | ASST. PERSONNAL OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| MK                                      | HAROLD G. KNAPP<br>W. O. J. G., U. S. A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| spre                                    | - HARRY M. CRISMAN,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                         | 1ct IT_AIR_COCRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                         | SF WOJINSKI WOJO USA<br>2522 TO AAF Base Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
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|                                         | U.S. GOVERNMENT PRINTING OFFICE 10-25259-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

### COMMONWEALTH OF PENNSYLVANIA WORLD WAR II VETERANS' COMPENSATION BUREAU HARRISBURG, PENNSYLVANIA

Batch No. 21838

Dear Applicant:

We are returning herewith your Original Discharge, Certificate of Separation, and/or related papers. Your claim for the Pennsylvania World War II Veterans' Compensation has been approved for payment as follows:

| Domestic Service - Menths | 27 Amount \$ 270 |
|---------------------------|------------------|
| Foreign Service - Months  | Amount \$        |
| Total Amount Payable      | \$ 270           |

The law provides compensation for Active Service between December 7, 1941 and March 2, 1946, both dates inclusive. The MAXIMUM Payment is \$500.00.

If incorrect, return this form to Bureau with notation thereon, and your name and address.

Your check in payment of this claim will be mailed to you within the next six weeks.

Very truly yours

Directer

Form AB29A-700,000 Revised 6/15/50



OFFICE OF THE ADMINISTRATOR OF VETERANS AFFAIRS

### DEAR FELLOW VETERAN:

I congratulate you upon completion of your service in the armed forces and for your part in bringing to a conclusion a two-front war which resulted in the unconditional surrender of the Axis Powers.

Having been appointed by the President as Administrator of Veterans Affairs, I want to state generally the provisions made by our Government for you and other veterans.

Among the benefits that you may be entitled to are compensation for disabilities, hospitalization, home, farm and business loan guarantee, readjustment allowances, insurance, rehabilitation and vocational training, educational courses, assistance in obtaining employment and provision for your dependents.

Eligibility for each one is dependent upon the facts in the individual case.

If you are interested in any of these provisions, you should write or contact the Veterans Administration office nearest your home. For your convenience, there is, on the reverse of this letter, a list of the Regional Offices with the address of each office.

I feel I should warn you the last deduction for your Government insurance premiums has been made from your service pay. This means from now on you must make these premium payments directly to the Collections division, Veterans Administration, Washington 25, D. C.

DON'T LET YOUR INSURANCE LAPSE! YOU OWE THIS TO YOURSELF AND YOUR FAMILY.

I assure you that the Veterans Administration stands ready to serve you.

Sincerely yours,

Dmar M. Bradley

OMAR N. BRADLEY, General, U. S. Army, Administrator.

### WAR DEPARTMENT

### THE ADJUTANT GENERAL'S OFFICE



IN REPLY

AGPR-A 201 (addressee shown below)

20 January 1947

SUBJECT: Appointment in the Officers' Reserve Corps, under Section 37, National Defense Act, as amended

TO:

1st Lt. George C. Bolden, Air-Res. 3476 Webster Avenue
Pittsburg 19, Pennsylvania
0-2075526

- 1. By direction of the President you are appointed in the Officers' Reserve Corps, Army of the United States, effective this date, in the grade, section and with serial number shown under address above.
- 2. There is inclosed herewith a form for oath of office, which you are requested to execute and return promptly to this office. The execution and return of the required oath of office constitute an acceptance of your appointment. No other evidence of acceptance is required. Upon receipt in the War Department of the oath of office, properly executed, a commission evidencing your appointment will be sent to you.
- 3. Prompt action is requested since the regulations require cancellation of the tender of appointment if acceptance is not received within a reasonable time.
- 4. You will not perform the duties of an officer under this appointment until specifically called to active duty by competent authority.
- 5. Any change in permanent home address will be reported to reserve military area, district, unit, or Army (ZI), Air Force (ZI), or Department headquarters. Forms for submitting change of address may be secured from headquarters referred to in this paragraph.

lder Oh

BY ORDER OF THE SECRETARY OF WAR:

2 Incls

1. Form for oath of office

2. Envelope

EDWARD F. WITSELL Major General

The Adjutant General

Copies Furnished:

CG, AAF

CG, 11th Air Force

SQUADRON "X" 318TH AAF BASE UNIT (SEPARATION POINT) LOCKBOURNE ARMY AIR BASE COLUMBUS 17, OHIO SUBJECT: Appointment under Section 37, A. Pirst Lieutenant AC National Defense Act, as amended. First Lieutenant George C. Bolden B. 0-2075526 3476 Webster Ave, Pittsburgh, 19 Pa. 1. The Secretary of War has directed me to inform you that by direction of the President, you are tendered appointment in the Officer's Reserve Corps, Army of the United States effective this date, in the grade and section shown after A above. Your serial number is shown after 2. There is inclosed herewith a form for Oath of Office which you are requested to execute and return promptly to the agency from which it was received by you. The execution and return of the required Oath of Office constitute an acceptance of your appointment. No other evidence of acceptance is required. Upon receipt in the War Department of the Oath of Office, properly executed, a commission evidencing your appointment will be sent to you. 3. Prompt action is requested since the regulations require cancellation of the tender of appointment if acceptance is not received with-4. You will not perform the duties of an officer under this appointment until specifically so directed by competent orders. 5. Whenever your permanent address is changed, it is important '5 that you notify all concerned, using the inclosed Personal Report form. Welson Brooks NELSON S. BROOKS Lt. Colonel, Air Corps Commanding Inclosures: Form for Oath of Office Personal Report form.

# Army Air Forces

Honor \* Efficiency \* Fidelity

This Certificate of Achievement is awarded to

FIRST LIEUTENANT GEORGE C. BOLDEN

in appreciation for valued services with the Army Air Forces

For the Commanding General, A.A.F.

NELSON S. BROOKS Lt Col, Air Corps

Commanding

5 November 1946

Date



SEPARATION POINT LOCKBOURNE ARMY AIR BA COLUMBUS 17, OHIO

5 November 1946

SPECIAL ORDERS )

NUMBER 5)

1: Par 2, SO 4, this Sep Point, is revoked. (Re: O's rel fr AD).

. 2. DP fol named O's (AC) (N) (Comp indicated), atchd unasgd this Sep Point, are granted ly of abs eff 5 Nov 46 for number of days indicated, WP home (addresses indicated) to arrive thereat on dates indicated to revert to an inactive status not due to physical disability. Temp apmts in AUS will continue in effect during period of present emerg plus six (6) months unless sooner terminated DP. AUS-AC apmts terminate EDCMR date. \*TDN 701-32 P 431 +02 A 2170425 S99-999. (Auth: Sec II, WD Cir 290/45) \*TPA.

|   | NAME RANK ASN                                        | ACCEPT COMMISSION ORC | DAYS<br>IN TIME<br>AUTH | EFF DATE<br>REL FR AD | AUTH WD<br>AGO FORM | HOME ADDRESS                                                |
|---|------------------------------------------------------|-----------------------|-------------------------|-----------------------|---------------------|-------------------------------------------------------------|
|   | RCGER B GAITER<br>CAPT,0-321910 AU                   | Yes<br>'S             | 60                      | 3 Jan 47              | 53-98               | 136 Sheridan Ave<br>Seaside Heights, NJ<br>County unknown   |
|   | CLARENCE W DART<br>CAPT,0-814628 AU                  | Yes<br>S              | 60                      | 3 Jan 47              | <b>53-</b> 98       | 506 Dewitt Ave<br>Elmira, NY<br>Chemung County              |
|   | CLARENCE G SOUTH<br>CAPT,0441996 CRC                 | ALL Yes<br>(Inf Res)  | 60                      | 3 Jan 47              | 53-93               | 2311 Shannon #1, SE<br>Washington, DC                       |
|   | WILLIE H FULLER<br>1ST LT,0-791534<br>ORC (Air Res)  | Not appli-<br>cable   | 60                      | 3 Jan 47              | 53-98               | Route 3, Box 84<br>Tarboro, NC<br>Edge Comb County          |
|   | LINCOLN T HUDSON<br>1ST LT,0-835326                  | Yes                   | 49                      | 23 Dec 46             | 53-98               | 424 E 40th St<br>Chicago, Ill<br>Cook County                |
|   | WYLIE W SEIDEN<br>1ST LT,0-807108 (                  | Yes<br>NUS            | 60                      | 3 Jan 47              | 53-98               | 496 N Garfield Ave<br>Pasadena, Calif<br>Los Angeles County |
|   | LLOYD G SINGLETAR<br>1ST LT,0-798953<br>CRC(Air Res) | Y Not appl-<br>icable | 60                      | 3 Jan 47              | 53-98               | 1116 Fippin St<br>Jacksonville, Fla<br>Duvalle County       |
| - | GEORGE C DOIDEN<br>LST LT,0-2075526                  | Yes<br>AUS            |                         |                       |                     | 3476 Webster Ave<br>Fittsburgh, Pa<br>Allegheny County      |
|   |                                                      |                       | -                       | 1 -                   |                     |                                                             |

RESTRICTED

| SO 5. Separation Point, Lock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | bourne 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G. 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| EDWARD D HUDSON Yes<br>1ST LT,9-1548852 Ord Dept Au                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                          | 1628 Amsterdam Ave<br>New York, NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| JAMES V KENNEDY Yes<br>2D LT, 0-341271 AUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 2D LT,0-843348 AUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 2D LT, 0-1048706 AUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| SO 5, Sep Point, 1                       | kbourne & | AD, Colum | bus 17, C, 5 | N. 46 pa | r 2 contd                                                      |
|------------------------------------------|-----------|-----------|--------------|----------|----------------------------------------------------------------|
| CARL D BANKS .<br>1ST LT,0-2080863 AU    | Yes<br>S  | 37        | 11 Dec 46    | 53-98    | 1937 S Hobart Blvd<br>Los Angeles, Calif<br>Los Angeles County |
| LINCOIN J RAGSDAIE<br>2D LT,0-843349 AUS | Yes       | 32        | 6 Dec 46     | 53-98    | 303 E Main St<br>Ardmore, Okla<br>Carter County                |
| HENRY M MESIAH<br>2D LT, 0-937274 AUS    |           | 29        | 3 Dec 46     | 53-98    | 1120 S 23d St<br>Philadelphia, Pa<br>Philadelphia County       |
| FRANK B SANDERS<br>1ST LT,0-2080926 AU   |           | 23        | 27 Nov 46    | 53-98    | 1937 S Hobart Blvd<br>Los Angeles, Calif<br>Los Angeles, Calif |
| LUTHER E MCILVAIN<br>2D LT,0-2088160 AUS | Yes       | 26        | 30 Nov 46    | 53-98    | 1103 Queen St<br>Columbis, SC<br>Richland County               |

BY ORDER OF LT COLONEL BROOKS:

JUNIUS R SLVAGE

lst Lt., Air Corps Asst Adjutant JUNIUS R SAVAGE 1st Lt., Air Corps Adjutant

OFFICIAL:

- 3 -

RESTRICTED

### MILITARY RECORD AND REPORT OF SEPARATION CARD PURCLED Separation CERTIFICATE OF SERVICE 1. LAST NAME - FIRST NAME - MIDDLE INITIAL 2. ARMY SERIAL NUMBER 5. COMPONENT Bolden George C 0-2075526 letlt AUS 6. ORGANIZATION 7. DATE OF RELIEF FROM ACTIVE DUTY 8. PLACE OF SEPARATION Lockbourne Army Air Fase "F" 318th Army Air Force B.U. 11 Dec 46 Columbus 17 Ohio 9. PERMANENT ADDRESS FOR MAILING PURPOSES 11. PLACE OF BIRTH 10. DATE OF BIRTH 3476 Webster Ave Pittsburgh Penna 2 Sept 25 Pittsburgh Pa 12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT 13. COLOR EYES 14. COLOR HAIR 15. HEIGHT 16. WEIGHT 519" See 9 Grey Bran 180 0 20. U.S. CITIZEN 21. CIVILIAN OCCUPATION AND NO. RACE MARITAL STATUS other (specify) SINGLE MARRIED OTHER (specify) YES Student 00.999 MILITARY HISTORY 23. LOCAL S. S. BOARD NUMBER 24. COUNTY AND STATE 22. REGISTERED 25. HOME ADDRESS AT TIME OF ENTRY ON ACTIVE DUTY SELECTIVE Allegheny See 9 #5 Penna 26. DATE OF ENTRY ON ACTIVE DUTY 27. MILITARY OCCUPATIONAL SPECIALTY AND NO. 16 Dec 43 Pilot (TE) 1051 28. BATTLES AND CAMPAIGNS None 29. DECORATIONS AND CITATIONS Victory Medal World Wer II American Campaign Wedsl 30. WOUNDS RECEIVED IN ACTION None 31. SERVICE SCHOOLS ATTENDED TAAP TUSKEGES ALE SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN DATE OF DEPARTURE DESTINATION DATE OF ARRIVAL MAAF Midland Tex Tyndall Fld Fla 33. REASON AND AUTHORITY FOR SEPARATION Sec II WD Cir 290 1945 CURRENT TOUR OF ACTIVE DUTY 35. CONTINENTAL SERVICE EDUCATION (years) FOREIGN SERVICE MONTHS YEARS MONTHS GRAMMAR SCHOOL DAYS HIGH SCHOOL COLLEGE 10 X X

| 36. KIND OF INSURANCE       | 37. HOW PAID             | AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.  38. EFFECTIVE DATE OF ALLOT- 39. DATE OF NEXT PREMIUM 40. PREMIUM DUE 41. INTENTION OF VETERAN TO |
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| NAT. SERV. U. S. GOVT. NONE | ALLOTMENT DIRECT TO Y.A. | 31 Dec 1946 51 Jun 47 5 6.40 X 5                                                                                                                                                         |

| Right I                    | BIGHT TH    |       |        |        |       |            |      | y of other | tiems speci, | ified in W. D. Directives)                   |
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| 99 // Hd                   | TEAR        | CAUSE | AREA   | Cont.  | D21e  | TVG        | MO.  | YEAR       | CAUSE        | Cont. Date                                   |
| WHAT THE RELIEF FRO        | HA ACTIVE D | 917   |        |        | -     | DISCHARGE  |      |            |              |                                              |
| SIGNATURE OF OFFICER BEING | SEPARATED   | ldeix | 45. PE | RSONNE | L OFF | ICER (Type | hame | grade and  | d organizat  | tion - signature)                            |

1 November 1944

SERVICE

DATA

YEARS

280 for officers entitled to a Certificate of Service, which will not be used after receipt of this revision.

3. SERVICE COMMAND COPY AC-20 1-LTF 29 11K46

### ALLOTMENT DISCONTINUANCE NOTICE UPON DISCHARGE OR RELEASE FROM ACTIVE DUTY

No. B 979976"

| LAST           | NAME . FIRST NAM | ME - MIDDLE INITIAL                 |                                         | DATE OF BIRTH, IF AVAILABLE |                   | REASON FOR SEPARATION                           | DATE OF SEPA      | RATION         | ARMY SERIAL NUMBER          |
|----------------|------------------|-------------------------------------|-----------------------------------------|-----------------------------|-------------------|-------------------------------------------------|-------------------|----------------|-----------------------------|
| BOL            | DEN. GEO         | SPACE PROVIDED BEL                  |                                         | 2 Sept.                     | The second second |                                                 |                   |                | 02075526                    |
|                |                  | R ALLOTMENT NOW I                   |                                         |                             |                   | MANENT ADDRESS FOR                              |                   |                |                             |
| ALLOT-<br>MENT | AMOUNT (1)       | MONTH AND YEAR<br>(First Deduction) | FINAL DEDUCTION<br>MADE FOR<br>MONTH OF |                             | 34,               | 76 mebster                                      | ve.,              | Pitts          | burg, Pa/                   |
| N              |                  |                                     |                                         |                             |                   | LY ALLOWANCE APPL<br>BER, IF IN SERVICE I       |                   |                |                             |
| 14             | 6.40             | 16 Dec 42                           | 31 Dec 4                                | 6                           | X                 |                                                 |                   |                |                             |
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| F              |                  |                                     |                                         |                             | TYPED (No         | NAME, GRADE, AND TITLE O<br>Signature Necessary | ) PERSONNEL OR DI | SBURSING OFFIC | ER EFFECTING DISCONTINUANCE |
|                |                  |                                     |                                         |                             | 7.                | . TILLMAN                                       | Gol.,             | FD             |                             |

W. D., A. G. O. Form No. 30-S 1 September 1944 This form supersedes W. D., A. G. O. Form No. 30-S, 1 July 1944, which may be used until existing stocks are exhausted. 6 PARTS

To: OFFICE OF DEPENDENCY BENEFITS CLASS F ALLOWANCE DIVISION Newark 2, New Jersey

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WAR DEPARTMENT
Form No. WD 384b
Form Prescribed by the Comptroller General, U.S.
12 August 1944

# WAR DEPARTMENT OFFICERS' PAY, ALLOWANCE, AND MILEAGE VOUCHER

D. O. VOUCHER NO.

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HEADQUARTERS
LOCKBOURNE ARMY AIR BASE
COLUMBUS 17, OHIO

SPECIAL ORDERS)

1 November 1946

Ward Room

NUMBER 236)

EXTRACT

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11. Fol named 0's AC (N) orgns indicated this sta, are reld fr asgmt and dy thereto, and atchd unasgd to Sq X 318th AAF BU (Base Services) this sta, for Separation, 0's are under adm and comd control of CO Lockbourne AAB, Separation Foint, Columbus, 17 Ohio. EDCMR 4 Nov 46.

2D LT 1035 MCC 00.999 FRANK B SANDERS, 02080926

2D LT 2110 MCC 01.340 SAMUEL T VIISON, 02023244 2D LT 1035 MCC 01.573 CARL D BANKS,

Sq F 318th AAF DU (Base Services) CAPT 1055 MCC 00.999 CLARENCE W DART, 0814328 CAPT 4822 MCO 00.999 CAPT 1055 MCO 86.910 ROGER D GAITER, 0821910 CLARENCE G SOUTHALL IST LT 4805 MCO 07.961 EDWARD D HUDSON, 03548852 0441.996 1ST LT 1055 MCC 89.532 WILLIE H FULLER, 0791534 1ST LT 5004 MCO 86.560 JOSEPH L NEWSCHE, 0536287 2D LT 1081 MCO 00.999 MARCELLUS L FUNTER, 0843348 1ST LT 4821 MCC 05.760 PEARLEE E SAUNDERS, 0798951 1ST LT 1035 MCC 01.571 WYLIE W SELDEN, 080/108 IST LT 1051 MCC 00.999 GEORGE C BOIDEN,02075596 1ST LT 1055 MCC 04.952 LINCOIN T HUDSON, 0835326 2D LT 1035 MCC 05.035 HENRY M MESIAH, 0937274 2D IT 1054 MCC 00.999 LINCOIN J RAGSDAIE, 0843349 2D LT 1051 MCC 00,999 WILLIAM & RESLIE, 02082651 1055 MCO 30,130 LLOYD G STUGISTIRY, 0798953 2D III Sq W 378th Las JU (Lase Services) 1ST LT 2136 MCC 74.400 MARY L MILLIR, LSC1002

617th Bomb Sq (M), 477th Composite Group

2D LT 1051 MCC 50.997 RCHERT S ERG.N, 01043706

2D IT 1051 MCC 05.013 JLMES V KENNEDY, 0841271

2D LT 1035 MCC 00.999 WILLIAM S ANDERSON, 62075524 2D LT 1051 MCC 88,903 ARTHUR C HARMON, 02082595

2D LT 1036 MCC 04.870 CHERIES ! DUNN, 02078773

2D LT 1035 MGO 07.970 IENUEL T VCCDIEY, 02075582

Hq, 477th Composite Gp

# SC 236 Hq LAAB Columbus, C 1 Nov 46 cont'd

DY ORDER OF COLONEL DAVIS:

JUNIUS R SAVAGE 1st Lt., Air Corps Asst Adjutant

OFFICIAL:

JUNIUS R SAVAGE

lst Lt., Air Corps. Asst Adjutant

DISTRIBUTION "C"

HEADQUARTERS
LOCKBOURNE ARMY AIR BASE
COLUMBUS 17, OHIO

SPECIAL ORDERS)

1 November 1946

NUMBER 236)

EXTRACT

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Sq F 318th AAF BU (Base Services) CAPT 1055 MCC 00.999 CLARENCE W DART, 0814328 CAPT 4822 MCO 00.999 CAPT 1055 MCC 36.910 ROGER D GAITER, 0321910 CLARENCE G SOUTHALL 1ST LT 4805 MCO 07.961 EDWARD D HUDSON, 07548852 0441.996 1ST LT 1055 MCC 89.532 WILLIE H FULLER, 0791534 1ST LT 5004 MCO 86.560 JOSEPH L NEWSCOR, 0586287 2D LT 1081 MCO 00.999 MARCELLUS L FUNTER, 0843348 1ST LT 4821 MCC 05.760 PEARLEE B SAUNDERS, 0798951 1ST LT 1035 MCO 01.571 WYLIE U SELDIM, 080/103 IST LT 1051 MCC 00.999 GEORGE C BOIDEN,02075596 IST LT 1055 MCC 04.952 LINCOLN T HUUSCN, 0835326 2D LT 1035 MCO 05.035 HENRY M MESIAH, 0937274 2D LT 1054 MCO 00,999 LINCOLN J RAGSDAIE, 0843349 2D LT 1051 MCC 00.999 WILLIAM 4 LESLIE, 02082651 2D HT 1055 MCC 30,130 LLOYD G SINGLETURY, 0798953 Sg W 378th AAF DU (Dase Services) 1ST IF 2136 MCC 74.400 MARY L MILLER, 1301002

617th 3omb Sq (M), 477th Composite Group

2D LT 1051 MCC 50.997 RCHERT S BRUIN, 01043706

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2D LT 1051 MCO 88.903 ARTHUR C HARMON, 02082595

2D LT 1036 MCO 04.870 CHARLES W DUNN, 02078773 2D LT 1035 MCO 07.970 LENUEL T WCCDLEY, 02075582

Hq, 477th Composite Gp

# SO 236 Hq LAAB Columbus, 0 1 Nov 46 cont'd

DY ORDER OF COLONEL DAVIS:

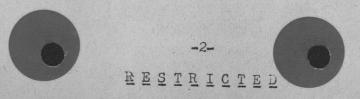
JUNIUS R SAVAGE 1st Lt., Air Corps Asst Adjutant

OFFICIAL:

JUNIUS R SAVAGE

1st Lt., Air Corps
Asst Adjutant

DISTRIBUTION "C"



### BILLETING OFFICE LOCKBOURNE ARMY AIR BASE COLUMBUS 17 OHIO

29 October, 1946 (Date)

### OFFICERS CLEARANCE SHEET

NOTE: Form to be accomplished in duplicate; original to be turned in to Officers' Section, Base HQ.

BOLDEN, GEORGE C. 1st Lt. 0-2075526 318 AAF BU Sq. F

(Name) (Rank) (ASN) (Organ)

Purpose of Clearance: separation Authority: 50 5 PAR 2

- 1. I cortify that I have settled all indeltness with Officers' Club, Officers' Moss, Officers' BOQ, or Officers' Cuest House.
- 2. I Jaraber certify that I have turned in all property drawn from BOQ Supply and that I have left my BOQ Room cleaned and orderly.

GEORGE C. BOLDEN

1st Lt.

(Rank and Organization)

Officers Club

Officers Moss

Officers BOQ

Officers Guest House

BOQ Number 7-17.

Room Number 2/
Room Inspection Satisfactory

(Condition)

LAAB Form # 18 (Revised 19 Mar 46)

HEADQUARTERS LOCKBOURNE ARMY AIR BASE COLUMBUS 17 OHIO

29 Octoob Date 1946

| BOLDEN.                                                           | GEORGE C.                                              | 0-2075526                                                        | XXX lst Lt. 31                                                                                                    | 19 AAR DIT CO                                         | TO                  |
|-------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------|
| Dogozz,                                                           | (Name)                                                 |                                                                  | ASN) (Rank                                                                                                        | 18 AAF BU Sq.                                         |                     |
| th Par                                                            | from Lockbourne<br>SO<br>Dated                         | AlB, Ohio on Headq                                               | 7 NN.46 1                                                                                                         | 9 in c                                                | compliance Address  |
| resented tigns this                                               | to the Assistant certificate wit                       | t Base Adjutant.                                                 | eate, signed by the or You are reminded that his accounts at the cial statement.                                  | hat an officer                                        | who                 |
| 11 RATED or rocure SIGupply Offi                                  | officers and non<br>GNATURES at all<br>icers (Station, | n-rated officers<br>places listed i<br>Organization, a           | at all places listed whose duties have in Table "B". Squadre and Technical) will procure to funds will procure to | nvolved flying<br>on Commanders a<br>procure SIGNATUR | and<br>RES in       |
| ffice<br>fficers Se<br>ed Cross                                   | T-1                                                    | See oul                                                          | Office Ordinance Supply Air Corps Supply                                                                          | T-536<br>T-536                                        | gnature<br>Lelianom |
| egal Board<br>ostal Offi<br>inance Off<br>illeting O<br>OQ Supply | icer T-3 fice T-4 Office T-9 T-15                      | S. R. Gurner                                                     | Personal Affairs Processing Central Clearance Personnel Services                                                  | T-536<br>T-403<br>T-403<br>T-403<br>T-402             | Sa Brillian         |
| Office<br>Base Operat<br>Parachute I                              | RATED OFFICERS Log bions 195 Department 195            | Signature                                                        | Base Library  LY Base Survey Off  Office  Personal Equipment                                                      | T-506 Rm                                              | alexande            |
| MBLE "C" S<br>ffice<br>Cost Engine                                | 2768                                                   |                                                                  | Group Personal Engineers.  ORGANIATI                                                                              | quipment<br>ION SUPPLY                                | J WIO               |
| ARLE "D" A<br>ffice<br>ir Inspect                                 | ALL CUSTODE S C                                        | Buffin                                                           | Office Budget & Fiscal                                                                                            | No. Sie                                               | nature              |
| chat I am naturned over<br>ments to se                            | not indebted to rall public fun                        | I have turned in any agency or deads for which I te indebtedness | all property issued epartment at this sta am responsible, and tincurres during my stank)                          | ation, that I h that I have mad                       | lave<br>le arrange  |
| pon comple<br>ssistant                                            | etion of clearar<br>Base Adjutant ar                   | ice, certificate                                                 | must be signed by the                                                                                             | he Base Adjutan                                       | it or               |

The above named officer is cleared by this Headquarters:

HEADQUARTERS
LOCKBOURNE ARMY AIR BASE
COLUMBUS 17, OHIO

SEE PAR&

20 September 1946

SIECIAL ORDERS)

NUMBER 204)

1. Pvt 590 MCC Clo William H Ross, 34483289 AC (N) Sq F 318th AAF BU (Base Services) this sta, is trfd in gr WF Sep C, Ft Bragg, NC to arrive prior to 1200 23 Sep 46 for disch fr AUS, thence WI home, Rt 2 Box 36 Decatur, Miss., in compliance with orders to be issued by CO Sep C, Ft Bragg NC. EM is to be given WD AGC Form 53-55 (Honorable Disc AUS) and is to be disch UF AR 615-365 and RR 1-1, Mail reed for EM after departure fr present sta will be fwd to hume address indicated and not to Sep C. FCS. EDCMR 23 Sep 46. (Auth: Msg AFTM 22 Btd 1 Jul 46)

RTO will furn nec tail T. PAC AR 30-2215, the RTO will determine and issue the number of meal tickets as the journey may require. TDN 701-52 P 431-02, 03, 07 S 99-999.

- 2. VCCO 19 Sep 46 1ST LT GEORGE E HARDY, 0-338029 AC (N) 99th Ft. Sq (SE), 477th Composite Gp this stahoving proceeded on TDY to Bolling Fld, Wash., DC for the purpose of participating in a civilian charity program at Griffith Stadium, Washington, DC., is confirmed and made a matter of record. Upon completion of TDY C will return to proper sta, Lockbourne AAB, Columbus, Chio TBMAA. No per diem auth.
- 3. IST LT 1055 MCO 01343 GECROE E HARDY, 0-838029 AC (N) 99th Ftr Sq (SE), 477th Composite Group this sta, is reld fr asgmt and dy thereto, and asgd to Sq F 318th AAF BU (Base Services) this sta, for dy as Asst Public Relations O (pdy). EDCMR 20 Sep 46.
  - 4. Ifc 766 MCC 324 Kenneth D Gernett, RA33803084 AC (N)having been as d this sta, per per 7 SO 171 Hq Orlando AAB, Orlando, Florida, dtd 28 Aug 46, VCCC 4 Sep 46 assigning EM to 477th Composite Group this sta, is confirmed and made a matter of record. EDCMR 4 Sep 46. EM auth Fifteen (15) days dolay enroute (fur) plus five (5) days travel time.
  - 5. Ifc 766 MCO Olo John W Carroll Jr., R&33819590 AC (N) having been asgd this ste per par 9 St 170 Hq Orlando AAB, Orlando, Florida, dtd 27 Aug 46, VCCC 4 Sep 46asaigning EM to 477th Composite Group this ste, is confirmed and made a matter of record. EDCMR 4 Sep 46. EM auth fifteen (15) days delay enroute (fur) plus five (5) days travel time.
  - 6. Lv of absence is granted 1ST LT GEORGE E HARDY, 0-838029 AC (N) Sq F 313th AAF BU (Base Services) this sta, for seven (7) days eff o/a 23 Sep 46. Address while on lv: 18111 Reed St., Philadelphia, Pa.

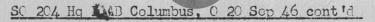
# SC 204 Hq 144B Columbus, 0, 20 Sep 46 contid

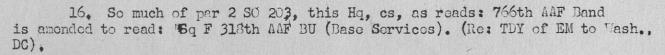
7. Under the provisions of Section V, AAF Reg 35-16 dtd 20 Oct 44, a Flying Evaluation Board is hereby aptd to consist of the fol named 0's.

| Control of the Contro |                       |          |           |
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| MAJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EDWARD G GLEED,       | 0794598  | President |
| MAJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WILLIAM A CAMPBELL,   | 0790453  |           |
| MAJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VANCE H MARCHBANKS JR | 0379380  |           |
| CLPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DUDLEY W WATSON,      | 0804563  |           |
| CAPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FITZRCY NEWSUM ,      | 0499854  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | JAMES T WILEY,        | 0790469  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WILLIE H FULLER,      | 0791534  | Recorder  |
| IST L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | F WILLIAM B ELLIS     | 01637362 | Defense   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |          |           |

- 8. T/5 055 MCO 405 Loretta C Marshall, A-235609 AC (N) WAC having been asgd this sta, per par 48 SO 257 Hq 1262d Area SU RC Ft Dix, NJ, dtd 17 Sep 46 VCCO 19 Sep 46 assigning EV to Sq V 318th AAF BU (Dase Services) this sta, for duty with Base Personnel, is confirmed and made a matter of record. EDCMR 19 Sep 46.
- 9. T/5 Loretta C Marshall, A-235609 AC (N) Sq U 313th AAF BU (Base Services) this sta, is promoted to the temp gr of CORPORAL, eff this date.
- 10. T/Sgt Ernest Vilson, RA18009139 AC (N) Sq F 318th AAF BU(Base Services) this sta, WT on TDY for apporx six (6) days eff o/a 24 Sep 46 for purpose of participating in athletic activities. EM will report to Director of Physical Tng, 42nd AAF BU, Maxwell Fld, Ala NLT 24 Sep 46. NEG. TBMAA.
- 11. So much of par 6 SO 198 this Hq, cs, as reads for approx twelve (12) days is amended to reads for approx twenty-two (22) days. (Re: 0's on TDY to Porrin Fld, Sherman, Texas).
- 12. Pfc Millard Smith, 8414009417 AC (N) Sq F 318th AAF BU (Base Services) this sta, is reld fr asgri and dy thereto, and atchd unasgd to Det of Patients this sta. EDCMR 20 Sep 46.
  - 13. Far 9 SO 202 this Hq, cs, is revoked. (Re: Amending another par)
- 14. So much of par 12 SC 175 this Hq, cs, as pertains to Cpl Alphonso Williams, RA36296573, 617th Bomb Sq (M) 477th Composite Group dtd 2 Aug 46 is amended to read: Sgt Alphonso Williams, RA35596573 99th Ftr Sq (SE) 6 Aug 46. (Re: Ext of enlmt of EM).
- 15. Cpl 405 MCO Barl E Lewis, RA35779478 AC (N) having been asgd this sta per par 22 SO 256 Hq AAF ORD, Greensboro, NC dtd 13 Sep 46, VOCC 19 Sep 46 assigning EM to 580th Air Service Group this sta, is confirmed and made a matter of record. EDCMR 19 Sep 46.

# RESTHICTED





- 17. VCCC 19 Sep 46 relieving Pvt 242 MCC 386 Lester C Johnson, RA1540 3974 MC (N) 99th Ftr Sq (SE), 477th Composite Gp, this sta, fr asgmt and dy thereto and atchd unasgd sta Hosp, Det of Patients, this sta, is confirmed and made a matter of record. EDCMR 19 Sep 46.
- 18. VOCC 17 Sep 46, Sgt 405 Floyd B Reubel, RA32177545 AC (N) Hq, 477th Composite Group this sta, having extended enlistment fr one (1) yr to three(3) is confirmed and made a matter of record. EDCHR 17 Sep 46.
- 19. 1ST LT GEORGE C BOLDEN, 0-2075526 AC (N) Sq F 318th AAF BU (Base Services) this sta, is aptd Supply Laison 0, in addition to other duties, eff this date.
- 20. VCCC 18 Sep 46 relieving 1ST LT WALTER N GOINS, 0582758 AC (N) Sq F 318th AAF BU (Base Services) this sta, from flying dy due to physical reasons and not due to Aircraft accident, is confirmed and made a matter of record. EDCMR 18 Sep 46 (Auth: par 4c (1) AAF Reg 35-16 dtd 20 Oct 44)
- 21. So much of par 12 So 203 this Hq, cs, as reads CAPT JOHN W CORDICE 0-460314 is amended to read: 2D LT VALJEANNE TAYLOR, M-2125 Sq H 318th AAF BU (Base Services) this sta. (Re: O on TDY to Ft Belvoir, Va.)
- 22. So much of par 8 SO 199 this sHq,cs, as reads Cpl Harvey Gordon, RA13197194 is amended to read: Pvt Harvey Gordon, RA13197194. (Re: EM asgd to 530th Air Service Gp).

BY ORDER OF COLONEL DAVIS:

LINSEY JSAMFORD 1st Lt., Air Corps Asst Adjutant

OFFICIAL:

lst Lt., Air Corps

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12 September 1946

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2. Fol named Officers, AC, (N) Sq F,313th AAF BU(Base Services) this sta, are asgd to Section indicated for primary dutes as indicated, VOCO dates indicated; are confirmed and made a matter of fecord:

Flight "B"

No dy asgmt

2D LT JUSETH H BLAYLOCK, 0-843000 2D LT WESLEY D HURT, 0-843009 2D LT CLARACE JOHNSON, 0-843006 2D LT JAMES T MITCHELL JR, 0-934963 F/O FERDINAND & HARDY JR, T-149969 LST LT JUHN E ELVARDS, 0-835407

| SECTION                              | N A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EFF DATE  |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1ST LT RALLH L TUINER, 0-2001938     | Asst Billeting O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8 Sep 46  |
| 1ST LT LINCOLN T HUDSON, 0-835326    | Asst Base Postal O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7 Sep 46  |
| vice                                 | 2D LT RUSSELL GREENFIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |
| 0-589                                | 379 reld.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |
| IST LT VASHINGTON D NOSS, 0-314204   | Asst Ground Safety O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9 Sep 46  |
| ZU LI BUGENE U VILLIAMS, 0-843108    | Base Theatre O vice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3 Sep 46  |
| IST L                                | T ROBERT N GARDNER,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |
| 0-577                                | 646 reld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |
| 2D LT MARCELLUS L HUNTLR, 0-843348   | Asst Base Records 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3 Sep 46  |
| IST LT RULL 1/ EELL, 0-2001990       | Asst Claims C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3 Sep 46  |
| IST LT LE IS J LYNCH, 0-835328       | Asst Mestage Center O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3 Sep 46  |
| 2D LT LINCOLN J RAGSDALE, 0-343349   | Asst Base Thoto C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3 Sep 46  |
| SECTION                              | ngn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |
| CAPT HANNIBAL M CCX, 0-828043        | Base Maintenance O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2 0 16    |
| IST LT TEARLEE E SAUNDERS, 0-798951  | No dy asgmt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3 Sep 46  |
| IST LT MILTON T HALL, 0-794599       | OIC Maintenance Shop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2 Sep 46  |
|                                      | The second secon | 2 00p 40  |
| SECTION                              | пСп                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |
| 1ST LT MODERT M MIEXANDER, 0-805590  | Personal Equip O vice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3 Sep 46  |
| vice                                 | 1ST LT ROBERT H SMITH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |
| 0-814                                | 203 reld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |
| IST LT JCHN L WHITEHEAD, JR 0-838035 | Asst Aero Repair O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 30 Aug 46 |
| 1ST LT GECAGE C BOLLEN, 0-2075526    | Local Issue 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 30 Aug 46 |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |

# SO 198 Hg LAAD, Columbus, O 12 Sep 46 par 2 cont'd

### FLIGHT "A"

CATT GCHD N M RATIA, 0-824841 Asst S-3 Schools 0 8 Sep 46

- DY CROEN OF COLCHEL DAVIS:

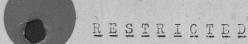
LINSEY J SANFORD 1st Lt., lir Corps "Asst Adjutant

CFFICIAL:

LINSEY J SINFCID 1st Lt., hir Corps Asst Adjutant

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15. VCCO 6 Sep 46, fcl named (fficers, AC\*(unless otherwise indicated) (N) Sq's indicated, 317th AAF BU(Base Services) this sta, are reld fr asgd orgas indicated and asgd Sq F,318th AAF BU(Base Services) this sta, is confirmed and made a matter of record. EDCAR 6 Sep 46:

| Sa A 27 Ch AND DITTORS Commissed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C o medo OD V |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| COL 1013 MCO Sq A.318th AAF BU(Dase Services) BENJAMIN O DAVIS JR 0-20146 RA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CATEGORY      |
| 15th In 0100 PUD 01 000 MINIMARIA O MARIAN O WARTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -             |
| 1ST LT 2120 MCO 01.036 THEINELL R ANDERSON, 0-575445 CAIT 9301 MCO 24.039 JOHN R BEVERLY JR. 0-571000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I             |
| the second secon | <u> </u>      |
| 1ST LT 1051 MCO 07.951 GEORGE R BOLLING, 0-789961                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ī             |
| 2D LT 1055 MCO 88.781 CHARLES V DRAHTIÉY, 0-2039316                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I             |
| LST LF 1055 LCO 00.999 CARL E CARRY, 0-338025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | II            |
| 2D LT 1054 MCO 01.270 J HN W CURTIS; 0-842531                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | II            |
| 1ST LT 5000 MCO 02.912 ROBERT N GARDNER, 0-577646                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | III           |
| CAIT 5310 HGO 98.382 FORD GIBSON, 0-510327 *ChC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | II            |
| 2D IT 2159 HCO Unk RUSSELL GREENFIELD, 0-509379                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V V           |
| 5310 NCO 98.317 J. NES C GRIFFIN. 0-025848                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RA            |
| 1ST LT 2110 MCO 02.066 CLEN E HAGUE, 0-568450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I             |
| IST IT 4110 MCO 01.360 CHARIES R HALL. 0-1239415                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | II            |
| CAIT 1055 MCO 00.999 RICHARD S HARDER. 0-321914                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ĪĪ            |
| 1ST LT 1081 MCO 05.035 JOHN L HARRISON, 0-817600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ī             |
| 2D LT 1054 MCO 00.999 BATRAND J HOLBERT, 0-8/1259                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ī             |
| CMT 1055 MCO 00.999 IECH DD H J.CKSCN. 0-801172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ī             |
| CAIT 1055 MCO 00.999 MEIVIN T JACKSON, 0-793708                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ī             |
| LST LT 1081 MCO 89.943 DANIEL JUMES JR, 0-809244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ī             |
| 2D LT 1051 MCO 05.579 JOSELH E JENKINS, 0-1320946                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | İ             |
| LST LT 1081 MC0 00.999 SILAS M JENKINS, 0-338168                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ī             |
| 1ST LT 1055 ECC 04.851 ANDREW JOHNSON JR, 0-839038                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ī             |
| 1ST LT 6402 MC086.997 MAURICE L JUHNS N 0-651033                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | II            |
| 2D LT 1051 HCO 00.999 THECTOLIS V JOHNSON, 0-342539                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |
| MAJ 2120 MCC 99.543 TERCY L JONES, 0-109751                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ī             |
| CAIT 1081 MCO 33.109 ELMORE M KENUEDY JR, 0-387720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | I             |
| MAJ 2161 MCO 00.999 GEORGE L KNOX, 0-709535                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I             |
| 1ST LT 2161 MCO 88.437 ROBERT LARRENCE, 0-164060                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 -           |
| 2D LT 1054 MCO 05.362 THOMAS W LOVE JR, 0-2102098                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I             |
| CLEE 2121 FOO DE CLO ATTITUTE IL HARRIO O COLLECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1             |
| CAIT 2121 MCO 86.640 ALBERT H MANNEIG, 0-804556                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I             |
| 1ST LT 1055 CO 05.303 HIRAN E MANN, 0-835329                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IĪ            |
| 1ST LT 1031 MCO 01.086 ANDREA 1 MASCIANA; 0-819454                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ī             |
| 1ST LT 1042 MGO 47.997 VILLIAM M ULDEN, 0-1292373                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I             |
| MAJ 8103 MCO 68.500 JAMES A MCIENDON, 0-1001634 *JAGD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I             |
| 1ST IT 5004 MCO 86.560 JUSEAH L DE SUIE, 0-586287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |

# SO 195 Hq LAAB, Columbus, O 9 Sep 45 var 15 cont'd

| CLFT 1055 MCO 89.933 HENRY R TEOLIES, 0-823056 CAIT 1055 MCO 00.999 WILLIAM S TRICE III, 0824345 MAJ 1055 MCO 86.523 IEE RAYFORD, 0-739437 . CAIT 2120 MCO 36.461 JAMES WREDDEN, 0-339059 2D LT 1051 MCO 04.810 ISIAH E ROBINSON JR, 0-843357 2D LT 1051 MCO 89.032 CLAUDE A ROME, 0-2102115 . 1ST LT 2136 MCO 86.623 LIMSEY J SAMFORD, 0-585781 1ST LT 2260 MCO 95.160 JUNIUS R SAVAGE, 0-1001456 1ST LT 200 MCO 30.397 WILLARD WSAVOY, 0-385611 1ST LT 2110 MCO 00.999 EDAMED C SILMONS, 0-582415 2D LT 1034 MCO 00.999 JAMES M SULLIVAN 0-2089046 CAIT 2210 MCO 82.997 CARL B TAYLOR, 0-1001695 CALT 2110 MCO 86.457 TAULUS C TAYLOR, 0-582499 CALT 1055 MCO 00.999 THEODORE A WILSON, 0-807115 2D LT 2110 MCO 01.750 FRANK O TITUS, 0-589904 MAJ 2121 MCO 83.604 GEORGE WEEB, 0-230090 1ST LT 7536 MCO 00.999 LRTHUR F WILLIAMS, 0-562597 2D LT 2110 MCO 01.340 SAMUEL T WILSON, 0-2023244 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2D LT 2110 MCO 00.999 KETNETH O VOFFORD, 0-342838 CAFT 1055 MCO 05:362 CARROL S MCODS, 0-811294                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

# Sq T,313th AAF BU(Base Services)

|         |        |          |                           | (BESTER) |
|---------|--------|----------|---------------------------|----------------------------------------------------------------------------------------------------------------------|
| CAIT 21 | .61 MC | ic 86    | 6.999 Dt                  | DIEY MULTISON, 0-304563                                                                                              |
| 1ST LT  | 3503   | MEO      | 02.662                    | VILLIAM R MATKINS, 0-584739                                                                                          |
| 1ST II  | 2510   | MCC      | 86.568                    | WILLIAM R WALLS, 0-531321                                                                                            |
|         |        |          |                           | DONALD N THOMESON, 0-333162                                                                                          |
| 1ST LT  | 1055   | MCC      | 01.430                    | ROBERT H SMITH, 0-314208                                                                                             |
| IST LT  | 1055   | MCC      | 02.041                    | LERCY ROBERTS JR, 0-830794                                                                                           |
| 1ST LT  | 1036   | MCC      | 02.279                    | EVERETT E RICHARDSON, 0-713053                                                                                       |
| CALT    | 1055   | MCO      | 00.999                    | CHARLES E McGEE, 9-307103                                                                                            |
| 2D LT   |        |          |                           | WILLIAM R LEWIS, 0-817591                                                                                            |
| CHIT    |        |          |                           | CLARINCE C JAMISON, 0-789120                                                                                         |
| 1ST LT  |        |          |                           | THOMAS HAY OFD JR, 0-713052                                                                                          |
| MAJ     | 2161   | MCC      | 34.130                    | ED AD C GLEED, 0-794598                                                                                              |
| 2D LT   | 1055   | MCC      | 00.999                    | JLC03 GREET ELL, 0-2090283                                                                                           |
| 1ST LT  | 1055   | 1.CO     | 86.567                    | ROBERT W DEIZ,0-792419                                                                                               |
| 2D LT   |        |          |                           | LEON V. CREED, 0-2075589                                                                                             |
| IST IT  |        |          |                           | MALTER A ARRINGT N, 0-713054                                                                                         |
| 1ST LT  |        |          |                           | LEE & ARCHER, 0-809236                                                                                               |
|         |        | T. C. S. | All and the second second |                                                                                                                      |

| Sq M. 313th MAF BU(Base Services)                       | 4    |
|---------------------------------------------------------|------|
| CATT 7010 MCC 40.306 MARL R INDERSON, 0-289970 (N)      |      |
| CAIT 4821 MCC 00.999 HERBERT E CLETER, 0-790454         |      |
| CLIT 1055 MCO 89.997 HERLERT V CLARK, 0-790455          |      |
| 1ST LT 1031 MCO 02.481 MILTON T Hall, 0-794599          |      |
| 1ST LT 0600 MCO 31.065 HIGHTO EN KEALING, JR, 0-1539304 | *QMC |
| CART 0600 MCC 00.999 FARD MCLAURIN, 0-1575056           |      |
| 1ST IT 1055 MCO 01.373 WYRAIN T SCHELL, 0-2023036       |      |

III I I II II II

SO 195 Hq LAAB, ( s. 0 9 Sep 46 par 15 cont

| IST LT 4902 MCO 01.571 WYLIE W SELDEN, JR, 0-307108 2D LT 4823 MCO 30.130 LLOYD G SINGLETARY, 0-798953 IST LT 1055 MCO 00.999 FLOYD & THOMASCN, 0-371292 2D LT 1051 MCC 05.836 FRANCIS R THOMASCN, 0-841275 IST LT 7130 MCC 11.997 EUGENE F TYREE, 0-1576754 *QMC LST LT 0600 MCC 00.999 JAMES & VRIGHT, 0-1576831 *QMC MAJ 2120 MCO 32.099 WILLIAM W WILSON, 0-901787 IST LT 4000 MCC 86.553 MANNIE M WATKINS, 0-580496 2D LT 4823 MCO 30.997 ALFRED L WOOLDRIDGE, 0-877465                                                                                                                                                                                                                                                                                                           | II                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Sq C. 313th AAF BU(Base Services)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| 1ST LT 2136 MCC C1.270 EUGENE F WHITE, 0-567072<br>1ST LT 2110 MCO 00.999 FRANK R ROBERTS, 0-566547<br>1ST LT 1051 MCO 01.270 N WALTER GOINS JR, 0-582758<br>2D LT 1055 MCO 00.999 TH MAS J DANIELS, III 0-936502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | II<br>II<br>I                                                       |
| Sq S.318th AAF BU(Base Services)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |
| 1ST LT 4000 MCC 63.405 JESSE W MENSIONTH, 0-564210 2D LT 1054 MCC 56.409 EARL N FRANKLIN, 0-342830  1ST LT 0600 MCC 02.421 ED ARD J GOODWIN, 0-1589228 *OMC  1ST LT 0600 MCC 99.146 DANIEL J HICKMAN, 0-1586661 *QMC  CWO 4902 MCC 32.132 CTIS W MEDDINGTON, W-2125625  2D LT 1054 MCC 89.532 MANFIELD SESSION, 0-842885  1ST LT 4222 MCC 01.050 WILLIAM RICHARDSON, 0-1576557  1ST LT 4805 MCC 07.961 ED ARD D HUDSON, 0-1548852  1ST LT 2136 MCC Wak WILLIAM H HUTCHESON, 0-1556150 *ORD  1ST LT 4000 MCC 89.453 GDCRGE M HUD MARD, 0-587649  2D LT 1034 MCC 00.909 THOMAS E HIGHSMITH, 0-2039039  CAPT 4419 MCC 86.442 JOHN E LAKE, 0-575402  NAJ 2120 MCC 00.999 ELMER D J NES JR, 0-3630052                                                                                       | II<br>I<br>II<br>II<br>II<br>II<br>II<br>II<br>II<br>II<br>II<br>II |
| SQ R.313th AAF BU(Base Services)  1ST LT 1051 MCC 00.999 GEORGE C BOLDEN, 0-2075526  1ST LT 1055 MCC 05.531 WILLIAM IN COURTNS, 0-335027  1ST LT 1055 MCC 04.952 LINCOIN THURST, 0-335326  1ST LT 1055 MCC 01.330 WASHINGTON D RCSS, 0-314204  1ST LT 4321 MCC 05.760 MINIMIDE E SAUNDERS, 0-793951  1ST LT 1055 MCC 08.970 D MAID N THOMASON JR, 0-336162  1ST LT 1055 MCC 01.230 WILLIAM C WALKER JR, 0-330795  1ST LT 1055 MCC 00.299 MULLID J WILLIAM C, 0-1632804  2D LT 1054 MCC 26.819 MINIMIDE H THOM JR, 0-343235  2D LT 1051 MCC 04.440 LANDENCE CARBOLL, 0-343235  2D LT 1051 MCC 05.360 EVERETT HELLIS, 0-2102018  F/C 1051 MCC 00.999 GH.KIES & BUN S, T-149988  F/C 1051 MCC 00.999 FERDINAND A HANDY JR, T-149989  1ST LT 1055 MCC 00.999 JOHN I WHITEHEAD JR, 0-338035 | III II                             |

### SC 195 Hq LAAB, Columbus, C 9 Sep 46 par 15 cont'd

| CAPT 1055 MOO 30.997 HA NIBAL M COX, 0-828048        |
|------------------------------------------------------|
| CAPT 1055 MCO 35.999 GORDON M RAI TER, 0-324341      |
| CATT 1055 HOO 05.725 Jules A WALKER, 0-804562        |
| 1ST LT 4821 MOC 56.590 ROBERT M ALEXANDER, 0-805590  |
| IST LT 1055 MCC 02.210 MULL W BELL, 0-2001990        |
| 1ST LT 1055 MCC 89.532 WILLIE H FULLWA, 0-791534     |
| IST LT 1055 MCC C8.820 GEORGE J ILES, 0-37930        |
| IST LT 1055 ECO 00.999 AT XAMDER JEFFERSON, 0-319461 |
| IST LT 1055 NGC 01.030 INVIS J LYNCH, 0-335328       |
| 1ST LT 1055 HOO 04.441 FRANK E RUBERTS, 0-319465     |
| 1ST IT 1055 MCO 01.340 HARRY T STELLART JR, 0-835330 |
| IST LT 1055 MCO 56.420 JUIN J SUGGS, 0- 804561       |
| 2D LT 1054 MCC 03.471 JUSEAH H BLAYLOCK, 0-343000    |
| 2D LT 1054 MCO 17.952 WESLEY D HURT, 0-843109        |
| 2D LT 1051 MCC 00.999 MARCELLUS L HUNTER, 0-843348   |
| 2D LT 1054 MCC 02.861 CLARENCE JUNSON, 0-843006      |
| 2D LT 1051 MCC 00.999 WILLIAM & LESLIE, 0-28/2/2/51  |
| 2D LT 1054 MCC 00.909 LINCOIN J RAGSDAIE, 0-243349   |
| 2D LT 1054 ECC 00.999 EUGETE W LILLIAMS, 0 0 3108    |
| 1ST LT 1055 MCC 00.999 JOHN E EDITIDS, 0-035107      |
| 2D LT 1035 MOC 05.035 HEMNY H MESIAH, 0-037274       |

BY (RDER OF COLONEL DAVIS:

JUNIUS R SAVAGE 1st Lt., åir Corps Asst Adjutant

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COLUMBUS 17 CHO



SPECIAL CRIDERS)

NUMBER 193)

EXTRACT

5 September 1946

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13. Fol named Officers, AC, (N) having been asgd this sta per par 8 SC 183 Hq Tuskegee AF, Tuskegee, Ala dtd 21 Aug 46, VCCO 30 Aug 46 assigning Officers to organ indicated, this sta, is confirmed and made a matter of record. EDCMR 30 Aug 46:

| 333.4. 3 3                   | 477th Composite Gp         | CATEGORY | DELAY ENROUT   |
|------------------------------|----------------------------|----------|----------------|
| 1ST LT 1051 MCO 00.999 JAMES | R TILITA'S, 0-2068903      | III      | Three (3) date |
|                              |                            |          |                |
| Sq R,                        | 318th AFRU (Base Services) | )        | (7)            |
| CAPT 1055 MCO 86.910 ROCER   | 3 GAITHER, 0+821910        | III -    | Tree (3)day:   |
| CAPT 1055 MCO 89.997 FREDDIE | E HUTCHINS, 0-301171       | I        | Two (2)days    |
| CAPT 1055 MCO 00.999 RICHARI | C PULLAM, 0-794601         | I        | Two (2) days   |
| 1ST LT 1051 MCO 00.999 GECRO |                            | III      |                |
| 1ST LT 1055 MCO 05.581 WILLI | AND NO DELIGHTS. 0-838027  | II       | Five (5)days   |
| 1ST LT 1055 MCO 04.952 LINCO | OIN T TIDS W. 0-835326     | II       | Eight (8) days |
| 1ST LT 1055 MCO 01.380 WASTE | NGTON D ROSS, 0-814204     | I        | Ten (10)days   |
| 1ST LT 4821 MCO 05.760 PEARL | EE E SAUNDERS, 0-798951    | F        |                |
| 1ST LT 1055 MCO 08.970 DCMA  | D N THOUSSON, JR, 0-838162 | II       |                |
| 1ST LT 1055 MGO 01.230 TIL   | TAN C WALKER JR, 0-830795  | II       | Eight (2) day: |
| 1ST IT 1055 MCO 00.990 ED A  | D J TILIA'S. 0-1692804     | I        | Six (6) days   |
| 2D LT 1054 MCO 26.619 REUSE  | I H BROWN.JR. 0-343235     | I        |                |
| 2D LT 1051 MCO 04.440 LATE   | THOY " CARROLL, 0-843235   | III      |                |
| 2D LT 1051 MCO 05.360 EVEN   | ETT 1 ELLIS, 0-2102018     | II       |                |
| F/O 1051 MCO 00.999 CHARLES  | A STRNS. T-149983          | I        | Five (5)daws   |
| F/O 1051 MCO 00.999 FERDIN   | AND A HARDY JR. T-149909   | I        | Four (4)days   |
| 1ST LT 1055 MCO 00.999 JOHN  | L "TITETEAD.JR,0-083035    | II       |                |
| 101 01 1                     |                            |          |                |

14. Fol named Officers, AC, (N) having been asgd this sta per par 4 SO 186 Hq Tuskegee AAF, Tuskegee, Ala dtd 26 Aug 46, VCCO 3 Sep 46 assigning Officer to Sq R, 318th AAF3U (Base Services) this sta, is confirmed and made a matter of record. EDCAR 3 Sep 46:

|                                                                                                | CATEGORY | DELAY ENROUTE   |
|------------------------------------------------------------------------------------------------|----------|-----------------|
| CAPT 1055 MCO 30.997 HANNIBAL M COX,0-828048<br>CAPT 1055 MCO 35.999 GORDON M RAPIER, 0-824841 | Ī        | Five(5)days     |
| CAPT 1055 MCO 05.725 JAMES A WALKER, 0-304562                                                  | I        | . Soven(7) lays |
| 1ST LT 4821 NO 56.590 ROBERT M ALEXANDER, 0-805500                                             | I        | Five(5)days     |
| 1ST LT 1055 MCO 02.210 RUAL W BELL, 0-2001990                                                  | II       | - (20):         |
| 1ST LT 1055 MCO 89.532 "HALE 4 FULLE, 04791534                                                 | I        | Ten (10)days    |
| 1ST LT 1055 1100 08.620 GEORGE J ILES, 0-37930 (RA)                                            | T        | Five(5) days    |
| 1ST LT 1055 MCO 00.999 ALEXANDER JEVELS OF 0-819461                                            | 14.      | 2210(0) 223     |

### SC 193 Hq LAAB, Columbus, O 5 Sep. 46 par 14 cont'd

| 1ST LT 1055 MCO 01.030 LE'IS J LYNCH, 0-335328<br>1ST LT 1955 MCO 04.441 FRANK E ROBERTS, 0-819465<br>1ST LT 1055 MCO 01.349 HARRY T STETART JR; 0-835330<br>1ST LT 1055 MCO 56.420 JOIN J 3UGGS, 0-804561 | II<br>I<br>I   | Ten(10)days<br>Ten(10)days<br>Seven(7)days |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------|
| 2D LT 1054 MCO 03.471 JOSEPH T BLAYLOCK,0-843000<br>2D LT 1051 MCO 00.999 MARCELLUS D HUNTER,0-843348<br>2D LT 1054 MCO 17.952 TESLEY D HUNT, 0-843109                                                     | III            |                                            |
| 2D LT 1054 MCO 02:861 CLATENCE JOHNSON,0-843006<br>2D LT 1051 MCO 00.999 WILLIAM A LESLIE, 0-2082651                                                                                                       | I              |                                            |
| 2D LT 1054 MCO 00.999 LINCOLN J RAGSDALE, 0-843349<br>2D LT 1054 MCO 00.999 EUGENE W WILLIAMS, 0-843108<br>1ST LT 1055 MCO 00.999 JCHN E EDWARDS, 0-835407                                                 | III<br>I<br>II | Four (4)days                               |

. BY ORDER OF COLONEL DAVIS:

JUNIUS IL SAVAGE 1st Lt. Air Corps Asst Adjutent

OFFICIAL:

JUNIUS R SAVAGE 1st Lt., Air Corps

Asst Adjutant

DISTRIBUTION "C"

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LAAB Form 18-A

# HEADQUARTERS LOCKBOURNE ARMY AIR BASE COLUMBUS 17 OHIO

3 Sept. 1946 (Date)

### OFFICERS REPORTING TO THIS STATION FOR ASSIGNMENT

All officers reporting to this Station for assignment will clear through each of the following organizations. Upon completion, this form will be turned in to Officers' Section. This form will be accomplished in duplicate.

| NAME BULDEN, GEORGE, C. RANK 1stlt.                                                                     | ASN 0-2075526         |
|---------------------------------------------------------------------------------------------------------|-----------------------|
|                                                                                                         | SO 183 PAR 8          |
| HEADQUARTERS TAAF, TUSKEGEE, ALA.                                                                       |                       |
| AERONAUTICAL RATING PILOT DATE OF LAST                                                                  | PROMOTION 5 June 1946 |
| The responsible officer of each of the following initial opposite the appropriate office as the officer | clears:               |
| BASE ADJUTANT our                                                                                       | Bldg Base P.E.O. RIN  |
| DIRECTOR OF ADM & SERVICES DV                                                                           | I-1 Bose Sargeon      |
| BASE FINANCE OFFICE DOW. Cres                                                                           | T-4 Post office J.B.  |
| BASE BOQ OFFICE Turay of Dones Maj. (KS)                                                                | T-7 BASE OPER-DU      |
| BASE PROVOST MARSHALL                                                                                   | T-                    |
| BASE PERSONAL AFFAIRS Blanche & Scott                                                                   | T-253                 |
| GROUP HEADOUARTERS 7.9. m.                                                                              | T- R                  |
| BASE SPECIAL ORDERS SECTION 45.                                                                         | T-1 Grand             |
| BASE LOCATER FILE SECTION 495                                                                           | T-1                   |
| BASE MESSAGE CENTER                                                                                     | T-1                   |
| BASE CENTRAL CLEARANCE OFFICEPS AND MILE                                                                | T-253                 |
| BASE PERSONNEL OFFICER                                                                                  | T-1                   |
| DISTRIBUTION: CLASSIFICATION OFFICE (1)                                                                 | _ T-2                 |
| DISTRIBUTION:  1 Copy Base Officers Section.                                                            | T-1                   |
| 1 Copy Group Files.                                                                                     |                       |



Remarks:

HEADQUARTERS
TUSKEGEE ARMY AIR FIEID
Tuskegee, Alabama

OFFICIAL FINAL CIE/RANCE

| RANK NAME                                                    | ASN                 | ORG NIZATION     |
|--------------------------------------------------------------|---------------------|------------------|
| PER. CHANCGE OF STATION PURPOSE OF CIER NOE                  |                     | AUTHORITY        |
| LOCKBOURN ARMY ATR BASE, COLI                                | IMBUS OHTO          |                  |
| Officer being alcowed much                                   | - content ouronigat | ions listed he-  |
| Officer being cleared must low before final clearance may    | be made through Ba  | se Clearance Off |
| FINANCE OFFICER OFFI                                         | OFFICER'S CLUB & B  | 02 28            |
| DENTAL CLINIC DHA LAW                                        |                     |                  |
| UNIT PERSONNEL X                                             | PERSONNEL PROCESSI  | NG HAM           |
|                                                              | D. TE 22            | any 46)          |
| The above named officer had cleared all organizations of the |                     | sfactorily       |

Seven & Lynck (JB)

1st lt hir Corps

Base Clearance Officer

### CERTIFICATE

I certify that I have turned in all property issued to me at this station and that I am not indebted to any agency or dept. at this station, except as indicated.

EXCEPTIONS: None

DATE: 27 aug 1946

CLE RED: 17 aleg 46

George C Bolden
POLI SIZNATURE OF OFFISER

Peones Collies

Oappa &

Adjutant

| Ap          | proved 20 June 45    | TU -IN SLIP                                      | JR/eh         | 4    | TURN-IN<br>SLIP No.                   |              |               |        |
|-------------|----------------------|--------------------------------------------------|---------------|------|---------------------------------------|--------------|---------------|--------|
| то          | SUPPLY, RECLAMATION  | N OR SALVAGE OFFICER                             | MEM<br>RECEI  | OPT  | PROPERTY<br>PROPERTY<br>CLASS         |              | Corps.        |        |
| FROM        |                      | OFFICIR, SODN. "B", CLOTHING POOL                |               | f.   | ACCOUNT<br>SYMBOL<br>WORK<br>ORDER NO |              | 2             |        |
| ITEM<br>No. | STOCK OR<br>PART NO. | NOMENCLATURE NOMENCLATURE                        | REMARKS       | UNIT | QUANTITY                              | UNIT<br>COST | TOTAL<br>COST | ACTION |
| 1           | 8300-290400          | Glasses-Plying Sun Comfort Cable                 | SER           | Pr.  | 1                                     | 33.25        | \$3,25        |        |
| 2           | 8300-486000          | Jacket-Flying Winter Type A-2,<br>Size 42        | SER           | Ze.  | 1                                     | 8.96         | 8.96          |        |
| 3           | 8300-792030          | Suit-Flying Summer Spec. AN-S-31<br>Size 38      | SER           | Ea.  | 1                                     | 8.57         | 8.57          |        |
| 4           | 8300-792040          | Suit-Flying Susmer Spec. AN_S-31<br>Size 40      | SER           | Ea.  | ì                                     | 8,57         | 8.57          |        |
|             |                      | enener-senengenenenenenenenenenen (III)          | <b>设有着各条条</b> | 4000 | ***                                   | *****        | ****          |        |
|             | NOTE: The            | above listed items is a credit to the Air Corps. | he accou      | nt o | £ Geor                                | ge C.        | Bolden,       | lst    |
|             |                      |                                                  |               |      |                                       |              |               |        |
|             |                      |                                                  |               |      |                                       |              |               |        |
|             |                      |                                                  |               |      |                                       |              |               |        |

### LEGEND FOR REMARKS

FWT.—Unserviceable, due to fair wear and tear.

R/S.—Unserviceable, report of survey.

S/C.—Unserviceable, statement of charges.

SER.—Serviceable.

EXS.-In excess of authorized allowances.

Quantities shown in "Action" column have been received.

(DATE)

STOREKEEPER

I CERTIFY that the articles listed herein are turned in under the circumstances indicated in "Remarks" column.

For the Commanding Officer:

Turn in of quantities shown if Quantity"

(DATE)

(FOR THE BASE ACCOUNTING OFFICER)

VOUCHER No.

A-47-D- 4080 14-12

16-44901-2

### LEGEND FOR REMARKS

| FWT.—Unserviceable, | due | to | fair | wear | and | tear. |
|---------------------|-----|----|------|------|-----|-------|
|---------------------|-----|----|------|------|-----|-------|

R/S.—Unserviceable, report of survey.

S/C.—Unserviceable, statement of charges.

SER.—Serviceable.

EXS.—In excess of authorized allowances.

| Quantit | ies show | n in | "Action" | column | have | been | received. |
|---------|----------|------|----------|--------|------|------|-----------|
|---------|----------|------|----------|--------|------|------|-----------|

(DATE) STORE

JAIE)

For the Commanding Officer:

circumstances indicated in "Remarks" column.

. 3950

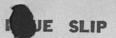
GRONGE CA EOLIORGANIZATION SUPPLY OFFICER.

(FOR THE BASE ACCOUNTING OFFICER)

I CERTIFY that the articles listed herein are turned in under the

Turn in of quantities shown in "Quantity" column is authorized.

STOREKEEPER VOUCHER NO. A-47-D



PAGE 1 PAGES

|             | SUPPLY OFFICER                      |                                                                                                |                 |                         |                 |                   |                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
|-------------|-------------------------------------|------------------------------------------------------------------------------------------------|-----------------|-------------------------|-----------------|-------------------|---------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|--|
| FROM        | AAF 309 SO                          |                                                                                                | T               | YPE OF IS               | SUE             | PROPERT           | ry A                | ir Co          | rps.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •          |  |  |  |  |
|             | Openium                             |                                                                                                | INITIAL         | REPLACE-<br>MENT        | MEMO<br>RECEIPT | PROPERTY 13       |                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| TO          | ORGANIZATION OR UI                  |                                                                                                |                 |                         | x               | ACCOUNT<br>SYMBOL | т                   |                | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |  |  |
|             | GEORGE C. BOI                       | DEN, 1st Lt., AC, ASN:<br>0-2075526                                                            |                 |                         |                 | WORK<br>ORDER N   | 10                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
| ITEM<br>No. | STOCK OR<br>PART NO.                | NOMENCLATURE                                                                                   | AUTH.<br>ALLOW. | ON HAN<br>AND<br>DUE IN | UNIT            | QUANTITY          | UNIT                | TOTAL COST     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACTION     |  |  |  |  |
| L           | 8300-290400                         | Glasses-Flying Sun Comfort<br>Cable                                                            |                 |                         | Br.             | 1 (               | 3.25                | \$3            | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |  |  |
| 2           | 8300-486000                         | Jacket-Flying Winter Type<br>A=2 Size 42                                                       |                 |                         | Ea.             | 1                 | 8.96                | 8              | 96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |  |  |
| 3           | 8300-792030                         | Suit-Flying Summer Spec.<br>AN-S-31, Size 38                                                   |                 |                         | Ba.             | 1                 | 8+57                | 8              | 57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |  |  |
| 4           | 8300-792040                         | Suit-Flying Summer Spec.<br>AN-S-31, Size 40                                                   | 4               |                         | Ea.             | 1                 | 8.57                | 8.             | 57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |  |  |
|             |                                     | <b>泰拉尔科茨提尔特特特特特特特斯</b> 克尔特特克斯特特特特特特                                                            | * 1920D         | <b>医性验验</b>             | <b>网络</b> 森     | *****             | <del>na nas</del> n | 10-11-10-11-11 | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |  |  |
|             | NOTE: Account<br>Lockbot<br>A-47-C- | tibility for the above listed in the AAB, Columbus 17, Chio, on the AAB, dated 27 August 1945. | tems 1          | s bei<br>S Shi          | ng sh           | ipped<br>Ticke    | to AAF              | 56 S           | O,<br>umb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>93*</b> |  |  |  |  |
|             |                                     |                                                                                                |                 |                         |                 |                   |                     |                | Section 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |  |  |  |  |
|             |                                     |                                                                                                |                 |                         |                 |                   |                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
|             |                                     |                                                                                                |                 |                         |                 |                   |                     |                | A CONTRACTOR OF THE PARTY OF TH | 7          |  |  |  |  |
|             |                                     |                                                                                                |                 |                         |                 |                   |                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |  |  |
|             | AAF RE                              | GULATION 65-23 DATED 29 AUGUST                                                                 | 10/4            | Dana                    | 20              | 16—45018-1        | * " -               | GOVERNMENT     | No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |  |  |  |
|             |                                     | antity Requested" column is suit.                                                              | 47479           | FARA                    | de de           |                   | . U. S.             | SOVERNMENT     | PRINTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IG OFFICE  |  |  |  |  |

Items marked "Due Out" with be ordered and when received organization will be notified. (FOR THE STATION SUPPLY OFFICER) Quantities shown in "Action" column have been issued.

H. D. MOTLEY (DATE)

STOREKEEPER.

For the Commanding History C Bolden C. BOLDEN, 1st Lt., AC (DATE) ORGANIZATION SUPPLY OFFICER.

Quantities shown in action column have been received:

GEORGE C. BOLDEN, 1st Lt., AC 19. (DATE) AUTHORIZED REPRESENTATIVE.

VOUCHER NO.

WAR DEPARTMENT A. A. F. Form 121 Revised 1 October 1944

# DIVIDUAL A. A. F. ISSUE RECORD



NAME GRADE 1st Lt., A C GEORGE C. BOLDEN RATING ASN Pilot 0-2075526 QUANTITY ISSUED QUANTITY TURNED IN 3 4 5 3 4 5 6 7 200 1. This form will be retained with the permanent records for the individual. 2. See A. A. F. Regulation 65-23 for items to be entered on this form. 309 309 3. The items to be listed on this form are nonexpendable and expendable-recoverable. ARTICLES (Nomenclature, Type or Stock No.) 1600-207609000 Headset HS-33 1600-208125000 Microphone "I CERTIFY THAT THE ITEMS LISTED HEREON ARE ALL THE ARTICLES OF AAF FDYING EQUIPMENT THAT ARE IN MY PERSONAL POSSESSION." Individual's initials Issuing officer's initials

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                           | QL                        | IANT | ANTITY ISSUED |   |   |     |     | QUANTITY TURNED I |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| ADDIGI EQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Voucher<br>No.                    |                           |                           |      |               |   |   |     |     |                   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ARTICLES (Nomenclature, Type or Stock No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STOCK<br>RECORD<br>ACCOUNT<br>NO. | 1                         |                           |      |               |   |   |     |     |                   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| GURDA L. CLAMB, LBS Di., A S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                           |                           |      |               |   |   |     |     |                   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| the state of the s | 18/20-10-10-11-11                 | The second                |                           |      |               |   |   |     |     |                   |   |   |   |   | STATE OF THE PARTY NAMED IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| iva inn IN 20 ash ert 2661 wellenin<br>I'r ert verlere er var lynlug bening<br>I er Yalli de leve Tiges by s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 19.0014<br>24.0 A                 |                           |                           | *    |               |   |   |     |     |                   |   |   |   |   | Control of the last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 's initials                       |                           |                           |      |               |   |   |     |     |                   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| AR DEPART    | TMENT<br>O. 104C | RE           | QUISITIO                | )N AND               | SHIPP                  | ING TIC                             | KET          | (DOM            | ESTIC                       |                                                       | SHIPPING OFFICER'S                       |                     |      |
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| EVISED 1 DI  | FICER'S VOUC     | HER NO. DA   | TE PREPARED:            | PREPARED B           |                        | BASIS FOR                           | REQUISITIO   | N: CLASS:       | Se                          | NOTE BELOW                                            | B/L NO W/B NO                            | DMAN. NO            | 0    |
| HIPPED ROM:  | AAF 30<br>Tuskeg | 10 SO T      | ilot School             | ol (Basi<br>i, Tuske | e & Advar<br>gee, Alab | ced)<br>ama                         |              |                 |                             | OF ACTION:                                            | DATE SHIPPED:                            |                     |      |
| HIPPED<br>O: | AAF 56           | 50, L        | ckbourne                |                      |                        |                                     |              |                 |                             |                                                       | TOTAL NO. PKGS.                          | TOTAL WEI           | GHT  |
| CCOUNTAB     |                  | ous 17,      | OHLO                    |                      |                        |                                     | (JUSTIF      | ICATION FOR RY. | EXP.) (AIR S                | HIPMENT PRIORITY NO.)                                 | TALLY NO.                                |                     |      |
|              | ORDERED          | STOCK RE     | CORD ACTION  CHANGED TO | WAREHOU              | SE ACTION CHANGED TO   | HQ. ACTION  QUAN. REC'D             | UNITOF       | STOCK N         | UMBER                       | No                                                    | OMENCLATUR                               | E                   |      |
|              | 1                | V            |                         | 1                    |                        |                                     | Pr.          | 8300-290        |                             | asses-Glying Su                                       |                                          |                     |      |
| 2            | 1                | V            |                         | 1                    |                        |                                     | En.          | 8300-486        |                             | cket-Flying Win                                       |                                          |                     | e 42 |
| 3            | 1                | V            |                         | 1                    |                        |                                     | Ba.          | 8300-792        |                             | it-Flying Summe<br>ze 38                              | r Spec. AN-                              | 5-31                |      |
| 4            | 1                | ٧            |                         | 1                    |                        |                                     | Ea.          | 8300-792        | 040 Su<br>Si                | it-Flying Summe<br>ze 40                              | er Spec. AN-                             | 5-31                |      |
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|              |                  |              |                         |                      |                        | A                                   | THORIT       | Y: PARA         | 2 AAF B                     | EGULATION 65-23                                       | 3 DATED 29 A                             | ucust 1             | 945  |
| NOTE:        | SIG              | NED ME       | ORANDUM R.              | ECEIPT A             | TTACHED                |                                     | NOTE:        | " IC            | ERTIFY I                    | MAT THE ABOVE !                                       | LISTED ITEMS                             | ARE IN              | ı    |
|              | 10               |              |                         |                      |                        |                                     |              |                 | George                      |                                                       | Ex. Air Coro                             | Sa                  |      |
|              |                  |              |                         |                      |                        |                                     |              |                 | BURRAP L                    | a Dolinitate and a                                    |                                          |                     |      |
| LOUDTIE      | THAT PROPERT     | Y ON HAND AN | D ON ORDER, INCLUD      | DING QUANTITIES      | QUANTIT                | TIES SHOWN IN "Q<br>D IN APPARENT G | UAN. REC'D'' | COLUMN WERE     | PACKAGES SH<br>APPARENT GOO | OWN IN "TOTAL NO. PKGS." DD CONDITION (EXCEPT AS NOTE | SPACE RECEIVED IN<br>ED ON REVERSE SIDE) | DELIVER<br>TO WHSE. | COP  |
| N THIS       | REQUISITION.     | DOES NOT EX  | CEED AUTHORIZED         | STOCK LEVELS         | STOREK                 |                                     | COD CONDITIO | DATE            |                             | RANSPORTATION)                                        | DATE                                     | 1                   |      |
|              |                  |              | AND RANK AND SIGN       |                      | POSTED                 |                                     |              | DATE            | INCHECKER (P                | ROPERTY WHSE.)                                        | DATE                                     |                     |      |

SEE PARAGRAPH: RESTRICTED\* OFFICE SYMBOLS (ALL OTHER ABBREVIA) TER TO AR 850-150) 'FEM ' Following Enlist OMT Ordin Time HRS Having Reported to TDFFO Temp 1 ng Futher Orders UC Upon Completion of SMP So Much or Paragraph QOD Qualified for Overseas Duty Transferred Attached Unasgd TAU P MOS Primary Military Occupational Spec TFR Transfer of Property Responsi-RUAT Reporting Upon Arrival Thereat bility WLFD With Least Practical Delay WRFDS Will Resume PDY at this sta

## HEADQUARTERS TUSKEGEE ARMY A IR FIELD

SPECIAL ORDERS) NUMBER 183)

Tuskegee Ala 21 August 1946

- 1. 1ST LT EDWARD H COPPER 01726096 MC.Sq"E" 385th AAFBU (Flt Tng) is granted lv of absence for twelve (12) days date of departure 21 Aug 46 ret 2 Sept 46.
- 2. FEM Sq "C" 385th AAFBU (Flt Tng) are reclassified fr Old MOS to New MOS indicated eff this date. Auth: AAF Manual 35-0-1.

 Pfc Archie Williams
 RA44067231
 OLD MOS 521
 NEW MOS 754

 Ffc Robert Powell
 RA44109011
 521
 345

- 3. MAJ FRED MINNIS 0291481 AC is aptd Theater Off vice 2D LT EUGENE W WILLIAMS 0843108 AC reld at this sta eff this date.
- 4. In add to his other dy MAJ FRED MINNIS 0291481 AC is aptd Post Library and Technical Library Off vice 2D LT EUGENE W WILLIAMS 0843108 AC reld at this sta eff this date.
- 5. 1ST LT ALVIN J DOWNING 0585477 AC is aptd Personal Services Property Off vice 2D LT REUBEN H BROWN 0843235 AC reld at this sta eff this date.
- 6. In add to his other dy 1ST LT ALVIN J DOWNING 0585477 AC is aptd Service Club Off vice 2D LT REUBEN H BROWN 0843235 AC reld at this sta eff this date.
- 7. SMP 2 SO 179 this Hq cs pertaining to Offs detailed to verify cash bal of Class "B" Agt Fin Off at this sta is amended as follows:

## TO DELETE:

TO ADD:

"IST LT CARL E CAREY 0814827 AC"

1ST LT CLAUDE M DIXON

0587131 AC

8. Fol-Offs (Race-N)(Comp-AUS unless otherwise specified)(SvQ-1)(Aero Rating-Pilots) are reld fr Squadrons indicated of 385th AAFBU (Plt Tng) Tuskegee AAFld Ala TAC Langley Fld Va and WP 26 Aug 46 to 318th AAFBU Lockbourne AAB Columbus Ohio rptg to CO thereat for asgmt. Asterisks (\*) denotes Offs auth delay enroute. Offs not auth delay enroute will rpt 30 Aug 46. TDN. TOT. PCS. TFA. 701-52 P 431-02-03-04-05-07 A 2170425 S99-999. Auth: TWX Al 1178 Hq TAC Langley Fld Va dtd 16 Aug 46.

ASR DELAY ENRT SV SV CAPT 1055 ROGER B GAITER\* 0821910 AC 3 Days 95 (MCO-86.910) rpt 2 Sept 46 CAPT 1055 FREDDIE E HUTCHINS\* 0801171 AC 113 48 (MCO-89.997) rpt 1 Sept 46 . B CAPT 1055 RICHARD C FULLAM\* 0794601 AC 92 2 11 51 12 (MCO-00.999) (Comp-RES)rpt 1 Sept 46 B

\*RESTRUCTED\*

| SO 183 TAAFId Tuskegee Ala * R E                             | STRICTE     | D * | dt | d 21 Aug | 46 cont | d.<br>FOR SV | CATE |    |
|--------------------------------------------------------------|-------------|-----|----|----------|---------|--------------|------|----|
| 1ST LT 1051 GEORGE C BOLDEN (MCO-00.999)                     |             | 21  |    |          | 32      | 0            | 3    |    |
| *1ST LT 1055 WILLIAM M COUSINS<br>(MCO-05.581) rpt 4 Sept 46 | 0838027 AC  | 49  | 5  | Days     | 39      | 6            | 2    | A  |
| *IST LT 1055 LINCOLN T HUDSON<br>(MCO-04.952) rpt 7 Sept 46  | 0835326 AC  | 77  | .8 | n        | 41      | 7            | 2    | Α. |
| *1ST LT 1055 WASHINGTON D ROSS<br>(MCO-01.380) rpt 9 Sept 46 | 0814204 AC  | 95  | 10 | 11       | 44      | 11           | 1    | B  |
| 1ST LT 4821 PEARLEE E SAUNDERS<br>(MCO-O5.760) (Comp-RES)    | 0798951 AC  | 69  |    |          | 50      | 15           | 1    | .3 |
| 1ST LT 1055 DONALD N THOMPSON JR (MCO-08.970)                | 0838162 AC  | 64  |    |          | 37      | 7            | 2    | A  |
| *1ST LT 1055 WILLIAM C WALKER JR (MCO-01.230) rpt 7 Sept 46  | 0830795 AC  | 87  | 8  | Days     | 41      | 12           | 2    | В  |
| 1ST LT 1055 JOHN L WHITEHEAD JR                              | 0838035 AC  | 58  |    |          | 38      | 6            | 2    | Ç  |
| *IST LT 1055 EDWARD J WILLIAMS (MCO-01.040)rpt 5 Sept 46     | 01692804 AC | 115 | 6  | Days     | . 42    | . 11         | 1    | В  |
| 2D LT 1054 REUBEN H BROWN JR                                 | 0843235 AC  | 38  |    |          | 25      | 0            | 1    | A  |
| 2D LT 1051 LAWRENCE W CARROLL (MCO-04.440)                   | 0843353 AC  | 17  |    |          | 28      | -0           | 3    | A  |
| 2D NT 1051 EVERETT M ELLIS<br>(MUO-05.360)                   | 02102018 AC | 44  |    | ,        | - 44    | . 0          | . 2  | В  |
| 2D LT 1054 JACOB W GREENWELL (MCO-00.999)                    | 02090283 AC | 25  |    |          | 37      | 0            | 1    | C  |
| FLT 0 1051 CHARLES A BURNS* (MC0~00.999) rpt 4 Sept 46       | T149988 AC  | 5   | ÷5 | Days     | 16      | 0            | 1    | В  |
| FIN 0 1051 FERDINAND A HARDY JR (MCO-00.999)                 | T149989 AC  | 4   |    |          | 15      | 0            | 1    | В  |
| IST LT 1051 JAMES R WILLIAMS* (MCO-00.999) rpt 2 Sept 46     | 02068903 AC | 25  | 3  | Days     | 37      | 0            | 3    | В  |

9. VOCO this 14 20 Aug 46 issued under exigencies which prevented issuance of orders intends are confirmed. FLT O HENRY M MESIAH T141231 AC is hereby Hemorably Discharged fr Mil Sv at this sta eff 20 Aug 46 to accept AD and apmt as 2D LT HENRY M MESIAH 0937274 AC AUS at this sta eff 21 Aug 46. Auth: AR 610-50 and TWX TAG Washington DC dtd 19 Aug 46.

10. WOJG FRED A MADDOX #2130808 USA Sq "A" 385th AAFBU (Plt Tng) is granted lv of absence for twelve (12) days date of departure 26 Aug 46 ret 7 Sept 46.

\*\*\*\*

THOMAS J COLLINS, Captain, Air Corps Adjutant.

BY ORDER OF COLONEL PARRISH:

OFFICIAL:

OLLIE N ARMSTRONG, 1st Lt, Air Corps

Asst Adjutant.

DISTRIBUTION: "A"

SEE PARAGRAPH: RESTRICTED\* OFFICE SYMBOIS (ALL OTHER ABEREVI FER TO AR 850 - 150) Following Enlis O'M' Odina Time Having Reported than Station HFS TDEFO Temp Dy ....ding Further Orders UC Upon Completion of So Much of Paragraph SMP Qualified for Overseas Duty QOD TAU Transferred Attached Unasgd WLFD with Least Practical Delay TPR Transfer of Froperty Responsi-P MOS Frimary MOS bility RUAT Reporting Upon Arrival Thereat WRFDS Will Resume Fdy at this Station

## HEADQUARTERS TUSKEGEE ARMY AIR FIELD

SPECIAL ORDERS NUMBER 113)

Tuskegee, Alabama 14 May 1946

- 1. 1ST LT 1055 SAMUEL L WASHINGTON 02023039 AC is reld fr Sq "B" 385th AAFBU (Plt Tng) and reasgd Sq "E" 385th AAFBU (Plt Tng) PDY no dy asgd Ferm Party awaiting PDY (0001) at this sta eff this date.
- $^2 \circ$  SMP 8 SO 112 this Hq cs pertaining to CAPT 0600 FRED MCLAURIN 01575056 AC only is deleted.
- 3. SMP 5 SO 50 this Hq cs pertaining to EM asgd this sta as reads: "Pvt 345 Albert Allen 34135080 only" is amended to read: Sgt Albert Allen RA34135080.
- 4. TPR for Supply Off C-I and C-2 Squadrons will be accomplished between 2D LT 1051 GEORGE C BOLDEN 02075536 and 1ST LT ULYSSES E TOATLEY 011071083 and submitted to this Hq in quint WLPD.
- 5. FLT O ROBERT S WILKINS 1138825 AC is granted an emergency lv of absence for eight (8) days date of departure 14 May 46 ret 22 May 46.
- 6. SMP 7 SO 108 this Hq cs pertaining to EM on DS to Cooks and Bakers School Ft Benning Ga as reads: "UC DS ret proper sta" is amended to read: Return UC course when notified by Commandant of Students,
- for ten (10) days date of departure 14 May 46 ret 24 May 46.
- 8. FEM Sq "A" 385th AAFBU (Plt Tng) are reclassified fr Old MCS to New MCS indicated eff this date. Auth: AAF MANUAL 35-0-1.

| Pvt Layton Williams Pvt William L Ellis Pvt William P Boyer Pvt Charlie McDaniel Pvt Frank Savoy Jr Pvt Albertus Rogers Pvt Elvers Jenkins Pvt Arthur J Bell Pvt Albert J Poree Jr Pfc Edward L Daniels Pvt Vallice L Owsley Pvt William E Savage Pfc Joe D Robinson Pvt Cloves Gilbeaux | 45004672<br>33869424<br>33987115<br>42253950<br>38624658<br>44090576<br>33868088<br>38624763<br>38742440<br>42154476<br>19219166<br>33865503<br>34902241<br>38624663 | OLD MOS 521 521 521 521 521 521 521 521 521 521 | NEW MOS<br>835<br>590<br>590<br>055<br>590<br>590<br>590<br>055<br>405<br>405<br>590<br>590<br>590 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------|

SO 113 Hq TAAFId Tuskegee Ala \* R E S T R I C T E D \* dtd 14 May 46 Cont'd

- 9. SMP 7 SO 108 this Hq cs pertaining to EM on DS to Cooks and Bakers School Ft Benning Ga is amended as follows: To delete: Pfc 060 Ned Walker 39743943. To add: Pfc 590 Henry W Jones RA44004883.
- 10. Fol-Offs (Raco-N)(Comp-AUS) (SvQ-1) are reld fr Squadrons indicated of 385th AAFBU (Plt Tng) Tuskegee AAFld Ala and MP on dates specified to Lockbourne AAFld Ohio for dy. TDN. TOT. PCS. TPA. 601-31 P431-02-03-07-08 A 212/60425. A cy of pd voucher will be fwd Budget and Fiscal Off this sta. Auth: Telephone Conversation between COL PHILLIPS Hq TAC Tampa Fla and COL PARRISH CO this sta.

# WP 17 MAY 46 RPTG DATE AND EDCMR 19 MAY 46. (\*) ASTERISK INDICATES RPTG DATE 21 MAY 46.

|                               |            |    | ASR | MCO    | SQ |
|-------------------------------|------------|----|-----|--------|----|
| 1ST LT 5000 ROBERT N G RDNER  | 0577646    | AC | 37  | 02,912 | A  |
| 1ST LT 0200 ROBERT L KING     | 01641468   | AC | 117 | 05,839 | A  |
| 1ST LT 1055 JOE A LEWIS       | 0807101 .  | AC | 116 | 02,210 | B  |
| AND IN SOUNDJOSEPH L NEWSOME  | 058628%    | AC | 31  | 86.560 | A  |
| *IST LT 4000 MANNIE M WATKINS | 0580496    | AC | 54  | 86:558 | C  |
| 210 LT 48.2 ALBERT C BRIDGES  | 0876703    | AC | 39  | 34.997 | C  |
| 2ND LT 1055 THURSTON L CLIMES | JR 0935062 | AC | 83  | 01:373 | В  |

# WP 18 MAY 46 RPTG DATE AND EDCMR 20 MAY 46.

2ND LT 0200 WILLIAM T SYPHAX 0877410 AC 25 47.522 1

11. FEM Sq "C" 385th AAFBU (Plt Tng) are auth to ration separately fr their orgn eff this date. Auth: AR 30-2210.

Pfc Grover L Baker 43003394 Pfc Willie J Warren 43022051

- 12. Par 1 SO 82 this Hq cs pertaining to apmt of a Civilian Employment Board this sta is rescinded.
- 13. Fol-Offs are aptd to a Civilian Employment Board at this sta purpose of serving as nucleus of the Local U S Civil Service Board of Examiners which will certify Applicants as being eligible for probational appointments to designated Categories of positions. Auth: Msform 9E 43371 Hq AAFTC Barksdale Fld La dtd 20 Mar 46 transmitted by 1st Ind AG 334 Hq AFFTC Randolph Fld Tex dtd 26 Mar 46.

LT COL DONALD G MCPHERSON 0395259 AC A MAJ WATER HOLLOWAY 0312493 AC CAPT JAMES L HAIL 0451113 AC C CAPT ALBERT GRAHAM 0517637 AC C CAPT WALTER MCCREARY 0798950 AC A CAPT GEORGE E BURTON 0577036 AC A LST LT WILMER A VAN BLARICUM 0812512 AC SQ A

BY ORDER OF COLONEL PARRISH:

THOMAS J COLLINS, Captain, Air Corps Adjutant,

OFFICIAL:

/ Leaucan & Collins

THOMAS J COLLINS, N

Captain, Air Corps
Adjutant, ON A

\* RESTRICTED\*

SEE FARAGRAFH: RESTRICTED\* OFFICE SYMBOLS (ALL OTHER APEREVIA) ER TO AR 850 - 150) FEM Following Enlis O'T Odinar Time HFS Having Reported this Station TDEFO Temp Dy Fending Further Orders Upon Completion of So Much of Paragraph SMP QOD Qualified for Overseas Duty TAU Transferred Attached Unasgd W.LFD with Least Practical Delay Transfer of Property Responsi-TPR P MOS Primary MOS bility RUAT Reporting Upon Arrival Therest WRFDS Will Resume Fdy at this Station

#### HEADQUARTERS TUSKEGEE ARMY AIR FIELD

SPECIAL ORDERS) NUMBER 112)

Tuskegee Ala 13 May 46.

1. Fol-A/C's (Race-N) atchd unasgd Sq H 385th AAFBU (Plt Tng) are hereby honorably disch fr Mil Sv at this sta eff 13 May 46 to accept AD and appointments as 2D LTS or FLT 0 AUS at this sta eff 14 May 46. Auth: AR 615-150 and AR 615-160 and Ltr AAFFTC Randolph Fld Tex file 210.10 dtd 7 May 46.

| A/C | 521 | Richard M Moss Jr    | 33965056   |
|-----|-----|----------------------|------------|
| A/C | 521 | Eugene A Derricotte  | . 35854660 |
| A/C | 521 | Charles A Burns      | 42214107   |
| A/C | 521 | Ferdinand A Hardy Jr | 35990188   |

2. DP Fol-Offs (Primary MOS 1054.SE)(Primary MOS 1051 TE)(Rage-N)(Comp-AUS) (Sq-H) (SvQ-1) graduates of Class 46-B TE and SE Pilots are ordered to AD at this sta 14 May 46 and are a sgd for DY w/Air Corps. Ea Off is asgd Sq "B" 385th AMFBU (Plt Tng) TAAFld Ala with PDY on dy asgd perm party awaiting PDY (0001-0). Asterisk (\*) denotes TE Pilots. Auth: AR 615-150 and AR 615-160 and CFTC Memo 80.3 dtd 26 Feb 45.

| 2ND 1054 RICHARD M MOSS JR (ASR-7)(MCO-00,999)(SvQ-1)       | 02102105 | AC   | 721 Anaheim St Pittsburgh Penna        |
|-------------------------------------------------------------|----------|------|----------------------------------------|
| *2ND LT 1051 EUGENE A DERRICOTTE (ASR-9)(MCO-00.999)(SvQ-1) | 02102107 | AC   | 804 Harrison St Defiance Ohio          |
| *FLT 0 1051 CHARLES A BURNS<br>(ASR-5)(MCO-00.999)(SvQ-1)   | T149988  | 7.0  | 572 E 166th St Bronx NY                |
| *FLT 0 1051 FERDINAND A HARDY JR (ASR-4)(MCO-00.999)(SvQ-1) | T149989  | AC . | 2050 Boulevard Pl Indianapolis Indiana |

3. DP Fol-Offs (Br-AC)(Race-N)(Comp-AUS)(Sq-H)(Primary MOS 1054 SE)(Primary MOS 1051 TE) trained in grade as indicated now at Tuskegee AAFId Ala having completed the prescribed AAF Tng Comd Course of Instruction (Cl 46-B) is asgd Sq B 385th AAFBU (Plt Tng) this sta and aptd PDY no dy asgd Perm Party awaiting PDY (0001-0) at this sta eff this date. Asterisks (\*) denotes TE pilots. Auth: CFTC Memo 80-3 dtd 26 Feb 45 AR 615-150 and AR 615-160.

| OND THE ROOM STREET                      | ASR              | MCO    |
|------------------------------------------|------------------|--------|
| 2ND LT 1054 MACEO C MARTIN JR 0936711 AC | <u>ASR</u><br>46 | 05.204 |
| 2ND LT 1054 EDDIE L YOUNG 0936688 AC     | 22               |        |
| *2ND LT 1051 ANDREW L HUGHES 0936677 AC  |                  | 00.999 |
| 21 1001ES 1 100HES 09300// 10            | 23               | 05.834 |

4. SMP 7 SO 111 this Hq cs pertaining to Offs proceeding to ASF Sep Ctrs for Disch is amended as follows.

AS READS:

"FLT 0 1051 LEE A HAYS T144964 AC"

FLT 0 1051 LEE A HAYES T144964 AC

"FLT O 1054 THOMAS A THOMPSON" T141246 AC"

FLT O 1054 JAMES A THOMPSON

SO 112 Hq TA Fld Tuskegee Ala \* R E S T R I C T E D \* dtd 13 May 46 Cont'd

- 5. SMP 7 SO 102 this Hq cs pertaining to EM reld fr Sq "F" 385th AAFBU (Plt Tng) as reads: "M/Sgt 566 George Lawson RA6330171" is amended to read: S/Sgt 566 George Lawson RA6330171.
- 6. SMP 11 SO 111 this Hq cs pertaining to trf of Offs to Lockbourne AAFld as reads: "IST LT 3100 THOMAS H BILLINGSLEA 01754769AC" is amended to read: <a href="https://linear.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.ncbi.nlm.
- 7. SMP 11 SO 111 this Hq cs pertaining to trf of Offs to Lockbourne AAFld (in the case of 1ST LT ALFRED E SCOTT JR 0864250 AC only) as reads: "Rptg date 16 May 46" is amended to read: Rptg date 18 May 46.
- 8. SMP 11 SO 111 this Hq cs pertaining to trf of Offs to Lockbourne AAFld (in the case of CAPT 0600 FRED MCLAURIN 01575056 AC and 1ST LT 0200 ROBERT L KING 01641468 AC only) is deleted.
- 9. Par 3 SO 71 this Hq cs pertaining to 1v of absence for FLT O EUGENE ALFRED BRIGGS T149987 AC is revoked.
- 10. VOCO this Hq 1 April 46 issued under exigencies which prevented the nec issuance of orders in adv are confirmed. FLT 0 EUGENE A BRIGGS T149987 AC is granted lv of absence for ten (10) days in interest of public sv eff 1 April 46 ret 11 April 46.
- 11. SMP 19 SO 102 this Hq cs pertaining to lv of absence for Offs (In the case of MAJ GABE C HAWKINS 0376771 AC only) as reads: "#days 7 ret 13 May 46" is amended to read: # days 6 ret 12 May 46.
- 12. SMP 7 SO 104 this Hq cs pertaining to lv of absence for Offs (In the case of 2ND LT BENJAMIN YOUNG JR 0842887 AC only) as reads: "#days 5 ret 11 May 46" is amended to read: # days 8 ret 14 May 46.
- 13. 2ND LT 1051 GEORGE C BOLDEN 02075536 AC Sq "C" 385th AAFBU (Plt Tng) is reld fr PDY Sq Tech Supply Off (4902) and reasgd PDY Supply Off (c-1 and c-2; Sqs 4000) vice 1ST LT ULYSSES E TOATLEY011071083 AC reld at this sta eff this date.
- 14. Sqt 055 George E Bell 13122904 AC (SvQ-9) Sq "B" 385th AMFBU (Plt Tng) is reinstated in plt tng member of class SE 46-c as a hold over class SE 44-A at this sta eff this date. Auth: 1st ind Hq 201 George E Bell (EM) Hq AAF Tr Comm Barksdale AAFld 30 April 46 on Basic 1tr Hq Tuskegee AAFld Ala Station Hospital 17 April 46 Sub Reinstatment Air Crew Tng Sgt George E Bell AC.
- 15. Cpl Jessie H Washington RA 34422441 Sq "C" 385th AAFBU (Plt Tng) is auth to rat sep from his Orgn eff this date. Auth: AR 30-2210.

BY ORDER OF COLONEL PARRISH:

THOMAS J COLLINS CAPT. A. C., ADJUTANT

OFFICIAL: 1 la lleur

THOMAS J COLLINS // CAPT. A. C., ADJUTANT

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## 2143RD ARMY AIR FORCE BASE UNIT TUSKEGEE ARMY AIR FIELD TUSKEGEE, ALABAMA

201- Bolden, George C. (0) 0-2075526

21 March 1946

SUBJECT: Application for Helicopter Pilot Training.

TO : Commanding General, Training Command Barksdale Field, La. (Thru Channels)

- 1. In accordance with TC Letter No. 50-3-1, Subject: Early Requirements for Helicopter Pilot Training, Dated 7 March 1946, Request is hereby being made for attendence to Helicopter Training School.
  - 2. The following information is submitted:
    - 1. Bolden, George C., 2nd Lt., 0-2075526.
    - 2. 1035-1054 No Duty Assignment (Continuation Training)
    - The undersigned hereby volunteers for Helicopter Training.
    - 4. I have (257:50) logged hours as pilot of the PT-13, AT-6, TB-25.
    - 5. I weigh stripped, 175 lbs.
    - 6. The undersigned is qualified for overseas duty.

GEORGE C. BOLDEN 2nd Lt. Air Corps

Disapproved - Par 2c, TC Letter 50-3-1

John C. Hawkins (CC)

Major, Air Corps
Dir. of Tng & Opns.

PERTY TURN-IN SLIF

SUPPLY OR CLASSIFICATION OFFICER To PAGE OF PAGES CHEMICAL WARFARE PROPER .. OFFICER, TAAFId, Ala. VOUCHER No. ORGANIZATION OR UNIT FROM TURN-IN SLIP NO. GEORGE BOIDEN 1st Lt. AC, TAAFId, Ala. STOCK NO. NOMENCLATURE UNIT QUANTITY REMARKS ACTION 5 10218 Mask, Gas Service Class B. ea 1 EXS 1 LEGEND FOR REMARKS I CERTIFY that the articles listed herein are turned in under the circumstances indicated in "Remarks." FWT—Unserviceable, due to fair wear and tear FOR THE COMMANDING OFFICER: R/S-Unserviceable, report of survey S/C-Unserviceable, statement of charges SER-Serviceable (Date)

QUANTITIES SHOWN

(Date)

EXS-In excess of authorized allowances

WD AGO FORM
15 APR 1944 447
(This form supersedes WD AGO Form No. 447, 6 August 1943, which may be used until existing stocks are exhausted.)

MR-Memorandum receipt property

16-40051-2 & U. S. GOVERNMENT PRINTING OFFICE

COLDEN HAVE BEEN RECEIVED

(For station supply officer or classification officer)

Organization Supply Officer.



# HEADQUARTERS TUSKEGEE ARMY AIR FIELD Tuskegee, Alabama



11A/NFP/LCS/ggc

20 February 1946

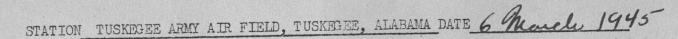
SUBJECT: Completion of AAF Personal Affairs File.

TO Bolden, G.C. 2dLt,

- 1. As the result of an extensive survey of the records of the Personal Affairs Office, it is found that several vital documents are not included in your Personal Affairs File as directed by paragraphs 9, 11 and 13, Section 2, AAF Regulation 15-128, 13 June 1945 as amended, and AAF Letters 39-45, 39-46, 39-47, 20 March 1945.
- 2. You are directed to submit copies of the documents checked in red below or the inclosed CFTC Form 39-10, duly signed, to the Personal Affairs Office no later than Saturday, Affairs Office no later than Saturday, Affairs
  - a. WD AGO Form No. 29 (Authorization) for:
    - (1) National Service Life Insurance
    - (2) All Class E Allotments of Pay
    - b. WD AGO Form No. 30 (Discontinuance) for:
      - (1) National Service Life Insurance
      - (2) All Class E Allotments of Pay
- x c. WD AGO Form No. 29-6 for:
  - (1) Authorization of Bond Allotment
  - (2) Cancellation of Bond Allotment
- MD AGO Form No. 30-4, "Notification of Termination of A/C or A/S Status"
  - e. V.A. Insurance Form No. 336, "Change of Beneficiary-National Service Life Insurance"
- f. V.A. Insurance Form No. 350, "Application for National Service Life Insurance"
  - g. V.A. Insurance Form No. 358, "Application for change of National Service Life Insurance from Five year level premium term policy to ordinary life, twenty payment life, or thirty payment life policy.
- M h. Copy of Personnel (Rating) Orders placing you on flying status.

NOEL F. PARRISH Colonel, Air Corps Commanding

1 Incl: CFTC Form 39-10



I hereby certify that the following items are not available for inclusion in the Personal Affairs File of <u>Henge C. Bolden 2nd AAC 6-2015526</u>

(Name, grade and ASN of the individual concerned)

V. G. Form 350 V. G. Form Ro. 350

(Ref: par. 3, CFTC Memorandum) (39-11, 1 Aug. 1945)

Name, grade and signature of the Personal Affairs Officer

CFTC Form 39-10 Nonavailability of Certain Items for Personal Affairs File 21 July 1945

\*RESTRICTED\* (ALL OTUER ABBRA TIONS REFER TO AR 850-150)
OMI Ordi y Mail Time TO: SEE PARAGRAPH OFFICE SYMB FEM Following EM HRS Having Reported this sta TDPFO Temp Dy Pending Further Orders . SMP So Much Of Paragraph Upon Completion of UC QOD Qualified For Overseas Duth WLTD With Least Practical Delay TAU TPR. Transferred Attached Unasgd Transfer of Property Responsi bility P MOS Primary MOS RUAT Reporting Upon Arrival Thereat WRPDS Will Resume Pdy at this sta

# HEADQUARTELS TUSKEGEE ARMY AIR FIELD

SPECIAL ORDERS) NUMBER 33)

EXTRACT

Tuskegee Ala . 8 February 1946

1. Having been asgd this sta in compliance w/par 116 SO 30 Hq AAFORD AAFRS #5 Greensboro NC dtd 30 Jan 46 Fol-Offs AC (SvQ-1) are asgd Sq "A" 2143d AAFBU and aptd PDY no duty asgd perm party awaiting PDY (0001-0) EDCMR 3 Feb 46.

CWO 2110 CLARENCE E MITCHELL W2120372 00 .999
1ST LT 0600 WILLIAM " PORTER 01573514 05.022

- 2. Having been asgd this sta in compliance w/par 84 SO 30 Pq AAFORD AAFRS #5 Greensboro NC dtd 30 Jan 46 1ST LT 2120 LYN 00D BRADLEY 01574204 AC (MCO-99.991)(SvQ-1) is asgd Sq "A" 2143d AAFBU and aptd PDY no duty asgd permparty awaiting PDY (0001-0) EDCMR 3 Feb 46.
- 3. Having been askd this sta in compliance w/par 10 SO 20 'q AAFFTC Randolph Fld Tex dtd 28 Jan 46 CAPT 4823 ALBERT GRAPAM 0517637 AC (MCO-99. 942) (SvQ-1) is askd Sq "A" 2143d AAFBU and aptd PDY do duty askd perm party awaiting PDY (0001-0) EDCMR 2 Feb 46
- 4. Having been asgd this sta in compliance w/par 13 SO 25 Mq Maxwell Fld Ala dtd 25 Jan 46 2D LT 2110 LUCIUS THEUS 0589788 AC (MCO-00.999)(SvQ-1) is asgd Sq "A" 2143d AAFBU and aptd PDY no duty asgd perm part awaiting PDY(0001-0. EDCMR 29 Jan 46.
- 5. Having been asgd this sta in compliance w/par 51 SO 29 AAFORD AAFRS #5 Greensboro NC dtd 29 Jan 46 1ST LT 0600 WILLIAM L BROWNLEE 01579435 AC (MCO-01.571)(SvQ-1) is asgd Sq "A" 2143d AAFBU and aptd PDY no duty asgd perm party awaiting PDY (0001-0) EDCMR 2 Feb 46.
- 6. 1ST LT 1054 TAYON ROBERTS 0824728 AC is reld fr PDY Flying Instructor Basic (1054-5) reaptd PDY Asst Flying Saftey Off (9260-0) at this sta eff this date.
- 7. 1ST LT 2510 ORVILLE M LEWIS 0869366 AC is reld fr PDY AAF Instructor (2510-0) reaptd PDY Weights & Balance Off(0911-0) at this sta eff this date.
- 8. Par 7 SO 29 this Pq cs pertaining to Flt O ALVIN E MARRISON T70447 AC is revoked
- 9. SMP 8 SO 29 this Hq cs pertaining to 2D LT GEORGE C BOLDEN 02075526 AC as reads: "aptd PDY Tech Supply Off (4000-0)" is amended to read: aptd Tech Supply Off (4902-0)

SO 33 TAAFId Tuskegee Ala \*R E S T R I C T E D \* dtd 8 February 1946 cont'd

- 10. 2D LT 1054 WESLEY D FURT 0843109 AC (Race-N)(Comp-AUS)(MCO-17.952) (SvQ-1) is reld fr Sq B 2143d AAFBU Tuskegee AAFId Ala and TAU Det of Patients Lawson General Hospital Atlanta Ga for further observation treatment and disposition thereat. Off WP thereto 8 Feb 46. Prior to Departure Patient will rpt to Post Surgeon this sta and secure a complete Med History for delivery to CO thereat. OMT one (1) day. EDCMR 8 Feb 46. TOT. TDN. PCS. TBGAA. 601-31 P 431-02 A 212/60425. Auth: WD Cir 280 1944 series.
- 11. SMP 5 So 32 this uq cs pertaining to personnel on TDY at Washington Park Recreational Area Atlanta Ga as reads: "WP 1 Feb 46" is amended to read: WP 8 Feb 46.
- 12. Par 7 SO 32 this Mq cs pertaining to Lv of absence for 2D LT WESLEY D MURT 0843109 AC is rescinded.
- 13. Having been asgd this sta in compliance w/par 323 SO 33 Hq ASF 3d Sv C Fort George G Meade MD dtd 2 Feb 46 for initial asgmt in RA Sgt 932 Elwood L Drew 13027655 (MCO-010)(SvQ-5)is asgd Sq "F" 2143d AAFBU. EDCMR 7 Feb 46.
- 14. Having been asgd this sta in compliance w/par 26 SO 23 Hq Sheppard Fld Wichita Falls Tex dtd 2 Feb 46 Pvt 521 James A Jackson 39448349(MCO-144) (SvQ-5) is asgd Sq "F" 2143d AAFBU. EDCMR 7 Feb 46.
- 15. 1ST LT JOWN H LYLE 02023034 AC is aptd Summary Court to secure and inventory the effects of the late Flt 0 REGINALD V SMITH T70226 AC this sta. Off will be guided by pars 19 and 21 AR 600-550. Auth: App 1 Sec V Art 112 CMM USA and TM 12-240.
- 16. T/5 Ethues Dowell 34103167 and Pfc James P Parker 34017613 having been hospitalized as casual patients atchd to Det of Patients this sta are reld fr atchd thereto and will resume furlough such furloughs having been extended eff 8 Feb 46. T/5 Dowell will rpt CO Reception Ctr Ft Benning Ga 23 Feb 46 and Pfc Parker will rpt CO Reception Ctr Ft Benning Ga 6 March 46. Auth: Par 2b AR 615-275.

BY ORDER OF COLONEL PARKISH:

OFFICIAL:

THOMAS J COLV
CAPT. A. C. O

ADJUTANT

THOMAS J COLLINS Captain, A. C. Adjutant

DISTRIBUTION:

SEE PARAGRAPH \* R E S T R I S T E D \*

OFFICE SYMBOI (ALL OTHER ABBREVI.) FER TO AR 850-150)

| FEM   | Following Ela                  | OMT   | Ordinary Vime                  |
|-------|--------------------------------|-------|--------------------------------|
| HRS   | Having Reported this sta       | TDPFC | Temp Dy Pending Further Orders |
| UC    | Upon Completion Of             | SMP   | So Much Of Paragraph           |
| QOD   | Qualified For Overseas Duty    | TAU   | Transferred Attached Unasgd    |
| WLPD  | With Least Fractical Delay     | TPR   | Transfer of Property Responsi- |
| P MOS | Primary MOS                    |       | bility                         |
| RUAT  | Reporting Upon Arrival Thereat | WRFDS | Will Resume Pdy at this sta    |

#### HEADQUARTERS TUSKEGEE ARMY AIR FIELD

SPECIAL ORDERS) NUMBER 26)

ASR-24 (Sq B)

2D LT 1054 AUGUSTUS L PALMER

ASR-17 (Sq B)

EXTRACT

Tuskegee Alabama 4 February 1946

1. Fol-Offs (Race-N)(Comp-AUS)(SvQ-1) are reld fr Squadrons indicated 2143d AAFBU Tuskegee AAFId Ala AFTRC and WP 6 Feb 46/AAF Sep Base Maxwell Fld Ala for TH as requiredforprocessing for relief fr AD thence to their respective home addresses in accordance w/orders to be insued by CO AAF Sep Fase Wereat. Terminally and WD AGO Form 53-98 auth. CO AAF ep Base will issue orders specifying author forminally date of release fr Sep and date Offs revert to inactive state EDCMR 6 Feb 46. Auth for relief: Par 6 Sec II WD Cir 290 1945 series. TOT. TD TPA. PCS. 601-31 P 431-02-03-07-08 A 212/60425. Auth: TWX WFTC 2N291A dtd 29 Jan 46.

| Jan 40.                                                  |             | 1500     | TIOUE ADDDECC                                 |
|----------------------------------------------------------|-------------|----------|-----------------------------------------------|
| 2D LT 1036 ROBERT B JOHNSON<br>ASR-24 (Sq B)             |             |          | HOWE ADDRESS 1611 Meharry Blvd Nashville Tenn |
|                                                          | 0843102 AC  | 09.730   | 144 San Juaquin St Fresno Cal                 |
| ASR-27 (Sq B)<br>2D LT 1034 LOUIS YOUNG<br>ASR-21(Sq B)  | 02084164 AG | 05003864 | 9724 Delmar St Detroit Mich                   |
| FLT 0 1054 ROBERT C SMITH ASR-23 (Sq B)                  | T70107 AC   | 00.999   | 4206 Coltonwood Apt 960 Portland Oregon       |
|                                                          | 02075546 AC | 00.999   | 1070 W Fayette St Baltimore Mc                |
| ASR-32 (Sq B) 1ST LT 4823 ROBERT J RANDALL ASR-29 (Sq-B) | 0867769 AC  | 02.040   | 2588 7th Ave New York,NY                      |
| 2D LT 1035 MELVIN P SIKES<br>ASR-25 (Sq B)               |             | 86.565   |                                               |
| 1ST LT 4823 ROBERT W MARSHALL<br>ASR-64 (Sq C)           |             | 20.912   | 3650 4th Ave S Minneapolis Mir                |
| FLT 0 1035 WILLIAM K GRAY<br>ASR-21 (Sq B)               | T146460 AC  | 01.340   | 829 "C." Jessup Pl Phila Pa                   |
| FLT O 1035 CALVIN SMITH                                  | T136687 AC  | 00.999   | 211 Todd St Aliquippa Pa                      |

RESTRICTED

0843240 AC 01.170 2313 Marshall Ave Newport New

Virginia ?

SO 29, TAAFId Tuskegee Ala \* R E S T R I G T E D \* dtd 4 Feb 46 contid.

MGC HOME ADDRESS

2D LT 1035 ROBERT J OLIVIA 02090288 AC 05.055 818 Rainier St Vallejo Califa ASR-22 (Sq B)

1ST LT 4823 IRWIN E JACKSON JR 0869360 AC 52.505 1816 Catherine St Phila Pa ASR-28 (Sq B)

- 2. SMP 24 SO 27/this Hq cs pertaining to EM rptg for initial asgmt in RA at this sta as reads: "Pfc 521 Vernon E Manns 44114378" is amended to read: Pfc Vernon E Manns 43023136.
- 3. SMP 3 SO 28 this Hq cs pertaining to assigning Pub Qrs in Mitchell Villa as reads "2D LT WILLIAM J SCOTT 0586908 AC" is amended to read: 157 LT WILLIAM J SCOTT 0586908 AC.
- 4. CAPT HANNIBAL M COX 0828048 AC is reld fr So B 2143d AAFBU and reasgd Sq C 2143d AAFBU and aptd pdy Asst Flight Maint Off (4321-0) at this sta eff this date
- 5. IST IN 1055 WYRAIN T SCHELL 02023036 AC is reld fr Sq H 2043d AAFBU and reasgd Sq C 21rd AATTU and reaptd pdy Asst Engineering Cff 3-1 (4823-0) at this sta eff this date.
- 6. IST IT ROBERT M ALEXANDER 0805590 AC is reld of pdy no dy asgd perm party awaiting pdy (0001-0) and aptd pdy Asst Personal Equipment Off (1032-0) at this sta eff this date.
- 7. FIT O ALVIN E HARRISON T70447 AC is reld fr atchd unasgd Sq E 22143d AAFBU and reasgd Sq C 2143d AAFBU and artd pdy Tech Supply Cif (4000-0) C-2 eff this date.
- 8. 2D LT GEORGE C BOLDEN 02075526 AC is reld fr Sq B 2143d AAEBU and reasgd Sq C 2123d AAFBU and aptd pdy Tech Supply Off (4000-0) C-1 erf this date.

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\*\*\*\*\*\*\*\*\*\*\*\*

BY ORDER OF COLONEL PARRISH:

OFFICIAL:

THOMAS J COLLINS, Saptain, Air Corps, Adjutant.

DISCRIBUTION:

THOMAS J COLLINS, Captain, Air Corps, Addutant.

# \*RESTRICTED\*

0: (ALL OTHER ABBREVIATI REFER TO AR 850-150)

FEM Following EM OMT Ordinary Mail Time Having Reported this sta TDPFO Temp Dy Pending Further Orders HRS UC Upon Completion Of So Much Of Paragraph SMP QOD Qualified For Overseas Duty TAU Transferred Attached Unasgd WLPD With Least Practical Delay TPR Transfer of Property Responsi-P MOS Primary MOS bility RUAT Reporting Upon Arrival Thereat WRPDS Will Resume Pdy at this sta

### WEADQUARTERS TUSKEGEE ARMY AIR FIELD

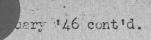
SPECIAL ORDERS NUMBER 28)

Tuskegee, Alabama 2 February 1946

- 1. CAPT 2161 ROBERT J FRIEND 0817584 AC is reld fr asgd Sq "B" 2143d. AAFBU and reased Sq "H" 2143d AAFBU and aptd PDY Sq Exceutive Off (2120-0) of Sq "H" eff this date.
- 2. Par 12 SO 27 this Pq cs pertaining to lv of absence for 2D LT LEROY FREEMAN 0208094 AC is revoked.
- 3. VOCO 1 Feb 46 assigning out Qrs in Mitchell Village that date to the fol-Offs are hereby confirmed and made a matter of record.

| IST : | LT ALFRED Q CARROLL | 0814827 4 | <u>ыLDG</u><br>0 723 | APT 12 |
|-------|---------------------|-----------|----------------------|--------|
| 2ND   | LT WILLIAM J SCOTT  | 0586908 A | C 753                | 97     |

- 4. 1ST LT 4821 WILLIE ASHLEY JR 0789641 AC is reld fr asgd Sq "B" 2143d AAFBU and reasgd Sq "A" 2143d AAFBU reapt PDY Asst Mess Officer (4110-0)General Mess #1 at this sta eff this date.
- 5. 2D LT 4110 WILLIAM C CRUTCHER JR 0587692 AC Sq "A" 2143d AAFBU is rel fr pdy Mess Off (4110-0) Gen Mess #2 reaptd pdy Aest Mess Off (4110-0) Gen Mes #1 at this sta eff this date.
- 6. TPR for General Mess #1 will be accomplished between 1ST LT RAYMOND E TINSLEY 0580480 AC and 1ST LT WILLIE ASULEY JR 0789641 AC and submitted to this Hq in quint WLPD.
- 7. SMP 19 SO 26 this Hq cs pertaining to asgmt of 1ST LT 1055 ROGER B GAITER 0821910 AC as reads: "is asgd Sq "A" 2143d AAFBU" is amended to read: is asgd Sq "B" 2143d AAFBU.
- 8. Having been asgd this sta in compliance w/par 31 SO 30 Hq Maxwell Fld Ala dtd 30 January 46 876 521 Bill Boswell 36499952 (SvQ-5) is asgd Sq "F"21436 AAFBU. EDCMR 2 Feb 45
- 9. Having been asgd this sta in compliance w/par 54 SO 28 Mg Sheppard Flo Wichita Falls Tex dtd 23 Jan 46 Pvt 521 John M Brown 44095672 (SvQ-5)is asgd Sq "F" 2143d AAFBU. EDC F 2 Feb 46,
- 10. 1ST LT 1055 CTARLES T WILLIAMS 0824846 AC is reld fr asgd Sq "B" 21430 AAFBU reasgd Sq "A" 2143d AaFBU and reaptd PDY Base Still Photographic Officer (8540-0) at this sta eff this date.



- 11. Sgt Obadiah C Dudley 34153445 Casual accord Det of Patients this sta is subsequently reld therefr and granted four (4) days continuation furlough eff 3 Feb 46. EM will rpt CO Det of Patients Kennedy GM Memphis Tennessee 7 Feb 46. Auth: Par 24 AR 615-275.
- 12. SMP 15 SO 299 this Fq dtd 11 Dec 45 pertaining to CAPT ROBERT A PORTS 0799246 AC as reads: "PDY Base Management Control Off." is amended to read: PDY Base Management Control Off.
- 12. In add to his other dys CAPT ROBERT a PORTS 0799246 AC is aptd Asst to the Director of Administration and Services (2120) at this sta eff this date.
- 13. SMP 1 S0 21 this Hq cs pertaining to 1v of absence for 2D LT GEORGE C BOLDEN 02075526 AC as reads: "for nine (9) days ret 3 Feb 46" is amended to read: for fifteen (15) days ret 9 Feb 46.

BY ORDER OF COLONEL PARRISH:

THOMAS J COLLINS, Capt. A. C., Adjutant.

OFFICIAL:

Capt. A. C.

Zadjutant. Onn

DISTRIBUTION:

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\*RESTRICTED\*

\*RLSTRICTED\* SEE PARAGRAPH OFFICE SYMBOLS (ALL OTHER ABBREVI ER TO AR 850-150) FEM Following E. OMT Ordinar ime HRS Having Reported this Sta TDPFO Temp Dy Ponning Facther Orders UC Upon Completion Of SMP So Much Of Paragranh

QOD Qualified For Overseas Duty TAU Transferred thanked Gnasgd
WLPD With Least Practical Delay TPR Transfer of Froperty Responsibility
P MOS Primary MOS WRPDS Will Resume Edy at this sta

RUAT Reporting Upon Arrival Thereat EDCMR Effective Date of Change of Morning Report

### HEADQUARTERS TUSKEGEE ARMY SIR FIELD

SPECIAL ORDERS) NUMBER 21)

EXTRACT

Tuskegee, Alabama 25 January 1946

- 1. 2D LT GEORGE C BOLDEN 02075526 AC is granted lv of absence for nine (9) days (which includes three (3) days TT) date of departure 25 Jan 46 ret 3 Feb 46.
- 2. SMP I SO 19 this Hq cs pertaining to EM proceeding to AAF Sep Bases as reads: "Sgt 275 Alfred J Sharpe 34529049" is deleted.
- 3. 2D LT ULYSSES W EARLE 0589601 AC Sq "A" 2143d AAFEU is releassified fr Old MCS-5754 to New MCS-2121 eff this date. Auth: AAF Manual 35-0-1 dtd 1945.
- 4. Sgt 275 Alfred J Sharpe 34529049 AC (MCO-055) (Race-N) (Comp-AUS) (SvQ-5) (ASR-31) is reld fr Sq "B" 2143d AAFBU Tuskegee AAFld Ala AFTRC and WP 29 Jan 46 to AAF Sep Base Maxwell Fld Ala for TDY as required for processing for an Honorable Discharge fr Mil Sv thence to his home address: 825 25th Ave North Nashville Tenn in accordance w/ orders to be issued by CO AAF Sep Base thereat. Auth: for Disch: UP TWX 6E-31512 Hq AAF WTC Randolph Fld Tex dtd 13 Nov 45 and Ltr Hq AAF WTC Randolph Fld Tex file AG 220.8 dtd 28 Dec 45. OMT one (1) day. EDCMR 29 Jan 46. Rpt NLT 2400 29 Jan 46. TOF. TDN. PCS. 601-31 P 431-02 A 212/60425. In accordance w/ AR 35-4810 FD will pay in adv sub alws for rats a/r \$1.00 per meal to one person for one meal. Auth: TWX 2N206A Hq AAFTC Randolph Fld Tex dtd 22 Jan 46.
- 5. 1ST LT 1055 CHARLES A HILL JR 0835325 AC is reld fr Asgd Sq "B" 2143d AAFBU and reasgd Sq "A" 2143d AAFBU reaptd FDY Adm Off in charge of S 0 Section (2120-0) at this sta eff this date.
- 6. Par 13 SO 19 this Hq cs pertaining to Offs on TDY at Independence Kansas is amended to add: Flt O EDWARD W WATKINS JR T70424 AC.
- 9.. Having been asgd this sta in compliance w/ par 50 SO 16 Hq AAF Fighter Gunnery Sch Williams Fld Chandler Ariz dtd 16 Jan 46 FEM are asgd Sq "F" 2143d AAFBU. EDCMR 24 Jan 46.

| Cpl 747 Byron D Dean Cpl " Emory P Proctor Cpl " John M Williams Jr Pfc " Grant Hughes Pfc " Donald R Miller Pfc William W Speller Pfc John F Stokes Pfc Andrew L Wallace Jr Pfc David L Wright | 36946549 | MCO | SVQ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-----|
|                                                                                                                                                                                                 | 33854419 | 482 | 5   |
|                                                                                                                                                                                                 | 33903648 | 478 | 5   |
|                                                                                                                                                                                                 | 33702035 | 480 | 5   |
|                                                                                                                                                                                                 | 33920836 | 345 | 5   |
|                                                                                                                                                                                                 | 33811013 | 590 | 5   |
|                                                                                                                                                                                                 | 42037327 | 302 | 6   |
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|                                                                                                                                                                                                 | 34919164 | 010 | 11  |
|                                                                                                                                                                                                 | 24717104 | 010 | ii  |

SO, 21, TAAFLD, Tuskegee, Ala \* R E S T R I C T E D \* dtd 25 Jan 46 cont'd.

|                              |             | MCO MCO | SVQ  |
|------------------------------|-------------|---------|------|
| Pvt 747 Paget L Alves Jr     | 42053747    | 212     | 5    |
| Pvt " Fred L Crockett        | 36917565    | 480     | 11   |
| Pvt " Twyman E Flournoy Jr   | 36946551    | 480     | 11   |
| Pvt " Gerald H Foeman        | 13201416    | 590     | n    |
| Pvt Jonathan C Gibson        | 12235382    | 067     | 17   |
| Pvt " Richard V Gambrell     | 33919691    | 010     | 11   |
| Pvt " Lester C Johnson       | 33841255    | 482     | 17   |
| Pvt " Henry D Polite         | 13201211    | 482     | 11   |
| Pfc . " Charles M Ballard Jr | 35736873    | 590     | 11   |
| Pfc " Lee E Denson           | 38627004    | 590     | Ħ    |
| Pvt " Milburn N Westmorelan  | nd 33753075 | 224     | i? - |
| Pvt " Charles A White        | 35779476    | 010     | ff.  |
| Pvt " George F Wilkins       | 35926755    | 480     | n    |
| Pvt " Lawrence E Reddick     | 13197378    | 480     | n    |
| Pvt " Goerge W Shields       | 33926424    | 010     | 1    |
| Pvt " William H Stewart Jr   | 13190178    | 480     | 11   |
|                              |             |         |      |

\*\*\*\*\*\*\*\*\*\*

- 8. SMP 17 SO 20 this Hq cs per ining to Discharge of EM as reads: "Pvt 52 Pernell Keeler 38624708" is amended to read: Pvt 521 Pernell Keelen 38624708.
- 9. SMP 18 SO 20 this Hq cs pertaining to reenlmt of EM is amended to reed fin the case of Pfc 521 Obediah Riddick Jr43004482 only) no furlough auth. EM WP 28 Jan 46 to AAF ORD Greensborc NC rptng upon arrival thereat for asgmt & dy. EDCMR 29 Jan 46. TOT. TDN. PCS, 601-31 P 435-02 A 212/00425. In accordance w/ AR 35-4810 FD will pay in adv sub alws for rats a/r \$1.00 per meal to one person for three (3) meals.

\*\*\*\*\*\*\*\*\*\*\*

BY ORDER OF COLONEL PARRISH:

THOMAS J COLLINS, Captain, Air Corps, Adjutant.

OFFICIAL:

THOMAS J COLLINS, Captain, Air Corps, Adjutant.

\*\*\*\*

DISTRIBUTION:

|                     |                                                                 | KICT1             |                                                                                      |
|---------------------|-----------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------|
| FEM<br>HRS<br>UC    | OFFICE SYMBOLS: Following EM Having Reported Upon Completion Of | OMT<br>TDPFO      | Crdin Time Temp D. Ing Further Orders                                                |
| QOD<br>WLPD<br>P MO | Qualified For Overseas Duty<br>With Least Pratical Delay        | SMP<br>TAU<br>TPR | So Much Of Paragraph Transferred Attached Unasgd Transfer Of Property Responsibility |
| RUAT                |                                                                 | WRPDS             | Will Resume Pdy at this sta                                                          |

# HEADQUARTERS TUSKEGEE ARMY AIR FIELD

SPECIAL ORDERS)
NUMBER 314)

Tuskegee, Alabama 31 December 1945

1. Fol-Offs are reld fr atchd urasgd Sq "H" 2143d AAF BU reasgd Sq "B" eff this date. Ea Off is aptd Pdy No Dy Asgd Perm Party Awaiting Pdy (0001-4) at this sta. EDCMR 31 Dec 45.

# MOS 1051

| 2D LT GEORGE C BOLDEN 2D LT ROSCOE J D.BNEY JR 2D LT OTIS E RINLEY JR 2D LT JERRY T HODGES JR 2D LT ROBERT L M.XWELL 2D LT AUGUST L P.LMER FLT O PIERCE T RAMSEY FLT O J.MES E T.LTON 2D LT VERTNER J WHITE JR | 02075526<br>0843244<br>0843245<br>0843246<br>0843247<br>0843240<br>T70430<br>T136691<br>0843248 | AC AC AC AC AC | 2D IT EDWARD M COOPER FLT O CLIFFORD W DAVIS FLTO VICTOR L HANGOCK FLT O DONALD S JAMISON FLT O DAVID M MOZEE JR 2D IT CALVIN W PORTER JR FLT O CHARLES J ROACH FLT O KENNETH E TERRY T70432 AC 2D IT OSCAR L WILKERSON JR 0843249 AC |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 2D LT AUGUST L PALMER<br>FLT O PIERCE T RAMSEY                                                                                                                                                                 | 0843240<br>T70430                                                                               | AC AC          | 2D LT CALVIN V PORTER JR 02075556 AC                                                                                                                                                                                                  | 2018 |
|                                                                                                                                                                                                                |                                                                                                 |                | FLT O KENNETH E TERRY T70432 AC 2D LT OSCAR L WILKERSON JR 0843249 AC                                                                                                                                                                 |      |
| 2D LT ARTHUR C FARMON<br>2D LT WILLIAM A LESLIE                                                                                                                                                                | 02082595                                                                                        | AC<br>AC       | 2D LT GR.NVILLE C COGGS 02082579 AC<br>FLT O D.NIEL KEEL T131953 AC<br>2D LT PERRY W LINDSEY 02068905 AC                                                                                                                              | )    |
| 2D IT HERBERT C THORPE FLT O JULIUS P ECHOLS FLT O CHARLES R PRICE                                                                                                                                             | 02080935<br>170553<br>170556                                                                    | 40             | 2D LT JAMES R WILLIAMS 02068903 AC<br>FLT 0 LONNIE HARRISON T70555 AC                                                                                                                                                                 |      |
| FIT O J.MES C RUSSELL<br>2D LT ROBERT ASHBY                                                                                                                                                                    | T70558<br>0843351                                                                               | AC<br>AC       | FLT O RICHARD WEATHERFORD T70557 AC<br>2D LT MARCELLUS L BUNTER 0843348 AC<br>2D LT WILLIAM V BIBB 0843352 AC                                                                                                                         | ;    |
| 2D LT LAWRENCE W CARROLL<br>2D LT FREDERICK D KNIGHT JR<br>2D LT LLOYD B MCKEETHEN                                                                                                                             | 0843353<br>0843355<br>0843356                                                                   | AC AC          | 2D LT JOSE' R ELFALAN 0843354 AC 2D LT JOSHUA J LANKFORD JK 02069227 AC                                                                                                                                                               | ,    |
| 2D LT THEODORE W ROBINSON<br>FLT O HENRY BALDWIN JR                                                                                                                                                            | 0843358<br>T70554                                                                               | AC AC          | 2D LT ISAIAH E ROBINSON JR 0843357 AC<br>2D LT CECIL SPECER 0843360 AC<br>FIT O ALVIN E HARRISON JR T70447 AC                                                                                                                         |      |
| FLT O LYMAN L HUBBARD FLT O JOHN W NELSON FLT O WAYMAN E SCOTT                                                                                                                                                 | T70485<br>T70559                                                                                | AC AC          | FLT O DONALD E JACKSON T70489 AC FLT O NORMAN E PROCTOR 270560 AC                                                                                                                                                                     |      |
| FLT O WAYMIN E SCOTT                                                                                                                                                                                           | T70561                                                                                          | AC :           | FLT O ANDREW B WILLIAMS JR T70563 AC                                                                                                                                                                                                  |      |

### MOS 1054

|                         | 이 보는 것으로 가장 보고 있는데 소녀에 이 때문에서 생각하다는 이 사는 사람에 가장 수 있습니다. 하는 사람이 있는 것은 |         |     |
|-------------------------|----------------------------------------------------------------------|---------|-----|
| FLI O TERRY C BAILEY    | T69972 AC 2D LT ARTHUR N. HICKS                                      | 201-00- |     |
|                         | TOXY TO RE III ARTHUR IN HICKS                                       | 0842882 | AC  |
| FLT O E.RL C JOHNSON    | T69974 AC FLT O FRANK D JONES                                        |         |     |
| 2D LT BENJAMIN YOUNG JR | OCTUGOR TO THE OTHER D SOUTH                                         | T69975  | HU  |
|                         | 0842887 AC 2D LT JOSEPH H BLAYLOCK                                   | 0843000 | 10  |
| 2D LT WILSON N COBBS    | 08/3002 (C. OD IM TITOMOD I CONTINUE                                 |         |     |
|                         | 0843002 AC 2D LT VICTOR L CONNELL                                    | 0843003 | AC  |
| 2D LT JAMES E HARRISON  | 0843005 AC 2D LT CLARENCE JOHNSON                                    | 0843006 |     |
|                         | TI OTHER BOANSON                                                     | UCLIOUD | 116 |

SO,314,TAAFld,Tuskegee, ala. \* R E S T k I C T E D \* dtd 31 Dec'45 cont'd.

# MOS 154 cont'd.

BY ORDER OF COLONEL PARKISH:

THOMAS J COLLINS, Capt. A.C., Adjutant.

OFFICIAL:

OLLIE N ARMSTRONG,

lst. Lt. A.C., Asst.Adjutant.

DISTAIBUTION:

UAR DEPARTMENT A.A.F. Form 121 Revised 1 October 1944 UAL A. A. F. ISSUE RECO

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| NAME                                                                                 |                                   |       |        |       |     |      | GI  | RADE |    |     |      |      |      |      |   |
| BOLDEN, GEORGE C                                                                     |                                   |       |        |       |     |      |     | 2d   | Lt | • • | A. ( | C.   |      |      |   |
| RATING                                                                               |                                   |       | AS     | N     |     |      |     |      |    |     |      |      |      |      |   |
| Pilot                                                                                |                                   |       |        |       |     |      |     |      |    |     |      |      |      |      |   |
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|                                                                                      |                                   | 1     | 2      | 3     | 4   | 5    | 6   | 7    | 1  | 2   | 3    | 4    | 5    | 6    | 7 |
| 1. This form will be retained with the permanent records for the individual.         | Voucher<br>No.                    | 2073  | 0-2073 | 20738 |     |      |     |      |    |     |      |      |      |      |   |
| 2. See A. A. F. Regulation 65-23 for items to be entered on this form.               | -                                 |       | 7      |       |     |      |     |      |    |     |      |      |      |      |   |
| 3. The items to be listed on this form are nonexpendable and expendable-recoverable. | STOCK<br>RECORD<br>ACCOUNT<br>NO. | 309   | 309    | 509   |     |      |     |      |    |     |      |      |      |      |   |
| ARTICLES (Nomenclature, Type or Stock No.)                                           | DATE                              | 11-15 | ST-TT  | 11-45 |     |      |     |      |    |     |      |      |      |      |   |
| 1600-207600000 Headset HS-33                                                         |                                   | 1     |        |       |     |      |     |      |    |     |      |      |      |      |   |
| 1600-2081150000 Microphone T-30                                                      |                                   | 14    | 1      |       |     |      |     |      |    |     |      |      |      |      |   |
| 8300-439080 Helmet-Fly9ng Winter,                                                    | Type                              | П     | 1      | 1     |     |      |     |      |    |     |      |      |      |      |   |
| В-6                                                                                  |                                   | Ш     | П      | 14    | -1  |      |     |      |    |     |      |      |      |      |   |
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|                                                                                      |                                   | Ш     | П      |       |     |      |     |      |    |     |      |      |      |      |   |
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|                                                                                      |                                   | Н     | П      |       |     |      |     |      |    |     |      |      |      |      |   |
| " I CERTIFY THAT THE ARTICLES LISTED HE                                              |                                   | 1     | П      |       |     |      |     |      |    |     |      |      |      |      |   |
| ARE ALL THE ITEMS OF AAF FLYING EQUIPME                                              | INT                               |       |        |       |     |      |     |      |    |     |      |      |      |      |   |
| THAT I HAVE IN MY POSSESSION."                                                       |                                   | 11    |        |       |     |      |     |      |    |     |      |      |      |      |   |
| GEORGE CLAY BOLDEN, 2d Lt., Air Corps                                                |                                   | Ш     | П      |       |     |      |     |      |    |     |      |      |      |      |   |
| GEORGE CLAY BOIDEN, 2d Lt., Air Corps                                                |                                   | 11    |        |       | 1   |      |     |      |    |     |      |      |      |      |   |
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|     |       | , | • | 2   | - 0.1 | 260 |    |   |   |     |      |     | DEPT. STREET, CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |
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| WAR DEPARTMENT<br>AAF FORM NO. 104C<br>REVISED 1 DECEMBER 19 | REG              | UISITIO         | ON AND S                 | HIPPI      | NG TI                | CKET          | (DON                   | MESTIC         | ) DISTRIBUTION CHART NO.                             | SHIPPING OFFICER                         | VOUCHER NO.         | 38          |
|--------------------------------------------------------------|------------------|-----------------|--------------------------|------------|----------------------|---------------|------------------------|----------------|------------------------------------------------------|------------------------------------------|---------------------|-------------|
| RECEIVING OFFICER'S VOU                                      | CHER NO. DATE    | E PREPARED:     | PREPARED BY:             | alexe      | BASIS FOI            | R REQUISITI   | ON: CLASS              |                | ORITY OR REQUISITION NO.                             | CARRIER:                                 |                     |             |
| SHIPPED AA                                                   | F 309 SO/        | Pilot So        | hool ( Bas               | ic & Ac    | dvanced)             | Page 1        |                        |                | PING ORDER NO.                                       | B/L NO W/B N                             | IO MAN. N           | 10          |
| FROM:                                                        | skegee Ar        | my Air E        | eld, Tuska               | gee, A     | Labama               |               |                        |                |                                                      | DATE SHIPPED:                            |                     |             |
| SHIPPED<br>TO:                                               |                  |                 | 03.71 1                  | in Com     | a ACW.               |               |                        | DATE           | OF ACTION:                                           | TOTAL NO. PKGS                           | TOTAL WE            | IGHT        |
| ABILITY:                                                     | ORGE CLAY        | BOLDEN          | 2d Lt., A:               | LF Corp.   | S ADR:               | (JUSTI        | FICATION FOR RY        | .EXP.) (AIR S  | SHIPMENT PRIORITY NO.)                               | TALLY NO.                                |                     |             |
| RDERED                                                       | STOCK RECO       | RD ACTION       | WAREHOUSE AC             | TION       | HQ. ACTION           | UNITOF        | STOCK N                | IUMBER         |                                                      | OMENCLATUR                               | E                   |             |
|                                                              | CODE             | CHANGED TO      | SHIPPED CH               | ANGED TO   | QUAN. REC'D          | ISSUE         |                        |                |                                                      |                                          |                     |             |
| L 1                                                          | aaf reg.         | 65-23 dt        | 1<br>d 29 Augus          | t 1945     | Par. 6a              | Ea.           | 8300-1399<br>Size Smal | п              | met-Flying Win                                       |                                          |                     |             |
| " I CERTIFY<br>ABOVE NAMED<br>OTED ON                        | HIS INDI         | AL AND THE      | AT THE ABO<br>SUE RECERT | , AAF      | ISHAVE B<br>FORM 121 | EEN           | TCER                   |                | eorge C/S                                            |                                          | C.                  | -           |
| I CERTIFY THAT PROPERT<br>IN THIS REQUISITION, I             | TISCHLER,        | ORDER, INCLUDIN | G QUANTITIES             | DUANTITIES | S SHOWN IN ''Q       | UAN. REC'D' ( | COLUMN WERE            | PACKAGES SHO   | WN IN "TOTAL NO. PKGS."<br>CONDITION (EXCEPT AS NOTE | SPACE RECEIVED IN<br>10 ON REVERSE SIDE) | DELIVER<br>TO WHSE. | COPY<br>NO. |
|                                                              |                  |                 |                          | STOREKEEP  | ER                   |               | DATE                   | INCHECKER (TRA | ANSPORTATION)                                        | DATE                                     |                     |             |
| REQUISITIONING OFFICER                                       | · (TYPE NAME AND | RANK AND SIGN)  |                          | POSTED BY  |                      |               | DATE                   | INCHECKER (PRO | OPERTY WHSE.)                                        | DATE                                     |                     |             |



\*CREDIT

#### HAND RECEIPT

| No. A-46-C   | 11-17     |
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| IV O. 22 340 | Alle also |

Station Tuskegee Army Air Field, Alabama

Date\_15 November, 1945

Issuing organization Clothing Pool 2143 AAF Base Unit

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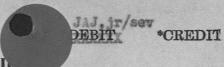
GEORGE C. BOLDEN, 2nd Lt., A.C.

\* Turned in by

| YTITMAUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UNIT          | PART NO.       | ARTICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| De la constitución de la constit | ea.           |                | 8300-486000 Jacket-Flying, Type A-2, Size 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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I acknowledge receipt of the above-listed Army Air Forces Property; & C. Belder GEORGE C. BOLDEN, 2nd Lt., A.C.

(Signature with rank and organization)



MEMORANDUM RECEIN

| sued to  | 1    |             | OLAY BOLDEN, 2nd Lt., A.C.     |
|----------|------|-------------|--------------------------------|
| urned in | by J | PART NO.    | ARTICLE                        |
| 1        | ea.  | <b>T-30</b> | 1600-208130000 Microphone T-30 |
|          |      | •           | //// NOTHING POLICES /////     |
|          |      |             |                                |
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| WAR DEPARTMENT<br>AAF FORM NO. 104C<br>REVISED 1 DECEMBER |                   |                     | N AND S      | SHIPPIN                        | NG TIC     | CKET          | (DOME              | STIC) DISTRIBUTION CHART NO.                                                  | SHIPPING OFFICE | R'S VOUCHER NO. | 37/ |
|-----------------------------------------------------------|-------------------|---------------------|--------------|--------------------------------|------------|---------------|--------------------|-------------------------------------------------------------------------------|-----------------|-----------------|-----|
| RECEIVING OFFICER'S VO                                    |                   | PREPARED:           | AAF 309      | SO/fef                         | BASIS FOR  | REQUISITIO    | ON: CLASS:         | AUTHORITY OR REQUISITION NO.                                                  | CARRIER:        |                 |     |
| SHIPPED AAF                                               | 309 SO, P         | THE STATE OF STREET |              |                                | anced)     |               |                    | See Note Below<br>SHIPPING ORDER NO.                                          | B/L NOW/B       | NO MAN. NO      | 0   |
| FROM:                                                     | kegee Army        | Air Fiel            | ld, Tuskeg   | ee, Alab                       | ала        |               |                    |                                                                               | DATE SHIPPED:   |                 |     |
| SHIPPED TO:                                               |                   |                     |              |                                |            |               |                    | DATE OF ACTION:                                                               | TOTAL NO. PKG   | S. TOTAL WEI    | GHT |
| ACCOUNTABILITY:                                           | ORGE G BOL        | DEN 2nd             | Lt.kir Cor   | ps ASN                         | : 0-8      |               | ICATION FOR RY. EX | P.) (AIR SHIPMENT PRIORITY NO.)                                               | TALLY NO.       |                 |     |
|                                                           |                   |                     |              |                                |            |               |                    |                                                                               |                 |                 |     |
| ERED                                                      | STOCK RECOR       |                     | WAREHOUSE AC |                                | Q. ACTION  | UNITOF        | STOCK NUM          | /BFR NO                                                                       | MENCLATU        | RF              |     |
|                                                           | CODE              | CHANGED TO          | SHIPPED CH   | ANGED TO QU                    | JAN. REC'D | ISSUE         | 3100111101         |                                                                               | DIVIENCEATO     | NL.             |     |
| 1 1                                                       |                   |                     | 1            |                                |            | Ea.           | 1600-2076          | 00000 Headset HS-33                                                           |                 |                 |     |
| 2 1                                                       |                   |                     | 1            |                                |            | Ea.           | 1600-2081          | 15000 Microphone T-3                                                          | 10              |                 |     |
|                                                           |                   |                     |              |                                |            |               | ****               | *****NOTHING FOLLOWS**                                                        | *************   | ***             |     |
| I CERTIF<br>ABOVE NAME<br>NOTED ON H                      |                   | AL AND T            | HAT THE AE   | OVE ITER                       | S HAVE     |               | AUTHORITY          | : AAF REG. 65-23 dtd                                                          | 1 29 August     | 1945 6a         | •   |
| R: LEO                                                    | TISCHLER,         | CAPTAIN,            | AIR CORRS    | AAF 30                         | 9 50       | K)            |                    | TIFY THAT THE ABOVE 1                                                         |                 | not             |     |
|                                                           |                   |                     |              |                                |            |               | 24                 | ing Bolds                                                                     | 2               |                 |     |
|                                                           |                   |                     |              |                                |            |               | GEOR               | GE C BOLDEN, 2d Lt.,                                                          | Air Corps       |                 |     |
|                                                           |                   |                     |              |                                |            |               |                    |                                                                               |                 |                 |     |
|                                                           |                   |                     |              |                                |            |               |                    |                                                                               |                 |                 |     |
| I CERTIFY THAT PROPERTY                                   | ON HAND AND ON O  | BUER INCLUDING      | OHANTITIES   | OHANTITIES CH                  | OWN IN "O  | N BECIDII GOL | MAN WEDS           |                                                                               |                 |                 | **  |
| IN THIS REQUISITION.                                      |                   |                     |              | QUANTITIES SH<br>RECEIVED IN A |            |               |                    | AGES SHOWN IN "TOTAL NO. PKGS." SPA<br>RENT GOOD CONDITION (EXCEPT AS NOTED C | N REVERSE SIDE) |                 | NO. |
|                                                           |                   |                     |              | STOREKEEPER                    |            |               | DATE INCHE         | CKER (TRANSPORTATION)                                                         | DATE            |                 |     |
| REQUISITIONING OFFICER:                                   | (TYPE NAME AND RA | NK AND SIGN)        |              | POSTED BY:                     |            |               | DATE INCHE         | CKER (PROPERTY WHSE.)                                                         | DATE            |                 |     |

# WAR DEPARTMENT ARMY AIR FORCES



\*CREDIT

# MEMORANDUM RECEI

| NTITY UNIT PART NO. ARTICLE                        | d to  | by 214 | 3rd AAF  | Case Unit Clothing Pool                    |
|----------------------------------------------------|-------|--------|----------|--------------------------------------------|
| NOTE: THE ABOVE ITEM IS A CREDIT TO THE ACCOUNT OF | NTITY |        | PART NO. | ARTICLE                                    |
|                                                    |       | Ea.    | E9-33    | 1600-207600000 HEARSET<br>NOTHING FOLLOWS. |
|                                                    |       |        |          |                                            |
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|                                                    |       |        |          |                                            |

I acknowledge receipt of the above-listed Air Corps property:

Teo wish rank and organization) further



JAJ, jr/sev DEBIT \*CREDIT

# MEMORANDUM RECEIPT

| *Issued to<br>*Turned in | by } |          | CLAY BOIDEN, 2nd Lt., A.C.                               |
|--------------------------|------|----------|----------------------------------------------------------|
| QUANTITY                 | UNIT | PART NO. | ARTICLE                                                  |
| 1                        | ea.  |          | 8300-069260 Cap-Blying Winter, Type B-2, Size 7 1/2      |
| 1                        | pr.  |          | 8300-298750 Gloves-Flying Winter, Type A-10, Size 10 1/2 |
| 1                        | ca.  |          | 8300-439080 Helmet-Plying Winter, Type B-6, Size Small   |
| 1                        | ea.  |          | 8300-541040 Jacket-Flying Winter, Type B-3, Size 38      |
| 1                        | pr.  |          | 8300-720950 Shoes-Flying Winter, Type A-6, Size Large    |
| 1                        | ea.  |          | 8300-792030 Suit-Flying Summer, Spec.AN-S-31,Size 38     |
| 1                        | Dr.  |          | 8300-933120 Trousers-Flying Winter, Type A-5, Size 42 re |
| 1                        | es.  |          | 830C-486000 Jacket-Flying, Type A-2, Size 42             |
| 1                        | pr.  |          | 8300-290400 Glasses-Flying Sun Comfort Cable             |
|                          |      |          | ///// NOTHING POLLOWS /////                              |

\* Strike out words not applicable.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1942 18-9985-1 (Official designation)

LEO TISCHISTOPALUE (With tank and organization)



A-45-C-17426 M-17

\*CREDIT

# MEMORANDUM RECEIPT

| ing orga |      |           | ns Transient Clothing Pool AAF Property Class 16-A |
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| ued to   |      | olden, Ge | orge C. End 1t A. C.                               |
| UANTITY  | UNIT | PART NO.  | ARTICLE  1600-207600000 Headaet                    |
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(Signature with rank and organization)



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MEMORANDUM RECEIPT

| Thiel  | regge I  | mny Air F      | No. A-45-G-17425 M-1                             |  |  |
|--------|----------|----------------|--------------------------------------------------|--|--|
| n      |          |                | Date                                             |  |  |
| g orga | nization | Operation      | s Transient Clothing Pool AAF Property Class 15  |  |  |
| ed to  |          | olden, Geo:    | rge C. End Lt A. C.                              |  |  |
| NTITY  | UNIT     | PART NO.       | ARTICLE                                          |  |  |
| 1      | Ze       |                | 8300-792040 Suit, Flying Summer AN-S-31 Size 40  |  |  |
|        |          |                |                                                  |  |  |
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|        |          |                |                                                  |  |  |
| Lackno | wledge   | receipt of the | e above-listed Army Air Forces property: C Balds |  |  |

(Signature with rank and organization)

STRICTED\* PARAGRAPH TO: OFFICE SYMBOLS: (ALL OTHER ABBREVIATION O AR 850-150 Follwoing EM OMT Ordinary me Having Reported this sta TDPFO Temp Dy Penang Further Orders HRS So Much of paragraph Upon completion of TIC SMP Asgd Public Quarters P SSN Primary SSN APQ Transferred Attached Unasgd QOD Qualified for Overseas Dy RAU Transfer of property responsi-With least practival, delay TIR WLPD PS SSN Primery & Shipping SSN bility Will resume pdy at this sta REporting upon arrival thereat WRPDS RUAT

#### HEADQUARTERS TUSKEGEE ARMY AIR FIELD

SPECIAL ORDERS) NUMBER 221)

EXTRACT

Tuskegee, Alabama 11 Sept 1945

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7. Fol-Offs are granted ly of absence for number of days indicated of which ten (10) days are in the Interest of Pub Sv all others days are considered ordinary ly of absence eff on date shown and will ret proper sta dates specified.

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|   |          |                              | #das | Eff | 6     | (whice | h ITT) | Dar | nant | Rot  | Sto     |   |
|---|----------|------------------------------|------|-----|-------|--------|--------|-----|------|------|---------|---|
|   | 2D LT OS | SCAR L WILKERSON 0843249 AC  | 17   |     |       |        |        |     |      |      | Sept 45 |   |
|   |          | ERTNER J WHITE JR 0843248 AC | 11   | 12  | pepe  | 47     | Ruas   | 71  | nebr | 20 0 | ept 45  |   |
|   |          | EROY J WILSON 0843250 AC     | 11   |     |       |        |        |     |      |      |         |   |
|   |          | CRRY F HODGES JR 0843246 AC  | 11   |     |       |        |        |     | "    |      | 11      |   |
|   |          |                              |      |     | "     |        | 11     |     | 11   |      | 11      | - |
|   |          | PIS E FINLEY JR 0843245 AC   | 11   |     | - 11  |        | · 11   |     | . 11 |      | 11      |   |
|   |          | THUR N HICKS 0842882 AC      | 18   | 18  | Sept  | 45     | 3das   | 17  | Sept | 5 00 | t 45    |   |
| ; | 2D LT BE | ENJAMIN YOUNG JR 0842887 AC  | 15   |     | īt    |        |        |     | 11   |      | t 45    |   |
| 1 | 2D LT RO | DBERT L MAXWELL 0843248 AC   | 17   | 74  | Sent  | 45     | 3das   | 13  | Sent |      | Sept 45 |   |
| 1 | FO FRANK | P JONES T69975 AC            | 18   |     | Sept  |        | 11     |     |      |      |         |   |
|   |          | C JOHNSON T69974 AC          | 18   | 10  | Dopo  | 47     | 11     | Τ.  | nepu | 2 00 | 1 45    |   |
| 1 | TO CHART | ES J. ROACH T70431 AC        |      | 70  | 0 - 1 | 10     |        |     |      |      | "       |   |
|   |          |                              | 17   | 12  | Sept  | 45     | 2das   | 11  | Sept | 28 S | ept 45  |   |
|   |          | OR L HANCOCK T70428 AC       | 17   |     | n     |        | 11     |     | 11   |      | 11      | - |
|   |          | M MOZEE JR T70429 AC         | 11   |     | 11    |        | 11     |     | 11   |      | 11      |   |
| I | O KENNE  | TH E TERRY T70432 AC         | 11   |     | 11    |        | 11     |     | 11   |      | 11      |   |
| I | O PIERC  | E T RAMSEY T70430 AC         | - 11 |     | 11    |        | n      |     | 11   |      | n       |   |
|   |          | ORD W DAVIS T70427 AC        | 11   |     | H     |        | 11     |     | 11   |      | 11      |   |
|   |          |                              |      |     |       |        |        |     |      |      |         |   |

- 8. SMP 6 SO 214 this Hq cs pertaining to EM auth to ration separately fr their orgn as reads: "Cpl Henry L Watkins 15083948 Sq "C" is deleted.
- 9. Fol-Offs are granted tw of absence for number of days indicated eff dates shown date of de parture specified and will ret this sta on dates shown.

|                        |              | #das | Eff       | (Wh: | ich ITT | ) Depart | Ret Sta    |
|------------------------|--------------|------|-----------|------|---------|----------|------------|
| 2D LT GEORGE C BOLDEN  | 02075526 AC  | 17   | 12 Sept A | 45   | 2das    |          | 28 Sept 45 |
| 2D LT QUINTEN V CHEEK  | 02075530 AC  | 11   | 11        |      | tt      | 11       | n n        |
| 2D LT ROSCOE J DABNEY  | JR 0843244 A | C II | n.        |      |         | tt       | n          |
| 2D LT EDWARD M COOPER  | 02080879 AC  | 11   | n         |      | 11      | H.       | 11         |
| FO DONALD S JAMISON TI | 140106 AC    | 11   |           |      | 3das    | n n      | n          |
| FO JAMES E TALTON T136 | 6691 AC      | 11   | 11        |      | 2das    | n        | n n        |

10. SMP 10 SO 219 this Hq cs pertaining to EM trfd to WD Sep Ctr as reads: "Cpl Richard Hunt 34063628 QMC and Pfc Ulyses Thurman 34061980 CAC is amended to read: Cpl Richard Hunt 34063628 AC and Pfc Ulyses Thurman 34061980 AC.

SO 221 Hq TAAF Tuskegee Ala \* R E S T R I C T E D \* dtd 11 Sept 45 contd.

11. FEM Sq "C" 2143d AAF BU are reclassified fr Old MOS to New MOS as indicated eff this date. Auth: AAF Manual 35-1.

S Sgt Otis D Brown 35274514 Old MOS-405 SK to New MOS-502-SSK Sgt George T Brooks 32511737 Old MOS-055-SSK to New MOS-405-SSK

- 12. IST LT DELLA J BASSETTE N755099 ANC is granted lv of absence for eightcen (18) days (which includes three (3) daysTT) eff 15 Sept 45 date of departure 14 Sept 45 ret 2 Oct 45.
- 13. Fol-Avn Cadet and Avn Stu (Race-N) (Comp-AUS) atchd unasgd Sq "H" 2143d AAF BU Tuskegee AAFld Ala AFTRC are reld fr present asgnt and atchd unasgd Consolidation Dets (Camps) indicated in compliance w/TWX EFTC #21E-10600 dtd 22 Aug 45 and AFPMP 877 and RR 1-1 dtd 4 Aug 45 and TWX AFTRC #40E-25058 cs. for subsequent movement to WD Sep Ctr (Camps) shown. They WP 19 Sept 45 thereto by rail as specified below rptg to CO of consolidated Dets (Camps) for further orders. No delay enroute (lv) auth. TDN. TOT. PCS. 601-31 P 431-02-03-07-08 A 212/60425. Auth: Ltr ASF Hq IV SvC Atlanta 3 Ga file SPIPU-332-Sep Ctr dated 3 Aug 45. In accordance w/AR 35-4810 FD will pay in adv sub alws for rate a/r \$1.00 per meal to persons shown for number of meals indicated.

OMT one (1) day

Mon alws for two (2) meals EDCMR 20 Sept 45

TO FT MCCLELLAN ALA for SUBSEQUENT MOVEMENT TO WD SEP CTR: Camp Atterbury Ind

Aviation Student S Sgt 750 Edgar P Robinson 35403258 AC (MCO-499) (Sv Qual-A) (ASRS-12 May 45-86)

- OMT one (1) day

Mon alws for three (3) meals EDCMR 20 Sept 45

TO FT BRAGG N C for SUBSEQUENT MOVEMENT TO WD SEP CTR: Ft Devens Mass

Aviation Cadet Pfc 941 Richard R Dunlap 14068652 AC (MCO-302) (Sv Qual-A) (ASRS 12 May 45-107)

14. SMP 1 SO 220 this Hq cs pertaining to Offs A/C and Avn Stus trfd to 2164th AAF BU Tuskegee Inst Ala as reads: "A/C Lester Banks 33753146 (MCO-480). (Sv Qual=0)" is amended to read: Avn Stu (Cpl) Carroll B Lee 33207121 (MCO-590)

15. FO GILBERT A CARGILL T68715 AC is granted emergency lv of absence for five (5) days eff 12 Sept 45 date of departure 11 Sept 45 ret 16 Sept 45.

BY ORDER OF COLONEL PARRISH:

OFFICIAL: Thomas J contins, Capt., A. C., Asst Adjutant.

JOHN H KRAMER, Capt., A. C., Adjutant.

DISTRIBUTION: "A"

N. D. \*RESTRICTED\*

# HEADQUARTERS Army Air Forces Eastern Flying Training Command Maxwell Field, Alabama

8.1.J.

PERSONNEL ORDERS) NO. 25

EXTRACT

30 August 1945

\* \* \* \* \* \* \*

ll. Pursuant to authority contained in paragraph 8, Army Air Forces Regulations No. 50-7, dated 1 June 1944, the following-named Officers, branches and components as indicated, having completed the prescribed course of instruction, are rated Pilot under the provisions of Army Regulations 95-60, War Department, 20 August 1942, and paragraph 3c(1), Army Air Forces Regulation No. 50-7, dated 1 June 1944, effective 8 September 1945: (Class 45-F, Tuskegee, Alabama.)

| Bolden, George Clay        | 0-2075526 | 2d Lt | AC-AUS |
|----------------------------|-----------|-------|--------|
| Cheek, Quinten Victor      | 0-2075530 | 2d Lt | AC-AUS |
| Cooper, Edward Maclin      | 0-2080879 | 2d Lt | AC-AUS |
| Davis, Donald Franklin     | T-140090  | Flt 0 | AC-AUS |
| Davis, Sylvester Sanford   | 0-2080883 | 2d Lt | AC-AUS |
| Hardy, Bennett Grant       | 0-2080900 | 2d Lt | AC-AUS |
| Jamison, Donald Stubbs     | T-140106  | Flt 0 | AC-AUS |
| McIntyre, Herbert Alvin    | 0-2075551 | 2d Lt | AC-AUS |
| Porter, Calvin Vester, Jr. | 0-2075556 | 2d Lt | AC-AUS |
| Talton, James Edward       | T-136691  | Flt 0 | AC-AUS |

BY COMMAND OF BRIGADIER GENERAL PEABODY:

OFFICIAL:

R.H. DIETERICH

Colonel, Adjutant General's Department

Adjutant General.

C. U. TRUE Colonel, Air Corps Acting Chief of Staff

NOTE: Flying Status orders issued at commencement of flying training for all officers training in grade remain in effect after successful completion of training, and additional orders are not required upon their receiving aeronautical ratings. Such orders, or true copies thereof, when attached to pay voucher for purpose of collecting flying pay, should be in duplicate and accompanied by duplicate — (a) Aeronautical rating Personnel Orders (above) (b) Order calling the officer to active duty. (c) Flight Certificate of officer, duly signed by the Commanding Officer, as called for by existing regulations.



JAJJr/dt

# MEMORANDUM RECEIPT

| ing orga                                         | nization | 2143rd A | AF Base Supply, AAF Property Classification 16-A   |  |  |  |  |  |
|--------------------------------------------------|----------|----------|----------------------------------------------------|--|--|--|--|--|
| *Issued to   George C. Belden 2nd Lt.k Air Corps |          |          |                                                    |  |  |  |  |  |
| QUANTITY                                         | UNIT     | PART NO. | ARTICLE                                            |  |  |  |  |  |
| 1                                                | 68.      |          | 1600-20813000 Microphone T-30 () —NOTHING FOLLOWS— |  |  |  |  |  |
|                                                  |          |          |                                                    |  |  |  |  |  |
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\* Strike out words not applicable.

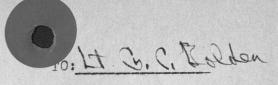
☆ U. S. GOVERNMENT PRINTING OFFICE: 1942 16-9965-1

(Official designation)

(Signature with rank and organization)
Corps of Aviation Cadets

GEORGE C. BOLDEN, 2nd Lt., Air Corps

See Paragraph \* RESTRICTED \*



#### HEADQUARTERS TUSKEGEE ARMY AIR FIELD

SPECIAL ORDERS ) NUMBER :92 ) EXTRACT

Tuskegee, Alabama 18 April 1945

995099790990992

VOCO 16 Apr 45 stating that fol-Personnel having rptd this sta that date in compliance w/par 1 SO 51 Hq 2164th AAF BU (CFSP) Tuskegee Inst Ala 16 Apr 45 be atchd unasgd Sq "H" 2143d AAF EU eff that date and all Offs be aptd pdy as Stu Offs (2700-2) are hereby confirmed and made a matter of record, exigencies of Sv having been such as to prevent nec issuance of orders in adv. IGF rats in kind to Avn Stus (Cpl) James C Russell 39236277 FD will pay mon alws in lieu of rats in accordance w/AR 35-4520 until graduation or unless sconer reld. EDCMR 17 Apr 45. All Offs are asgd Fub Qrs in EOQ.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STUDENT C                                                                                                                                                                                                                                                                           | FFICERS                                  |                                                                     |                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2D LT GEORGE C FOLDEN 2D LT QUINTEN V CHEEK 2D LT ALTON A BURTON 2D LT EDWARD M COOPER 2D LT SYLVESTER S DAVIS JR 2DLT BENNETT G HARDY 2D LT HEREERT A MC INTYRE 2D LT THOMAS M MILLER 2D LT ROBERT H OWENS 2D LT CALVIN V PORTER JR 2D LT BRUCE RILEY JR 2D LT JOHN A RUCKER 2D LT CHARLES T SLAUGHTER 2D LT HERBERT C THORPE 2D LT EENJAMIN W WILLIAMS FLT O VICTOR MEARKER FLT O ROSCOE J DABNEY JR FLT O DONALD F DAVIS FLT O THOMAS D HARRIS JR FLT O JOSEPH L MARSHALL FLT O GARMETT H QUINN FLT O DANIEL B SMITH FLT O DAMES E TALTON | 02075526<br>02075530<br>02080871<br>02080879<br>02080883<br>02080900<br>02075551<br>02080952<br>02075556<br>02080925<br>02075556<br>02080925<br>02075560<br>02080935<br>02075577<br>T140085<br>T140089<br>T140100<br>T140106<br>T140106<br>T140139<br>T140122<br>T136688<br>T136691 | AC A | MOS<br>1035<br>1035<br>1035<br>1035<br>1035<br>1035<br>1035<br>1035 | MCO<br>00.999<br>05.035<br>04.930<br>00.999<br>01.700<br>00.999<br>01.180<br>00.999<br>04.752<br>34.400<br>05.810<br>00.999<br>04.851<br>00.999<br>04.851<br>00.999<br>04.393<br>09.470<br>00.999<br>00.999 |
| . MOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AVIATION                                                                                                                                                                                                                                                                            | ACADETS                                  |                                                                     | MCO                                                                                                                                                                                                         |
| 521 Joseph Austin 685 William L Brockent 521 Reuben H Brown Jr 521 Walter P Curry 521 Otis E Finley Jr 521 Clifford W Davis 521 Elliott H Gray 521 Russell Greenfield                                                                                                                                                                                                                                                                                                                                                                        | oorough 329<br>399<br>1.31<br>376<br>369<br>349                                                                                                                                                                                                                                     | 594539                                   | AC<br>AC<br>AC<br>AC<br>AC<br>AC<br>AC<br>AC                        | 480<br>010<br>324<br>480<br>010<br>008<br>480                                                                                                                                                               |

SO 92, TAAFId Tuskegee, Ala \* R E S T R I C T E D \* dtd 10 April '45 cont'd.

| MOS     | AVIATION                         | C/DETS (CO | (תוידיות                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MCO        |
|---------|----------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 521     | Victor L Hancock                 | 37640027   | THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADD | MCO<br>CLO |
| 521     | Hobert L Harvey                  | 35839462   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 056        |
| 521     | Jerry T Hodges Jr                | 33822091   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 480        |
| 521     | Julien D Jackson Jr              | 33856741   | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 010        |
| 521     | Earl Kelly                       | 33753327   | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 291        |
| 521     | Timothy G Lawson                 | 31453767   | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 114        |
| 521     | August J Martin                  | 42095108   | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 273        |
| 521     | Ralph W Mason                    | 36468449   | AC .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 300        |
| 521     | William B Morgan                 | 33921587   | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 010        |
| 521     | Robert L Maxwell                 | 42137177   | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 219        |
| 521     | David M Mozee Jr                 | 16187682   | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 010        |
| 521     | Ambrose B Nutt                   | 35237707   | AC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | .330       |
| 405     | Augustus L Falmer                | 33544784   | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 010        |
| 521     | Wilbur Parker                    | 42106623   | AC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OIO        |
| 611 521 | Pierce T Ramsey                  | 33807889   | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 010        |
| 521     | Charles J Roach Floyd R Scott Jr | 42073596   | AC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 482        |
| 970     | Melvin S Scruggs                 | 42083603   | AC,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 480        |
| 611     | **                               | .15373741  | AC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 174        |
| 521     |                                  | 37730689   | AC:O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 010        |
| 521     | Julius C Westmoreland            | 33753354   | AC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 010        |
| 055     | Vertner J White Jr               | 35926707   | AC,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 224        |
| 521     | Oscar L Wilkerson                | 16196106   | AC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 480        |
| 521     | James L Williams                 | 13201410   | AC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 480        |
| 521     | Sandy W Wright Jr                | 39074118   | AC :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 101        |
| 521 :   | William W Young                  | 15129071   | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 480        |
| 77.     |                                  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |

# AVIATION STUDENT

821 Cpl James C Russell 39236277 AC 590

BY ORDER OF COLONEL PARRISH:

CLYDE H BYNUM,

Major, AC.,

Adjutant.

FICIAL: LYDE H EYNUM. lajor AC., idjutant.

\*\*\*\*\*\*\*\*\*

DISTRIBUTION: F "A"

HEADQUARTERS
2164TH AAF BASE UNIT
(CONTRACT PILOT SCHOOL PRIMARY)
TUSKEGET INSTITUTE, ALABAMA

Date April 17, 1945

SUBJECT: Clearance.

Commanding Officer, 2164th . F Base Unit, (Contract Pilot School, Primary) Tuskegee Institute, Alabama.

AVILTION CADET 90 Bollen GEORGE C

1. I certify that the above aviation Cedet has settled all indebtedness to each of the following Departments:

(1) Institute Laundry James J. Allton
(2) Library Booth Read Read

(3) Ground School Francisco althou B. Williams

(4) Physical Training Department

(5) ir Forces Supply Sand Horagen 1

(6) Engineering Officer Land Hereus 20 PT

\*(7) Tuskegoe Institute

\*\*(8) Commanding Officer

\* This account will be settled with Mrs. G. L. Washington in her office in Hanger To. 2.

\*\* This will be the last signature secured and until it has been accomplished no aviation Cedet of Student Officer will be considered released.

I certify that the above signatures are authentic to the best of my knowledge and that I have settled all indebtedness to the Tuskegee Institute, and the United States army not specifically mentioned above.

George C Bolden

RESTRICTED

HEADQUARTERS 2164TH AAF BASE UNIT (CONTRACT PILOT SCHOOL PRIMARY) TUSKEGEE INSTITUTE, ALABAMA

16 April 1945

SPECIAL ORDERS)

NUMBER 51)

(Component-AUS)

1. Following named S/O's, A/C's & A/S, (Race-N), members of Cl 45-F, having successfully completed the course of primary flt tng at this sta are hereby reld fr atchd unasgd AFTRC, 2164th AAFBU (CPSP) Tuskegee Inst, Ala, are trfd atchd unasgd to AFTRC, 2143d AAFBU, TAAF, Tuskegee, Ala. eff 17 Apr 1945 for basic flying tng. WP thereto 17 Apr 1945 reporting upon arrival thereat to CO for dy & tng. No expense to Govt involved incident to this transfer. TC will furnish necessary transportation. TDN. EDUMR: 17 Apr 1945. Auth: Messageform, Hq, AAFEFTC, M/F, Ala, file 220.33, dtd 11 Apr 1945.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STUDENT OFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Printed and a contract of the |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ping                                                                                                                                                                                                           |
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| 2d Lt QUINTEN V. CHEEK 2d Lt ALTON A. BURTON 2d Lt EDWARD M. COOPER 2d Lt SYLVESTER S. DAVIS, JR. 2d Lt BENNETT G. HARDY 2d Lt HERBERT A. MC INTYRE 2d Lt THOMAS M. MILLER 2d Lt ROBERT H. OWENS 2d Lt CALVIN V. PORTER, JR. 2d Lt BRUCE RILEY, JR. 2d Lt JOHN A. RUCKER 2d Lt CHARLES T. SLAUGHTER 2d Lt HERBERT C. THORPE 2d Lt BENJAMIN W. WILLIAMS Flt O VICTOR M. BARKER                                                                        | 02 080 900 02 075 551 02 080 952 02 075 554 02 075 556 02 080 925 02 080 935 02 075 560 02 080 935 02 075 577 T 140 085 T 140 089 T 140 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AC 103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       35     2700       36     2700       37     2700       38     2700       39     2700       30     2700       30     2700       30     2700       30     2700       30     2700       30     2700       30     2700       30     2700       30     2700       30     2700       30     2700       30     2700 | 00.999<br>00.999<br>05.035<br>04.930<br>00.999<br>05.362<br>04.770<br>00.999<br>01.700<br>00.999<br>01.180<br>00.999<br>04.752<br>07.951<br>05.810<br>00.999<br>04.851<br>00.999<br>04.393<br>09.470<br>00.999 |
| Primary MOS                                                                                                                                                                                                                                                                                                                                                                                                                                          | AVIATION CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                                                                                                                                                                                                                           | MCO                                                                                                                                                                                                            |
| 521 Austin, Joseph 685 Brockenborough, Wi 521 Brown, Reuben H., 521 Curry, Walter P. 521 Finley, Otis E., 5 521 Davis, Clifford W. 521 Gray, Elliott H. 521 Greenfield, Russel 521 Hancock, Victor L. 521 Harvey, Robert L. 521 Hodges, Jerry T., 521 Jackson, Julien D. 521 Kelly, Earl 521 Lawson, Timothy G. 521 Mason, Ralph W. 521 Morgan, William B. 521 Maxwell, Robert L. 521 Mozee, David M., 5 521 Nutt, Ambrose B. 405 Palmer, Augustus I | Jr. 3:   9 594 539 A<br>3 140 417 A<br>7 608 744 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 480<br>295<br>010<br>324<br>480<br>010<br>008<br>480<br>010<br>056<br>480<br>010<br>291<br>114<br>273<br>300<br>010<br>219<br>010<br>330<br>010                                                                |

## RESTRICTED

# SO #51, HQ, 2164TH AAFBU (CPSP) TUSK INST, AIA, 16 APR 45 (CONT'D)

| Primary MOS | AVIATION CADE           | TS (CONT'D) |    | MCO |
|-------------|-------------------------|-------------|----|-----|
| 521         | Parker, Wilbur          | 42 106 623  | AC | 010 |
| 611         | Ramsey, Pierce T.       | 33 807 889  |    | 010 |
| 521         | Roach, Charles J.       | 42 073 596  | AC | 482 |
| 521         | Scott, Floyd R., Jr.    | 42 083 603  | AC | 480 |
| 970         | Scruggs, Melvin S.      | 15 373 741  | AC | 174 |
| 611         | Terry, Kenneth E.       | 37 730 689  | AC | 010 |
| 521         | Thompson, Frank D.      | 36 905 649  | AC | 010 |
| 521         | Westmoreland, Julius C. |             |    | 224 |
| 055         | White, Vertner J., Jr.  | 35 926 707  | AC | 480 |
| 521         | Wilkerson, Oscar L.     | 16 196 106  | AC | 480 |
| 521         | Williams, James L.      | 13 201 410  |    | 480 |
| 521         | Wright, Sandy W., Jr.   | 39 074 118  |    | 101 |
| 521         | Young, William W.       | 15 129 071  |    | 480 |
| 721         | Tours, Martiagn M.      | 1, 10, 012  |    |     |
|             | AVIATION                | STUDENT     |    |     |
| 821 Cpl     | Russell, James C.       |             | AC | 590 |

Note: All Trainees listed hereon have been cleared as meeting Character requirements defined in par 7b, AR 625-5, 12 Sept 1944.

BY ORDER OF MAJOR MAGOON:

OFFICIAL: XAVIER J. GALGOTA,
Captain, Air Corps,
Adjutant.

XAVIER J. GALGOTA, Captain, Air Corps, Adjutant.

DISTRIBUTION:

6 CG, AAFEFTC

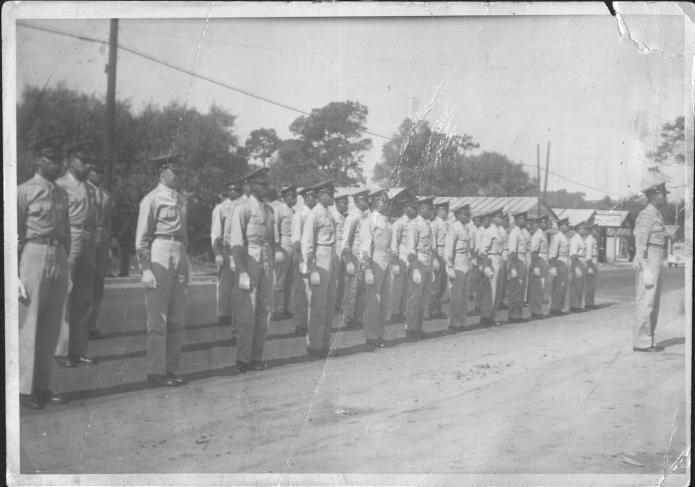
50 CO, TAAF

1 ea. concerned

1 ea. 201-File

1 File





chapped Caster Morning - 1921 - in Panama City-Fla. by Lesse W. Word - U.S.O. Director

> SEP I 1944 BIRMINGHAM LOLLAR'S







E149/3614



E178/4395

P-38



A group of pilots from the all-black 332nd Fighter Group, 15th Air Force, stationed in Italy, discuss the results of a recent mission. (3A-24029)

U.S. Air Force Photo Collection (53690 AC), courtesy of National Air and Space Museum 1955673 Postcard © 1993 Smithsonian Institution

#### WAR DEPARTMENT ARMY AIR FORCES

\*DEBIT

\*CREDIT

# MORANDUM RECE

meh

No. 45-0 Station 2143rd AAF Base Supply, TAAF, Tuskegee, Alabama Date 16 April 1945 Issuing organization Unit D Property Classification 13-dir Corps Supply GEORGE C. BOLDER, 2nd Lt., A.C. \*Issued to \* Turned in by QUANTITY UNIT PART NO. DI 8300-290400 Classes-Flying Sun-Confort Cable I acknowledge receipt of the above-listed Army Air Forces property:

\* Strike out words not applicable.

(11-42)

☆ U. S. GOVERNMENT PRINTING OFFICE: 1942

(Official designation)

(Signature with rank and organization)

SECTION " H "

GLORGE C. BOLDER, 2nd Lt., A.C



# RSONAL AFFAIRS STA

|   | (See *Instructions) | , |
|---|---------------------|---|
| 7 | Bolden              | D |

|   |        |     |    | nane pinne i |
|---|--------|-----|----|--------------|
| K | 2d 20. | ASN | 0- | 2075526      |

|                 |                                              |                           | (See *Instructi       | ons)                             | at the state of enduting and the state of          |
|-----------------|----------------------------------------------|---------------------------|-----------------------|----------------------------------|----------------------------------------------------|
| NAME            | George Clay                                  | (Middle)                  | Bolden<br>(Last)      | RANK 2d Lt.                      | ASN 0- 2075526                                     |
| Date entered a  | active duty (this tou                        | r) 16 Dec 1               | _                     | ce completed on                  | ; date of birth 2 Sep 25                           |
| Permanent ad    | or con                                       | 6 Webster Ave             |                       | Pittsburgh                       | Pa.                                                |
| The status of r |                                              |                           | ssistance of the Pe   | (City) rsonal Affairs Officer at | 2164th AAF BU (CPSP)                               |
|                 |                                              | egee Institut             |                       |                                  |                                                    |
| ,               | 1 April 45                                   |                           |                       |                                  |                                                    |
|                 |                                              | items accomplished        |                       | of last date shown on this       |                                                    |
| Boxes           | not checked [ indic                          | cate items that ma        | y require further a   | attention.                       |                                                    |
|                 | NMENT LIFE INS                               |                           |                       |                                  | USGL                                               |
| (a) I have      | e (now in force or a                         | applied for) \$           | 1                     | 0,000,00                         | NSLI                                               |
| on t            | he 5 yr level                                | prem term                 | plan, effect          | ive Dec 43                       |                                                    |
| (b) With        | the additional disab                         | \$<br>ility benefit on \$ | ak akanga ang projet  |                                  |                                                    |
| X (c) And a     | m paying a total pr                          | remium of \$              | .40                   | Mo/OFWEXXXXX poych               | le by direct remittance/allotment,                 |
|                 |                                              | ovenber 1944              |                       | - mo/ gti/SA/Aim, payao          |                                                    |
| X (d) The b     | effectiveeneficiaries designate              |                           |                       |                                  |                                                    |
| Principal_      | Mrs.                                         |                           | den                   | Nother                           | 10,000.00                                          |
| Frincipal       |                                              | (Name)                    |                       | (Relationship)                   | (Portion)                                          |
| Contingent      | Mr. J                                        | (Name)                    | n Sr.                 | Father (Relationship)            | 10,000.00                                          |
| (e) The co      | onversion privilege                          |                           | to me, and I have     | converted                        | (Portion)                                          |
| \$              |                                              |                           | USGLI, eff            | ective                           |                                                    |
| \$              |                                              |                           | NSLI, effe            | ctive                            |                                                    |
|                 | RCIAL LIFE INST                              |                           | following ingurance   | e company(s) in the event        |                                                    |
| Amount          | of Insurance                                 | Name o                    | f Company             |                                  | OI my death.<br>Home Office Address                |
| \$              |                                              |                           |                       |                                  |                                                    |
| \$              |                                              |                           |                       |                                  |                                                    |
| \$              |                                              |                           |                       |                                  |                                                    |
| (b) I have      | e made Class E All                           |                           | following company     | y(s).                            | Controller Control                                 |
|                 |                                              | of Insurance Company      |                       | Allotment Effe                   | Amount                                             |
|                 |                                              |                           |                       |                                  | \$\$                                               |
|                 |                                              |                           |                       |                                  | AL EN PRINCIPLE OF THE ORDER OF THE COLUMN CONTEST |
| (c) I have      | placed the following                         | g life insurance une      | der the protection    | of the Soldiers and Sailors      | Civil Relief Act                                   |
| \$              |                                              |                           |                       |                                  | Life Insurance Company                             |
| (d) The be      | eneficiaries on my c                         | ommercial life insu       | rance contract(s)     | listed in paragraph 2 (a)        | above are:                                         |
| Principal       |                                              |                           |                       |                                  |                                                    |
|                 |                                              | (N                        | ame)                  |                                  | (Relationship)                                     |
|                 |                                              | (N                        | ame)                  |                                  | (Relationship)                                     |
|                 |                                              |                           | sess certified copies | under seal of the applicab       | le records listed below.                           |
|                 | ublic record of my                           |                           |                       |                                  |                                                    |
|                 | y wife's divorce dec<br>y wife's/my children |                           |                       |                                  |                                                    |
|                 |                                              |                           |                       | father, mother, sisters, br      | onthers muself                                     |
|                 | B ALLOTMENT FO                               |                           |                       |                                  | outers, mysers.                                    |
|                 | e Class B Allotment                          |                           | SE OF WAR SA          | INGS BUNDS.                      |                                                    |
|                 | Finance Officer U. S. Army                   |                           | Amount 37.50          | Authorized Effective             | Terminated Effective                               |
|                 |                                              | \$                        |                       |                                  | 2.00.00.00.00.00.00.00.00.00.00.00.00.00           |
|                 |                                              | \$                        |                       |                                  |                                                    |
|                 | E ALLOTMENT F                                |                           |                       |                                  |                                                    |
| I have mad      | e a Class E Allotme                          | ent in the amount o       | f \$                  |                                  | monthly,                                           |
| To/Cr.          |                                              |                           |                       | Relations                        | hip                                                |
| Bank            |                                              |                           |                       |                                  | election (party)                                   |
| Addres          | ALLOWANCES                                   | (ENLISTED PER             | SONNEL ONLY)          |                                  | ted effective                                      |
|                 |                                              |                           |                       |                                  | pay due me for the month of                        |
|                 |                                              |                           |                       |                                  |                                                    |
|                 |                                              |                           |                       |                                  | c/-16-43193-1                                      |

|                     | he advantages have been explained to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a ma                                                                                                                  | BURYTY ORSHIF.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 8. JOINT            | T CHECKING ACCOUNT WITH F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| Yagu<br>Yagu        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| at _                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| 9. GENE             | ecking account owned "jointly with a ERAL POWER OF ATTORNEY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
|                     | executed a general power of attorne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| I have              | FOR OFFICER/ENLISTED MAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| 11. WILL            | FOR WIFE/HUSBAND.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amana                                                                                                                 | Substitut Factors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Meson for the many                                                           |
|                     | dvantages have been explained to m<br>INSURANCE ON WIFE/HUSBAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
|                     | ife/husband has in force on her/his li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | life insurance                                                               |
| (6) 169/10          | able to(N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Relationship)                                                               |
|                     | RGENCY ADDRESSEE. (IMPORTAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
|                     | person I desire to be notified in event of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Relationship)                                                               |
| at                  | 3476 Webster Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       | Pittsburgh, (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (State)                                                                      |
| (b) On              | , I executed a WI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AGO Form No. 48                                                                                                       | recording the designation shown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | in paragraph 13 (a) above                                                    |
|                     | religious preference is: 🙀 Protestan<br>MONTHS' GRATUITY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | it, 📋 Catholic, 📋 H                                                                                                   | enrew.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |
|                     | November W., I designated 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mrs. Laulie Bo                                                                                                        | lden (some as item 13)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mother (Relationship)                                                        |
| (firs               | st beneficiary) to receive any Six Mor<br>O Form No. 22-EM.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GO Form No. 41-Off.; WD                                                      |
| 15. PERS            | ONAL INFORMATION FILE FOR been advised of the importance of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ds pertinent to my military                                                  |
|                     | AND FLYING STATUS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| (b) Order           | tatus as to all items of pay and allowers detailing me to flying duty (rated page 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ying:                                                                        |
|                     | PO 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| Par<br>Date .       | 5 Feb. 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| 17. INCOM           | ME TAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | was company                                                                                                           | The state of the s | Carrier of                                                                   |
|                     | fect of military service on my Federa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | l Income Tax liabilit                                                                                                 | y has been explained to me.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |
|                     | L MATTERS.  be been advised of the legal assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e facilities available                                                                                                | to military personnel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |
| 19. PERS            | ONAL AFFAIRS STATEMENT AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ND SUPPLEMENT                                                                                                         | ARY INFORMATION.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |
|                     | e received a copy of this Statement sions, Government Insurance, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and information re                                                                                                    | garding Arrears in Pay, Six Mon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nths' Gratuity, War Time                                                     |
| 20. OTHE            | R MATTERS. (Record of: Soldiers' deposit box, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Deposits and any                                                                                                      | ther solely owned savings and che                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | cking accounts; location of                                                  |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| [] (a) are y        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| to mymot            | a copy of this Statement, together, her, Mrs. Laulie Bolden (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r with a copy of                                                                                                      | WD Benefit Guide booklet (when                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | available), be forwarded                                                     |
| NOTE TO EMERO       | GENCY ADDRESSEE.—If I am overseas, it is on: Casualty Branch. In any such communic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s important that you con                                                                                              | municate any change in your address to Th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e Adjutant General, Washington                                               |
|                     | and the second s | ation, include my name,                                                                                               | grade, Army Serial Number, and last know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | wn APO number.                                                               |
| Witnessed by:       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| (a) Phone           | Cook in torse overlappy at \$5.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | BORGE C. BOLDEN, 2d Lt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , A.C.<br>No                                                                 |
|                     | nature, Grade, ASN of Personal Affairs Inter-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | viewer)                                                                                                               | Social Sociality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10.                                                                          |
|                     | sot cheeked CI indicate from that if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | REVIEW RE                                                                                                             | CORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |
| (Date)              | (Signature of processee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Station)                                                                                                             | (Name, Grade, ASN of PAI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ,                                                                            |
|                     | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       | (Ivame, Grade, ASN Of FAI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Initials of PAI)                                                            |
| (Date)              | (Signature of processee)  *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Station)                                                                                                             | (Name, Grade, ASN of PAI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Initials of PAI)                                                            |
| (Date)              | (Signature of processee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Station)                                                                                                             | (Name, Grade, ASN of PAI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Initials of PAI)                                                            |
| (Date)              | (Signature of processee) *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Station)                                                                                                             | (Name, Grade, ASN of PAI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Initials of PAI)                                                            |
| (Date)              | (Signature of processee) *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Station)                                                                                                             | (Name, Grade, ASN of PAI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Initials of PAI)                                                            |
| (Date)              | (Signature of processee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Station)                                                                                                             | (Name, Grade, ASN of PAI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Initials of PAI)                                                            |
| effecting desired n | .—AAF Personal Affairs State is not to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | be used, either as a sulform is to provide a sone                                                                     | stitute for, or in lie authorized form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ns or established procedures for                                             |
| effecting desired n | ersonal affairs actions. The pu of this f<br>rms. Accordingly, prior to sign 5 this state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | be used, either as a suf-<br>form is to provide a cons-<br>ement, any action will be<br>s. Government printing office | olidated record of all affairs action accomplished in the pro-ribed official man                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ns or established procedures for<br>ns taken by previous accomplish-<br>ner. |

| War Depart<br>A. A. F. For<br>Approved N | ment<br>m No. 104 c<br>larch 1, 1943    |                |                         | REQ               | UISITIO               | ON and                       | SH               | IPPIN                                                                                          | G TIC                                                                                   | CKET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                | (DOMEST          | (C)                                                                          |
|------------------------------------------|-----------------------------------------|----------------|-------------------------|-------------------|-----------------------|------------------------------|------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------|
| Date Prep                                | pared:                                  | Prepared By    |                         |                   |                       |                              |                  |                                                                                                | hority Or Requisition                                                                   | THE RESERVE OF THE PARTY OF THE | g Officer's Voucher No.                                                                                        |                  |                                                                              |
| Shipped F                                |                                         | LDEN, 2r       | nd Id., A.              | C. ASH:           | 0-207552              | 6                            |                  |                                                                                                |                                                                                         | Shij                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oping Order No.                                                                                                | Selecte          | d By Date                                                                    |
| Shipped 7                                | To:<br>9 SO' TA                         | AF, Tusk       | egee, Ala               | bana              |                       |                              |                  |                                                                                                |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | Inspect          | ed By Date                                                                   |
| Accountab                                |                                         |                |                         |                   |                       |                              |                  |                                                                                                |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | Packed           | By — Date                                                                    |
| Ship Via:                                |                                         | Routin         | ng:                     |                   |                       | B/                           | 'L No            | W/B No!                                                                                        | Vian. No                                                                                | Dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e Must Ship:                                                                                                   | Date S           | hipped:                                                                      |
| Requisi                                  | tioning Officer:                        | (Type Name A   | And Rank Here -         | Sign Below)       | Approving             | Officer: (Type               | Name And         | d Rank Here -                                                                                  | Sign Below                                                                              | w) (J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Justification For Ry.                                                                                          | Exp.) (Air S     | Shipment Priority Number                                                     |
| Item                                     | Ordered                                 | Stock Re       | ecord Action Changed To | Wareho<br>Shipped | use Action Changed To | Hdqtrs. Action<br>Item Tally | Unit Of<br>Issue | Stock                                                                                          | Number                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | Nomenc           | lature                                                                       |
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|                                          | Item Num                                | bers in Each P | Package:                | Pa                | ckage Nos.            | Type Packag                  | ge No.           | Packages                                                                                       | Weig                                                                                    | ght                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Receiving Officer's \                                                                                          | /oucher No.      | Date Received:                                                               |
| Signature:                               | Requisitioning                          | Officer        |                         |                   | Signature: A          | approving Office             | r                |                                                                                                |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name and Rank: Re                                                                                              | eceiving Officer |                                                                              |
| Code For                                 | Action Taken                            | V-being sh     | nipped X-ex             | tracted           | B-back ordered        | 0-cancelled                  | f E-8            | additional info                                                                                | ormation req                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature: Receiving                                                                                           | Officer          |                                                                              |



JAJJr/dt \*CREDIT

# MEMORANDUM RECEIPT

| No  | la mi | 01.70 |
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| 140 | 1000  | 3417  |

Station 2143rd AAF Base Supply, TAAF, Tuskegee, Alabama Date 10 February 1945

Issuing organization Unit "D" AAF Property Classification 13 (Air Corps Supply

\*Issued to

George Clay Bolden 2nd Lt., A. C.

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| QUANTITY | UNIT | PART NO. | ARTICLE                                      |
| 1        | ea.  |          | 8300-069260 Cap-FlyingWinter, Type E-2       |
| 1        | pr.  |          | 8300-298750 Gloves-Flying Winter, Type A-10  |
| 1        | ea.  |          | 8300-439080 Helmet-Plying Winter, Type B-6   |
| 1        | ea.  |          | 8300-51,101,0 Jacket-Flying Winter, Type B-3 |
| 1        | pr   |          | 8300-720950 Shoes-Flying Winter, Type A-6    |
| 1        | ea.  |          | 8300-792030 Suit-Flying Summer, Spec AN-S-31 |
| 1        | pr.  |          | 8300-933120 Trousers-Flying Winter, Type A-5 |
| 1        | ea.  |          | 8300-486000 Jacket-Flying Type A-2           |
|          |      |          | NOTHING FOLLOWS                              |
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I acknowledge receipt of the above-listed Air Corps property enge C Bolden
GEORGE CTAY BOLDEN, 2nd Lt., A. C.

(Signature with rank and organization)
2164th AAF Base Unit, Tuskegee Institute

WAR DEPARTMENT A. A. F. Form 121 Revised 1 October 1944

# INDIVIDUAL A. A. F. ISSUE RECORD

| NAME                                                                                 |                                   |                                         |      |               |      |      | G   | RADE |      |     |     |      |      |      |   |
|--------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|------|---------------|------|------|-----|------|------|-----|-----|------|------|------|---|
| GEORGE CLAY BOLDEN                                                                   |                                   |                                         |      |               |      |      |     | 2n   | dI   | t., | A.  | C.   |      |      |   |
| RATING                                                                               |                                   |                                         | ASN  | 1             |      |      | -   |      |      |     |     |      |      |      |   |
| BOMBARDIER                                                                           |                                   |                                         |      |               | 0-   | 207  | 552 | 6    |      |     |     |      |      |      |   |
|                                                                                      |                                   |                                         | QU.  | ANT           | ITY  | ISSL | JED |      | 6    | UAN | TIT | Y TU | JRN  | ED I | N |
|                                                                                      |                                   | 1                                       | 2    | 3             | 4    | 5    | 6   | 7    | 1    | 2   | 3   | 4    | 5    | 6    | 7 |
| 1. This form will be retained with the permanent records for the individual.         | Voucher<br>No.                    |                                         |      |               |      |      |     |      |      |     |     |      |      |      |   |
| 2. See A. A. F. Regulation 65-23 for items to be entered on this form.               | -                                 |                                         |      |               |      |      |     |      |      |     |     |      |      |      |   |
| 3. The items to be listed on this form are nonexpendable and expendable-recoverable. | STOCK<br>RECORD<br>ACCOUNT<br>NO. |                                         |      |               |      |      |     |      |      |     |     |      |      |      |   |
| ARTICLES<br>(Nomenclature, Type or Stock No.)                                        | DATE                              |                                         |      |               |      |      |     |      |      | 0   |     |      |      |      |   |
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| I CERTIFY THAT ALL THE ITEM                                                          | S OF                              | FLY                                     | ING  | EO            | UIP  | MEN  | r I | SSU  | ED   | TO  | ME  |      |      |      |   |
| PURSUANT TO AUTHORITY GRANTE                                                         | DIN                               | AAF                                     | RE   | GUL           | ATI  | ON   | 65- | 23   | ARE  | NO  |     |      |      |      |   |
| PRESENTLY IN MY POSSESSION I                                                         |                                   | 100000000000000000000000000000000000000 |      | 837 JULY 8132 | III- |      |     |      |      |     |     |      |      |      |   |
| TURNED IN BY ME AT AAF-309 S<br>D-10470 DTD 10 FEBRUARY 1945                         |                                   | TAA                                     |      | SH            | IPP  | LING | 11  | CKE  | T if | 45  |     |      |      |      |   |
| 1                                                                                    |                                   |                                         |      |               |      |      |     |      |      |     |     |      |      |      |   |
| JEMAS Bolds                                                                          | 1                                 |                                         |      |               |      |      |     |      |      |     |     |      |      |      |   |
| GEORGE CLAY BOLDEN, 2nd Lt.,                                                         | A.C.                              |                                         |      |               |      |      |     |      |      |     |     |      |      |      |   |
|                                                                                      |                                   |                                         |      |               |      |      |     |      |      |     |     |      |      |      |   |
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| Individual's in                                                                      | nitials                           |                                         |      |               |      |      |     |      |      |     |     |      |      |      |   |
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| Issuing officer's in                                                                 |                                   |                                         |      |               |      |      |     |      |      |     |     |      |      |      |   |
|                                                                                      | (SEE RE                           | VERSE                                   | SIDE | )             |      |      |     |      |      |     |     |      | 6-41 |      |   |

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| ARTICLES<br>(Nomenclature, Type or Stock No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                 |    |   |     |                |     |   |   |     |   |   |   |   |                        |
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| Individual's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | initials                          |                 |    |   |     |                |     | - |   |     |   |   |   |   | THE PERSON NAMED IN    |
| uing officer's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | initials                          |                 |    |   |     |                |     | 4 |   |     |   |   |   |   |                        |





light

# HEADQUARTERS

Army Air Forces Eastern Flying Training Command
Maxwell Field, Alabama 31

31E LM/jj

PERSONNEL ORDERS )
NO. 6

EXTRACT

5 February 1945

Headquarters, Army Air Forces, as amended, subject: "Delegation of Authority to Grant Aeronautical Ratings," to Commanding General, AAF Training Command, 19 September 1942, and further delegated to this Headquarters by letter, 322.9911, Headquarters, AAF Training Command, same subject, 15 October 1942, and in accordance with paragraph 2, AR 35-1480, WD, 10 October 1942, the following-named officers who hold an aeronautical rating, or who are duly assigned to a course of instruction for qualification as Aircraft Observer or Aircraft Pilot, are required to participate in regular and frequent aerial flights, effective 6 February 1945: (Class 45-F, 2164th AAF Base Unit - Contract Pilot School, Primary - Tuskegee Institute, Alabama.)

Par 13, PO #6, AAFEFTC, dtd 5 Feb 45 (Cont'd)

Staples, Ezra James Talton, James Edward T-136688 T-136691

Flt 0 Flt 0

D. D. FITZ GERALD :

Chief of Staff

Colonel, General Staff Corps

AC-AUS AC-AUS

BY COMMAND OF BRIGADIER GENERAL GRAVELY:

Raymond f. Barron

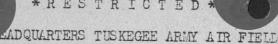
RAYMOND L. BARRON,

Major, Adjutant General's Department, Assistant Adjutant General.

NOTE: When attached to pay voucher for purpose of collecting flying pay, this order or true copies thereof, should be in duplicate and accompanied by duplicate -

(a) Copies of order calling the officer to active duty.
(b) Flight certificate of officer, duly signed by the

Commanding Officer, as called for by existing regulations.



SPECIAL ORDERS ) NUMBER 30 )

EXTRACT \*\*\*\*

T skegee, Alabama 

Fol-Stu Offs, Avn Cadets and /or Avn Stus- Cld- (MCS'S and MCO's indicated) are reld fr atchd unasgd Sq "H" 2143d AAF BU Tuskegee AAFld AAFEFTC trfd atchd unasgd 2164th AAF BU (Contract Pilot School Primary) Tuskgee Inst Ala AAFEFTC for elementray flying tng Cl 45-F. WP thereto 6 Feb 45. OWT one (1) day. EDCNR 6 Feb 45. PCS. TOT. TDN. TBGAA. FSA. 501-31 F 433-02 A 212/50425. Transfer involves no expense to Govt. Auth: Msgform Hq, AAFEFTS Maxwell Fld Ala file 220.33 dtd 25 Jan 45.

## STUDENT OFFICERS (MCS 1035) (DUTY-2700)

#### AVIATION CADETS

| 21 A TETT TOTA OFFIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 210                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MCS 566 Donald H Anderson 521 Joseph Austin 685 William L Brockenbord 521 Reuben H Brown Jr 901 Lawrence L Darton 055 Clifford W Davis 521 Otis E Finley Jr 521 Jerry H Eure 747 Elliott H Gray 521 Russell Greenfield 521 Victor L Hancock 055 Jerry T Hodges Jr 521 Julien D Jackson Jr 521 Robert L Harvey 835 Walter P Curry 521 August J Martin 521 Ralph W Mason 070 Robert L Maxwell 521 William B Morgan 521 Harold D Motin 521 David M Mozee Jr 521 Ambrose B Nutt 521 Wilbur Parker 521 Charles J Roach 521 Floyd R Scott Jr 970 Melvin S Scruggs 521 Frank D Thompson 521 Julius C Westmoreland 055 Vertner J White Jr 521 Oscar L Wilkerson 521 James L Williams 521 Sandy W Wright Jr 521 Oscar L Wilkerson 521 James L Williams 521 Sandy W Wright Jr 521 William W Young 611 Henry P Holcombe 611 Allan W Hylton 748 Hilliard L Washington 611 Pierce T Ramsey 611 Kenneth E Terry 521 Allison L Oglesby Jr 521 Earl Kelly 611 James W Townsend 611 James W Townsend 611 Louis J LaBeaud 521 Timothy G Lawson 405 Augustus L Palmer | 33752222<br>33922807<br>ough32967007<br>39594539<br>37507829<br>36949041<br>37608744<br>14193005<br>34938418<br>19205709<br>37640027<br>33822091<br>33856741<br>35839462<br>13140417<br>42095108<br>36468449<br>42137177<br>33921587<br>31471775<br>16187682<br>35237707<br>42106623<br>42073596<br>42083603<br>15373741<br>36905649<br>33753354<br>35926707<br>16196106<br>13201410<br>39074118<br>15129071<br>33806395<br>32908379 | MCO<br>144<br>480<br>295<br>010<br>033<br>010<br>480<br>010<br>08<br>480<br>010<br>480<br>010<br>218<br>010<br>330<br>010<br>482<br>480<br>174<br>010<br>224<br>480<br>480<br>010<br>482<br>480<br>174<br>010<br>224<br>480<br>480<br>010 |
| - 1 - 1 - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 22244104                                                                                                                                                                                                                                                                                                                                                                                                                             | 010                                                                                                                                                                                                                                       |

## AVIATION STUDENTS

T Sgt 945 Richard S Monclove 32238380 590 Cpl 821 James C Russell 39236277 500 Cpl 611 Edward Quander 33456393 (MCO 482)

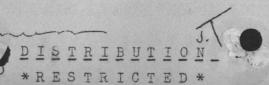
BY ORDER OF COLONEL PARRISH:

OFFICIAL:

CLYDE H BYNUM,

Major A. C.,

Adjutant.



CLYDE H BYNUM, Major A. C., Adjutant.

RESTRICTED HEADQUARTERS ARMY AIR BASE Godman Field, Kentucky

Special Orders Number 29

EXTRACT

29 January 1945

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10. Par 15 and 16, SO 24, this Hq, 24 Jan 45 as reads: and asgd Primary Tng Sch, Tuskegee, Ala (EFTC) are amended to read: and atchd unasgd to 2143d AAF Base Unit, Tuskegee AAFld, Tuskegee, Ala. (EFTC). (Re: Asgmt of O to Tuskegee AAFld, Ala).

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BY ORDER OF COLONEL SELWAY:

BRENO BELLANTE 2D LT., Air Corps, Adjutant.

OFFICIAL:

(Signed) BRENO BELLANTE 2D LT., Air Corps, Adjutant.

\*Negro Personnel

I CERTIFY A TRUE EXTRACT:

ROBERT S LAWERY, 1ST LT., A. G., Asst. Adjutant.

\*RESTRICTED\*

# INF VIDUAL FLIGHT RECORD

|                            | RIAL NO                  |                                      |          |                                |       | AME_         | LAS          | LDEN    |              | FIRST                          |                          | C                        | (3)           | RANK_<br>STATION | 2d 1      | t          | (4       | AGE_           | 1925           |
|----------------------------|--------------------------|--------------------------------------|----------|--------------------------------|-------|--------------|--------------|---------|--------------|--------------------------------|--------------------------|--------------------------|---------------|------------------|-----------|------------|----------|----------------|----------------|
|                            | RGANIZA                  |                                      |          |                                |       |              |              | F       |              |                                | 4                        | 77th                     | Bemb          | (制) (            | blath     | Bomb       | (M)      | LYING          |                |
| 19101                      | RGANIT.                  | ATION                                | I AT     | TACHEL                         | 1     |              |              | COMMAND |              | ING                            |                          | OUP                      |               | IADRON           |           | DETACHA    |          |                |                |
|                            | RESENT                   |                                      |          |                                | 618th | moar<br>Bom  | dier<br>b So | (M) C   | ol umbi      | is. In                         | ā.                       | 1110                     | RIGINAL       | RATING           | G & D.    | ATE        | Non      | 0              |                |
|                            | TRANSFE<br>TRANSFE       |                                      |          | The The                        |       |              |              |         |              | labama                         |                          | 113/11                   | IGHT RE       | LOIKICII         | ONS       | Jan 1      |          |                |                |
| (16)_                      |                          |                                      |          |                                |       | DO           | O NOT WR     | OUP     | IS SPACE     | SQUAL                          |                          |                          | U II (OI EI)  | DATE             |           |            |          |                |                |
| PERS<br>CLASS              |                          | A. F.                                | CC       | DMMAND                         | WINC  | 3            | NO.          | TYPI    |              | NO.                            |                          | PE                       | STATIC        | ON MC            | D. YR. (1 | 7)<br>ONTH | Janu     | orv I          | 0 45           |
| : .                        | THE CHARLES THE PARTY OF |                                      |          | : :                            | 1     |              | : :          | :       | : :          | ::                             |                          | :                        | 9: ::         |                  |           | OIVIII _   |          | G 5 1          |                |
|                            |                          |                                      | 4GS      | FLYING                         |       |              | QUALI-       | FIRST   | PILOT        | RA                             | TED PER                  | s.                       | NON           | -RATED           |           | SPEC       | IAL-INFO | RMATIO         | v .            |
| DAY                        | TYPE, M                  | ODEL                                 | LANDINGS | INST.<br>(INCL, IN<br>1ST PIL, | PILOT | CO-<br>PILOT | FIED         | DAY     | NIGHT        | N                              | ON-PILO                  | T                        | OTHER<br>ARMS | OTHER<br>CREW    | INSTRU    | NIGHT      | INSTRU-  | PILOT N        |                |
|                            | & SER                    | IES                                  | NO.L     | TIME)                          | CA    | CP           | QD           | P       | P<br>N OR NI | В                              |                          |                          | &             | & PASS'GR        | MENT 1    | N          | MENT     | OVER           | UNDER          |
| 18                         | 19                       |                                      | 20       | 21                             | 22    | 23           | 24           | 25      | 26           | 27                             | 28                       | 29                       | 30            | 31               | 32        | 33         | 34       | 400 H.P.<br>35 | 400 H.P.<br>36 |
| 23                         | B-2                      |                                      | 3        |                                |       |              |              |         | *            | 3:5                            | 5                        |                          |               |                  |           |            |          |                |                |
| 23                         | B-;                      | 5J                                   | 1        |                                |       |              |              |         |              | 3:0                            |                          |                          |               |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          |                          |               |                  |           |            |          |                |                |
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|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          |                          |               |                  |           |            |          |                | W. S.          |
|                            |                          |                                      |          |                                |       |              |              |         | AT 001       | -                              |                          |                          |               |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         | GLOS)        | D OUT                          | PER                      | SO g                     | 24 2          | 4 Jan            | 45        |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          |                          |               |                  | - ta      |            |          | •              |                |
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|                            |                          |                                      |          |                                |       |              |              |         |              | EL /Proposi                    | 07071                    | m 00                     | 101318/500i   |                  | ( a)      |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              | "GMT                           | KINAL                    | ID OF                    | PRECT         |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          | 18.                      |               | 267              |           |            |          |                | ,              |
|                            |                          |                                      |          |                                |       |              |              |         |              | I Marie Company of the Company | The second second second |                          | NGBLO         | OD               |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                | Lt,                      | MATERIAL SECTION SECTION | ffice         |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              | vpe.                           | LHOTE                    | шв с                     | TITEG         |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          |                          |               |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          |                          |               |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          |                          |               |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          |                          |               |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          |                          |               |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          |                          |               |                  |           |            |          |                |                |
|                            |                          |                                      | 3        |                                |       |              |              |         |              |                                |                          | 8.09                     |               |                  |           |            |          |                |                |
|                            | COLUM                    | N TOT                                | ALS      |                                |       |              |              |         |              | 11:10                          | )                        | N                        | on Pil        | let              |           |            |          |                |                |
|                            |                          |                                      |          |                                | (42)  | TOTAL        | STUDENT      | PILOT   | TIME         | (43)                           | TOTAL                    | FIRST                    | PILOT TIM     | E                | (         |            | AL PILOT | TIME           |                |
|                            | REVIOUS A                |                                      | C THE    | CEV                            |       |              |              |         |              |                                |                          |                          |               |                  |           |            | :10      |                |                |
|                            | HIS FISCAL               |                                      | S ITH    | S F. 1.                        |       |              |              |         |              |                                |                          |                          |               |                  |           | 177        |          |                |                |
| (40) PR                    | REVIOUS F                | ISCAL Y                              | EARS     | 5                              |       | 193          | : 35         |         |              |                                |                          |                          |               |                  |           | 24         | :05      |                |                |
| (41) TO                    | DATE                     | Name and Address of the Owner, where |          |                                |       | 193          |              |         |              |                                |                          |                          |               |                  |           | 213        |          |                |                |
| Z                          | AIRCRA                   | FT                                   | NL<br>20 | 21                             | 22    | CARD<br>23   | NO. 1        | 25      | 24           | 27                             |                          | RD NO                    |               |                  |           |            | RD NO.   |                |                |
| NOT WRITE IN<br>THIS SPACE |                          |                                      |          |                                |       | -            |              | *       | 26           | 27                             | 28                       | 29                       | 30            | 31               | 32        | 33         | 34       | 35             | 36             |
| T WR                       |                          |                                      |          | -                              |       |              |              |         |              |                                |                          |                          |               |                  |           |            |          |                |                |
| DO NO                      |                          |                                      |          |                                |       |              |              | 777,45  |              |                                |                          |                          |               |                  |           |            |          |                |                |
|                            |                          |                                      |          |                                |       |              |              |         |              |                                |                          | 1                        |               |                  |           |            |          |                | 1              |

| WAR DEPA<br>A.A.F. FOR<br>APPROVED | RTMENT<br>M NO. 104 C<br>MAY 15, 1944. |                        |                 | RE                   | QUISITI            | ON AN          | D SHIP        | PING           | TICKET          | (DOME                          | STIC)           | CHART NO.        |
|------------------------------------|----------------------------------------|------------------------|-----------------|----------------------|--------------------|----------------|---------------|----------------|-----------------|--------------------------------|-----------------|------------------|
| DATE PREP                          |                                        | PREPARED BY:           |                 | BASI                 | S FOR REQUISITI    | ON: DA         | ATE OF ACTION | V: C           | CLASS:          | AUTHORITY OR REQUISITION NO.   | SHIPPING OFFICE | R'S VOUCHER NO.  |
| 1-26                               | _1.5                                   | NC                     |                 |                      |                    |                |               |                | 13              |                                | 45-D-           | 5962             |
| SHIPPED F                          | ROM: GEORGE<br>618th                   | CLAY BOLI<br>Bomb. Sod | . Atter         | 1-0-2075<br>oury Arm | 526 #<br>y Air Fie | ld, Colu       | ımbus, Ir     | ndiana         |                 | SHIPPING ORDER NO.             | SELECTED B      | Y DATE           |
| SHIPPED T                          | O: AAF-43                              | 1 Supply oury Army     | fficer          |                      |                    |                |               |                |                 |                                | INSPECTED I     |                  |
| CCÓUNTA                            | ABILITY:                               |                        |                 |                      |                    |                |               |                |                 |                                | PACKED BY       | DATE             |
| HIP VIA:                           |                                        | ROUTING:               |                 |                      |                    | В              | /L NOW/       | B NON          | MAN. NO.        | DEADLINE DATE:                 | DATE SHIPPE     | D:               |
| UISITI                             | ONING OFFICER:                         | TYPE NAME AND RA       | ANK HERE - SIGN | N BELOW              | APPROVING O        | FFICER: TYPE   | NAME AND RANK | HERE - SIGN BE | ELOW            | (JUSTIFICATION FOR RY. EXP.)   | (AIR SHIP)      | IENT PRIORITY NO |
|                                    | oppress.                               | STOCK RECORD           | ACTION          | WAREHO               | USE ACTION         | HQ. ACTION     | UNIT OF       | STOCI          | K NUMBER        | NOM                            | ENCLATUI        | OF .             |
| ITEM                               | ORDERED                                | CODE                   | HANGED TO       | SHIPPED              | CHANGED TO         | ITEM TALLY     | ISSUE         | 31001          | NUMBER          | NOW                            | LNCLATUI        | VL               |
| 1                                  | 1                                      |                        |                 |                      |                    |                | Ea.           | 8300-          | 635775          | PARACHUTE AS<br>QUICK ATTACE   |                 |                  |
| >                                  |                                        |                        |                 |                      |                    |                |               |                |                 |                                |                 |                  |
| ·                                  |                                        |                        |                 |                      |                    |                |               |                |                 |                                |                 |                  |
|                                    | ITEM NUME                              | BERS IN EACH PACKAG    | GE:             | PA                   | CKAGE NOS.         | TYPE PACKA     | GE NO. PA     | CKAGES         | WEIGHT          | RECEIVING OFFICER'S VOUCHER NO | D               | DATE RECEIVED:   |
|                                    |                                        | To AL TOUR             | and the said    |                      |                    |                |               |                |                 |                                |                 |                  |
| SIGNATURE                          | : REQUISITIONING                       | OFFICER                |                 |                      | SIGNATURE:         | APPROVING OFFI | ICER          |                |                 | NAME AND RANK: RECEIVING OFFI  |                 |                  |
| CODE FOR                           | ACTION TAKEN                           | V-BEING SHIPPE         | ED X-EXT        | RACTED               | B-BACK ORDERED     | O-CANCELL      | ED E-ADDI     | TIONAL INFORM  | MATION REQUIRED | SIGNATURE: RECEIVING OFFICER   |                 |                  |

618TH BOMBARDMENT SQUADRON (M)
477TH BOMBARDMENT GROUP (M)
Atterbury Army Air Field

Columbus, Indiana.

#### FINAL CLEARANCE

| Bolden, George C 2nd H. 0-2075526  NAME RANK SERTAL NUMBER HO, AND.  PURPOSE OF CLEAR NOE AUTHORITY Br. 14 So# 24 Godman, Ky                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FUTURE ADDRESS                                                                                                                                                                                |
| Use pen and ink for all Signatures                                                                                                                                                            |
| Adjutant and Squadron Mess Squadron Supply Technical Supply Operations Medical First Sergeant Of Ext / ONS. (Section to which EM is assigned)                                                 |
| This form is to be accomplished in duplicate and will be brought to the Squadron Adjutant ONLY after all the sections have been cleared.                                                      |
| CERTIFICATE                                                                                                                                                                                   |
| I certify that I have turned in all property issued to the undersigned at this station and that I am not indebted to any agency or department within this unit except as follows; EXCEPTIONS, |
| Cleared 26 Jan 1945                                                                                                                                                                           |
| Hanne Malleaule 26 194 &  NARREN B. ALEXANTER  1st Lt., Air Corps  Adjutant                                                                                                                   |

# ATTERBURY ARMY AIR FIELD Columbus, Indiana

Jan. 25,1945 (Date)

Subject: Report of Departure.

To : Commanding Officer, Atterbury Army Air Field, Columbus, Indiana.

1. I report my departure from Atterbury Army Air Field on ,19 in compliance with Par. 14 Special Order No. 24, Headquarters A.A.B.

Godman Field Kentucky, , dated 24 Jan ,1945

Future Address TA.A.F. A/a.

- 2. I certify that I have settled, or have made all necessary arrangements for settling all obligations to Government or civilian agencies in this area, which extend credit to Military Personnel.
- 3. I have finally acted on all reports of survey and other official correspondence in my possession.
- 4. I have settled all property responsibility and personal indebtedness with the following Government activities as indicated by signatures of responsible officers below:

| PLACE            | SIGNATURE | PLACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SIGNATURE  |
|------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Exchange         | 80        | Surgeon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Klos (m H) |
| Quartermaster    | SBA       | Officers' Club & Mess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | WALT.      |
| Finance          | No.       | Base Transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Device     |
| Air Corps Supply | (194      | Special Services Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MA         |
| Provost Marshal  | ROB       | The Property Control of the Property of the Pr | V. M. mbin |
| Sq. Supply       | CEB,      | Billeting Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Corto 18   |
| Post Office      | W. 18. 0. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9.000      |

(The following certificate must in every case be completed by the officer immediately superior to departing officer.)

I certify that the officer to whom this clearance is being given has turned over to his successor all funds and property, as required by Par. 9, AR 600-20 and by Par. 5c, AR 210-50.

(Signature) Longe C Bolden
(Name) George Bolden
(Rank & Branch) 2nd At. A. C.

#### INSTRUCTIONS

(Home Address)

This letter must be turned in to the Adjutant, Atterbury Army Air Field, Columbus, Indiana for certificate of clearance before final payment can be made or orders issued.

Clearance satisfactory.

By order of:

RH Jugg May a El DAS

#### RESTRICTED



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#### HEADQUARTERS ARMY AIR BASE Godman Field, Kentucky

24 January 1945

SPECIAL ORDERS NUMBER 24

EXTRACT

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15. The fol named officers, AC, are reld from present dy and asgmt, orgns as indicated, Godman Fld, Ky (AFLAF) and asgd Primary Ing Sch, Tuskegee, Ala (EFTC), and will proceed from AAB, Godman Fld, Ky to Tuskegee, Ala rptg thereat 1 Feb 45 for course of instruction in Air Combat Orem Ing Program (Pilot). PCS. TPA. IDN. 501-31 P 431-01,02,03,07,08 A 0425-25. Officers auth a three (3) day delay enroute. (Auth: 1st Ind, Hq AFLAF, Mitchel Fld, NY, 22 Jan 45, file 210.3);

616th Bomb Sq (M) , 477th Bomb Gp (M)

2D LT 1035 QUINTEN V CHEEK

02075530

### 619th Bomb Sq (M). 477th Bomb Gp (M)

2D LT 1035 ROBERT H OWENS 02075554 2D LT 1035 BENJAMIN W WILLIAMS 02075577 Flt 0 1035 JAMES E TALTON T136691

2D LT 1035 CALVIN V PORTER 02075556 2D LT 1035 HERBERT A MCINTYRE 02075551 Flt 0 1035 CHARLES R TAYLOR T136723

16. The fol named officers, AC, are reld from present dy and asgmt, 618th Bomb Sq (M), 477th Bomb Gp (M), Godman Fld, Ky, (AFIAF), now on TDY Atterbury AAFId Columbus, Ind and asgd Primary Tng Sch, Tuskegee, Ala (EFTC), and will proceed from Atterbury AAFId, Columbus, Ind to Tuskegee, Ala rptg thereat 1 Feb 45 for course of instruction in Air Combat Crew Tng Program (Pilot). PCS. TPA. TDN 501-31 P 431-01,02,03,07,08 A 0425-25. Officers auth a three (3) day delay enroute. (Auth: 1st Ind, Hq AFIAF, Mitchel Fld, NY, 22 Jan 45, file 210.3).

2D LT 1035 LAWRENCE G FARROW 02075535 2D LT 1035 GEORGE C BOLDEN 02075526

2D LT 1035 CLIFTON BARNETT 02075587 2D LT 1035 CHARLES T SLAUGHTER

02075560 Flt 0 1035 JOSEPH L MARSHALL T136669 Flt 0 1035 FRANK V PIVALO T136681 Flt 0 1035 EZRA J STAPLES T136688

BY ORDER OF COLONEL SELWAY:

OFFICIAL: (Signed) BRENO BELLANTE 2D IT., Air Corps Adjutant. BRENO BELLANTE 2D LT, Adjutant. Adjutant.

DISTRIBUTION: "C"

\* Negro personnel

ROBERT S LAWERY,
1ST LT., A. C.,
Asst Adjutant.

R-E-S-T-R-I-C-T-E-D HEADCUARTERS ARMY AIR BASE Godman Field, Kentucky 24 January 1945 SPECIAL ORDERS NUMBER 24 The fol named EM, AC, having rptd to this sta this date in compliance with par 70, SO 20, Hq AAF Redistribution Sta No. 2, Miami Beach, Fla, 20 Jan 45, are asgd 115th AAF Base Unit (Bomb)(M), D Sq, this sta. No tyl involved. EDCMR 27 Jan 45. Sgt 620 John N Gross 20304274 Ffc 911 Clinton W Johnson 35508058 2. The fol named EM, AC, having been asgd this sta per par 3, SO 21, Hq 69th . AAF Base Unit (2d Wes Reg), Patterson Fld, Fairfield, Ohio, 2l Jan 45, are atchd 115th AAF Base Unit (Bomb)(M), D Sq, this sta for quarters, rations and adm. 18219733 S Sgt 784 James M MacMartin 11000135 Pfc 784 Olaf A Oxford 3. The fol named EM, AC, organs as indicated, this sta will proceed on DS for a period of eight (8) days, 25 Jan 45 to 1 Feb 45 incl, to Louisville, Ky rptg upon arrival to the Asst Provost Marshal, 631 West Magnolia St for asgmt to dy. Upon completion of this TDY EM will ret to proper sta, Godman Fld, Ky. 115th AAF Base Unit (Bomb) (M), C Sq \*Sgt Thomas C Hamilton 32456841 Hq & Base Services Sq. 387th Air Service Gp 38546608 \*Pvt George Hobson Jr 34943570 \*Pvt Leroy Ellis Jr \*Pvt Alfred O Burdette 37737284 TBGAA. In accordance with AR 35-4520 the FD will pay in adv the prescribed monetary alws in lieu of rat a/r \$1.00 per meal for twenty-one (21) meals to four (4) EM ea, and for quarters a/r \$2.00 per day for seven (7) days to four (4) EM ea. TDN 501-24 P 432-02 A 0425-25. 4. Par 16, SO 22, this Hq, 22 Jan 45, pertaining to the trf of certain EM to 316th AAF Base Unit, MacDill Fld, Fla is amended by including: \*Sgt 405 David Lumberger, 33573570, AC, 617th Bomb Sq (M), 477th Bomb Gp (M). 5. Par 1, SO 23, this Hq, 23 Jan 45 pertaining to trf of certain EM to 316th AAF Base Unit, MacDill Fld, Fla, as pertains to \*Pvt 405 Austin C Ligon, 34229183, 617th Bomb Sq (M), 477th Bomb Gp (M), is rescinded. R-E-S-T-R-I-C-T-E-D

### R-E-S-T-R-I-C-T-E-D

SC 24, Hq Godman Fld, Ky, 24 Jan. 45, contd.

6. \*T Sgt Ellis H Dickson, 32430349, AC, 616th Bomb Sq (M), 477th Bomb Gp (M) this sta will proceed immediately 25 Jan 45 by rail to Camp Perry, Ohio for the purpose of taking into custody and delivering to his orgn commander this base \*Pvt Eugene W Dixon, 35247930, 616th Bomb Sq (M), 477th Bomb Gp (M), this sta now in conft and in the custody of the Provost Marshall thereat.

TC will furn the necessary rail T. IGF rat in kind meal tickets will be furn UP AR 30-2215 to one (1) EM, the gd, for the number of meals required for the tyl from Godman Fld, Ky to Camp Perry, Ohio and to two (2) EM for the number of meals required for the tyl from Camp Perry, Chio to Godman Fld, Ky. Recoupment of entire cost of transportation and increased cost of subs will be secured. (AR 55-120). TDN 501-31 P 431-02 A 0425-25. (Auth: AR 615-300).

- 7. Lv of absence is granted Flt 0 Alvin X Maters, Tl36695, AC, 616th Bomb Sq (M), 477th Bomb Gp (M), for nine (9) days (which includes two (2) days tyl time), eff o/a 25 Jan 45.
- 8. Lv of absence is granted CAPT CRANT SUTTIE, 0490008, MC, 115th AAF Base Unit (Bomb)(M), B Sq, for two (2) days (which includes one (1) day tyl time), eff o/a 27 Jan 45.
- 9. Lv of absence is granted 2D LT GEORGE McDONALD, 0713062, AC, 619th Bomb Sq (M), 477th Bomb Gp (M), for fifteen (15) days (which includes seven (7) days tyl time), eff o/a 5 Feb 45.
- 10. Lv of absence is granted 2D LT KENNETH V V PARKS, 01004509, AC, 387th Air Sv Gp, for ten (10) days (which includes two (2) days tyl time), eff o/a 27 an 45.
- 11. Sgt 014 Edward W Anstis, 32096838, AC, 115th AAF Base Unit (Bomb)(M), D Sq, this sta is awarded the Motor Vehicle Mechanic Badge in accordance with AR 600-81, 22 Sept 44. Organization Comdr will take the necessary action to requisition these badges.
- 12. A SCM is aptd to meet at Atterbury AAFld, Columbus, Ind at the call of the President for the trial of such persons as may properly be brought before it:

| MAJOR ANDREW M WHITE        | 0264428    | AC   | President        |
|-----------------------------|------------|------|------------------|
| 1ST LT GEORGE J ALEXIS      | 0855877    | AC   |                  |
| 1ST LT MYER FOX             | 0479227 5  | SC   |                  |
| 1ST LT WARPEN D ALEXANDER   | 0581445    | AC   | 440              |
| 1ST LT VERNON V RANDALL .   | 01537894   | AC * |                  |
| 1ST LT EDWARD K ALDWORTH    | 0584212    | AC   |                  |
| 2D LT WILLIAM S DUBIN       | 01038965 ( | CWS  | TJA              |
| 1ST LT DUDLEY V SIMMS       |            | AC   | Asst TJA         |
| 1ST LT WILLIAM W WOLDT      |            | AC   | Def Counsel      |
| 1ST LT FREDERICK H WILLIAMS | 0867909    | AC   | Asst Def Counsel |
| 2                           |            |      |                  |

R-E-S-T-R-I-C-T-E-D



R-E-S-T-R-I-C-T-E-D

Par 12, SO 24, Hq Godman Fld, Ky, 24 Jan 45 contd.

All orders in conflict are hereby rescinded. All cases heretofore referred for trial to the SCM aptd by par 6, SO 331, this Hq, 1 Dec 44, of which 2D LT WITLIAM S DUBIN, 01038965, CWS, is TJA, in which arraignments have not been had are hereby withdrawn from that court and referred for trial to the SCM herein aptd.

13. S Sgt Chester H Stankowski, 32069939, AC, 115th AAF Base Unit (Bomb)(M), D Sq, this sta is asgd to dy requiring participation in regular and frequent aerial flights. This order will remain in effect from 24 Jan 45 until such time as the enlisted crew member is no longer qualified for further flying dy. (Auth: AR 35-1480 and AAF Reg 35-29).

14. \*Pvt Earl M Lewis, 36792827, AC, 477th Bomb Gp (M), this sta will proceed o/a 29 Jan 45 on approx two (2) days TDY to Freeman AAFld, Seymour, Ind for the purpose of taking the Mental Screening Test for Combat Crew Tng. Upon completion of this TDY EM will ret to proper sta, Godman Fld, \$\frac{1}{2}y\cdot\$.

TBMAA. TC will furn the necessary rail T. IGF rat in kind meal tickets will be furn UP AR 30-2215 to one (1) EM for the number of meals required for the tyl from Godman Fld, Ky to Seymour, Ind and ret. TDN 501-24 P 432-02 A 0425-25.

15. The fol named officers, AC, are reld from present dy and asgmt, orgns as indicated, Godman Fld, Ky (AFLAF) and asgd Primary Tng Sch, Tuskegee, Ala (EFTC), and will proceed from AAB, Godman Fld, Ky to Tuskegee, Ala rptg thereat 1 Feb 45 for course of instruction in Air Combat Crew Tng Program (Pilot). PCS. TPA. TDN 501-31 P 431-01,02,03,07,08 A 0425-25. Officers auth a three (3) day delay enroute. (Auth: 1st Ind, Hq AFLAF, Mitchel Fld, NY, 22 Jan 45, file 210.3)
616th Bomb Sq (M), 477th Bomb Gp (M)

2D LT 1035 QUINTEN V CHEEK 02075530

# 619th Bomb Sq (M), 477th Bomb Gp (M)

2D LT 1035 ROBERT H OWENS 02075554 2D LT 1035 CALVIN V PORTER 02075556 — 2D LT 1035 BENJAMIN W WILLIAMS 02075577 2D LT 1035 HERBERT A McINTYRE 02075551 Flt 0 1035 JAMES E TALTON T136691 Flt 0 1035 CHARLES R TAYLOR T136723

16. The fol named officers, AC, are reld from present dy and asgmt, 618th Bomb Sq (M), 477th Bomb Gp (M), Godman Fld, Ky, (AFLAF), now on TDY Atterbury AAFld Columbus, Ind and asgd Primary Tng Sch, Tuskegee, Ala (EFTC), and will proceed from Atterbury AAFld, Columbus, Ind to Tuskegee, Ala rptg thereat 1 Feb 45 for course of instruction in Air Combat Crew Tng Program (Pilot). PCS. TPA. TDN 501-31 P 431-01,02,03,07,08 A 0425-25. Officers auth a three (3) day delay enroute, (Auth: 1st Ind, Hq AFLAF, Mitchel Fld, NY, 22 Jan 45, file 210.3).

R-E-S-T-R-I-C-T-F-D

Par 16; SO 24, Hq Godman Fld, Ky, 24 Jan 45; contd THE PARTY OF THE P

2D LT 1035 LAMRENCE G FAPROW 02075536 2D LT 1035 CLIFTON BARNETT 02075587

2D LT 1035 GEORGE C BOLDEN 02075526 2D LT 1035 CHARLES T SLAUGHTER 02075560 Flt 0 1035 JOSEPH L MARSHALL T136669 Flt 0 1035 FRANK V PIVALO T136681

Flt 0 1035 EZRA J STAPLES T136688

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BY ORDER OF COLONEL SELWAY:

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BRENO BELLANTE 2D LT., Adjutant. Adjutant.

OFFICIAL:

BRENO BELLANTE
2D LT., Air Corps

Adjutant. \* Negro personnel.

22 - P(10) X 0 (10) (10) (25- 02)

DISTRIBUTION
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-4-R-E-S-T-R-I-C-T-E-D

| ITEM NU              | UMBERS IN EACH | PACKAGE:                   | PACK     | KAGE NOS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TYPE PACKAG            | E NO. PACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature. *  I certify the items to the Signature: | sued the above items.               | DATE RECEIVED:                 |
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| ITEM NI              | UMBERS IN EACH | PACKAGE:                   | PACN     | KAGE NOS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TYPE PACKAG            | , and the second | Signature. *  I certify the items to the Signature: | receiving officer's voucher no.     | DATE RECEIVED:                 |
| ITEM NI              | UMBERS IN EACH | PACKAGE:                   | PACE     | KAGE NOS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TYPE PACKAGE           | , and the second | Signature. *  I certify the items to the Signature: | at I have this day is aforesigned.  | ued the above                  |
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| PED TO:              | BOLDE<br>618th | N, George C.<br>Bomb Sqdn. | 2nd. I   | t., Bomb.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | . Nav.                 | 0-2075526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6                                                   |                                     | INSPECTED BY DAT               |
|                      | Atter          | 51 Supply Coury Army Ai    | r Field, | Columbus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , India                | na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     | SHIPPING ORDER NO.                  | SELECTED BY DA                 |
| PED FROM:            | 4              | SLA                        | 4.20     | IS FOR REQUISIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TION: D                | ATE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | V: CLASS:                                           | AUTHORITY OR REQUISITION NO. 15-121 | SHIPPING OFFICER'S VOUCHER NO. |
| PREPARED:<br>12-1-14 | PREPAR         | ED BY:                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     | ET (DOME                            | - CHART NO                     |

### R-E-S-T-R-I-C-T-E-D

# HEADQUARTERS ARMY AIR BASE Godman Field, Kentucky

SPECIAL ORDERS
NUMBER 332

2 December 1944

### E-X-T-R-A-C-T

l. The fol named officers 618th Bomb Sq (M), 477th Bomb Gp (M), will proceed o/a 2 Dec 44 on TDY to the Atterbury AAFld, Columbus, Ind rptg upon arrival to the CO, 618th Bomb Sq (M), now on TDY thereat. No per diem auth while on this TDY. TDN 501-24 P 432-02 A 0425-25.

| 2D LT 1051 | JOHN W MOSELY       | 6835404  | 2D LT | 1035 | ROBERT S PAYTON JR | 01174673    |
|------------|---------------------|----------|-------|------|--------------------|-------------|
| 2D LT 1035 | LEMUEL T WOODLEY    | 02075582 | 2D LT | 1035 | CLIFTON BARNETT    | 02075547    |
| 2D LT 1035 | GEROGE C BOLDEN     | 02075526 | 2D LT | 1035 | ROLAND M BROWN     | 02075527    |
| 2D LT 1035 | LLOYD R GOLDSON     | 02075541 | 2D LT | 1035 | LEON V CREED       | 02075589    |
| 2D LT 1035 | CHARLES T SLAUGHTER | 02075560 | 2D LT | 1035 | LAMRENCE G FARROW  | 02075536    |
| 2D LT 1035 | DUDLEY M GLASSE     | 02075540 | 2D LT | 1035 | ORGRETTE B GRAHAM  | JR 02075542 |
| Flt 0 1035 | MCCRAY JENKINS      | T136661  | Flt 0 | 1035 | ALVIN B LARUE      | T136663     |
| Flt 0 1035 | WALTER H LIVELY     | T136665  | Flt 0 | 1035 | JOSEPH L MARSHALL  | T136669     |
| Flt 0 1035 | ALFONSO C FULLER    | T136651  | Flt 0 | 1035 | OSCAR T MILLER     | T136673     |
| F1t 0 1035 | FRANK V PIVALO      | T136681  | Flt 0 | 1035 | DAVID A SHOWELL    | T136686     |
| Flt 0 1035 | EZRA J STAPLES      | T136688  | Flt 0 | 1051 | REGINALD A BRUCE   | T64624      |
| Flt 0 1051 | MAURICE D POMPEY    | T64627   | Flt 0 | 1051 | JAMES E BROTHERS   | T64623      |
|            |                     |          |       |      |                    |             |

By order of Major THOMPSON:

WILLIAM C MILLER CWO, USA, Adjutant.

OFFICIAL:

WILLIAM C MALLER

CWO, USA, Adjutant.

VOUCHER NO. 45-73490

CONSIGNOR: AAF A12 SUPPLY GODMAN FIELD, KENTUCKY

ORGANIZATION

CONSIGNEE Leorge Clay Boldon RATING Somb Mar.

GRADE

...S.N.

0-2075526

CLASS 13 PAGE 1

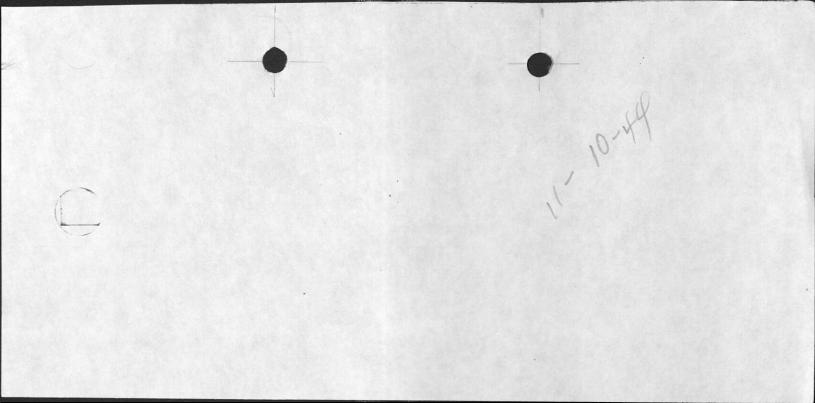
AUTHORITY ALF 15-121-DTD 27 DEC 1943.

| ORDERED              | CR NGED TO            | UNIT       | STOCK NUMBER | NOLENCLATURE           | TYPE             | SIZE           |
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| eat section with the | athranic decreases in | 1000       | 8300-022100  | BAG, ASSEMBLY CLOTHING | 1 <sub>B-4</sub> | 100 11/1 00000 |
|                      | /                     |            | 8300-06 4261 | C.P. FLYING SUMER      | inter            | 17/2           |
|                      | /1-                   | TR.        | 8300-298750  | GLOVES, FLYING WINTER  | Tue .            | 101/2          |
|                      |                       |            | 8300-336000  | COCCLE ASSEMBLY        |                  | 1017           |
|                      |                       |            | 8300-        | HELET PLYING SULER     |                  |                |
|                      | 1.                    | <b>国宝在</b> | 8300-43908   | HELMET, FLOVING WINTER |                  | Jm.            |
|                      | /                     |            | 8300-54/040  | JACKET FINING WINTER   |                  | 138            |
|                      | . **                  |            | 8300-        | M.SK, OXEGEN           |                  |                |
|                      |                       |            | 8300-        | PAR CHUTE COMPLETE     |                  |                |
| 1                    |                       |            | 8300-72-0950 | SHOES, FLYING STREET   |                  | Jy.            |
|                      | /*                    | 學一         | 8300-1,72030 | SUFT, FIXENC SUMER     |                  | 122            |
|                      | // "                  | 理          | 8300-1733120 | TROUSERS, FLYING WINTE | A A              | 122            |
|                      |                       | IA -       | 8300-        | VEST, FIXING LIFE PRES | EXVER            |                |
|                      | / 1                   |            | 8300-48600   | On hotel               | 12               | 1 42           |
|                      | / 1                   |            | 0 200748 000 | A Junere               | 11/1/            | 172            |

I certify that I have this date issued the items listed hereon to the person who accomplished the foregoing certificate and the above listed items have been entered on AAP Form 121, individuel issue record, which has been delivered to the above -named andividual.

CERTIFICATE
I hereby certify that the above listed articles have not been previously issued to me.

CAPTAIN, AIR CORPS

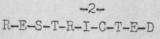


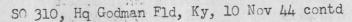
orge 6 Bolden 10- 477 R-E-S-T-R-T-C-T-E-D Manager: Trans. · Olivabeto. c HEADQUARTERS ARMY AIR BASE Godman Field, Kentucky SPECIAL ORDERS 10 November 1944 NUMBER 310 1. The following named EM are trfd fr orgas as indicated, Godman Fld, Ky to 115th AAF Base Unit (Bomb)(M), Sec C, Godman Fld, Ky and will rpt to the CO thereof for dy. EDCMR 11 Nov 44. 2. VOCO, 9 Nov 44 assigning \*Sgt 657 Russell D Beavers; 32514919, MD, having been asgd this sta per par 17, SO 303, Hq AAB, Richmond, Va, 6 Nov 44, to 115th AAI Base Unit (Bomb)(M), Sec C, Godman Fld, Ky is confirmed and made a matter of record the exigencies of the service having prevented the issuance of orders in advance. EDCMR 9 Nov 440 3. \*T Sgt Henry Brooks, 32364955, AC, 477th Bomb Gp (M), this sta is auth to mess separately fr his orgn eff this date and auth mon alws in lieu of rat a/r prescribed in Sec V, "D Cir 329, 10 Aug 44. Such pmt will be continued while EM remains on this status. Pmt when made is chargeable to 507-51 P 411-07 A 212/50502. (Auth: WD Cir 158, 1944). 4. Lv of absence is granted 1ST LT JAMES D SOLOMON, 0868355, AC, 616th Bomb Sq (M), 477th Bomb Gp (M), for ten (10) days effective o/a 20 Nov 44. 5. Lv of absence is granted 1ST LT GEORGE S LIMA, 0569111, AC, 477th Bomb Gp (M), for ten (10) days effective o/a 20 Nov 44. 6. S Sgt 821 James K McKeever, 15061049, Sec G, 115th AAF Base Unit (Bomb)(M). this sta is trfd fr Air Corps to Quartermaster Corps. (Auth: FAF Cir 35-24). 7. VOCO, 8 Nov 44 assigning \*S Sgt 439 James W Ford, 32556342, AC, having beer asgd this sta per par 47, SO 264, Hq The Inf Sch, Ft Benning, Ga, 2 Nov 44, to 115th AAF Base Unit (Bomb)(M), Sec C, Godman Fld, Ky is confirmed and made a matter of record, the exigencies of the service having prevented the issuance of orders in advance. EDCMR 8 Nov 44. 8. Par 9, SO 308, this Hq, 8 Nov 44 pertaining to the asgmt of EM to Sec C, 115th AF Base Unit (Bomb)(M) as reads: \*Cpl 239 Andrew Smith, 36388682, is amended. to read: \*Sgt 239 Andrew Smith, 36388682. 9. •1ST LT·WALTER P PRETTY AN, 0582264, AC, Sec G, 118th AAF Base-Unit (Bomb) (M), Atterbury AAFld, Columbus, Ind now on temp dy this sta is reld fr this temp dy and will comply with par 12, SO 302, this Hq, 2 Nov 44. R-E-S-T-R-I-C-T-E-D

10. VOCO, 9 Nov 44 assigning the following named officers, MOS 1035, having been asgd this sta per par 1, SO 266, Hq Midland AAFld, Midland, Tex, 4 Nov 44, to 477th Bomb Gp (M), this sta is confirmed and made a matter of record, the exigenci of the service having prevented the issuance of orders in advance, EDCMR 9 Nov 44

| Fit O PAUL L WHITE T136700 AC Fit O JCHN E WILSON T136703 AC | 2D LT WILLIAM S ANDERSON 2D LT LEROY A BATTLE 2D LT ROBERT W BOYD 2D LT IVAN G BYNOE 2D LT GEORGE B CHOISY 2D LT VERE R CRICHLOW 2D LT JAMES A EVANS 2D LT MARCUS L GITTENS 2D LT LLOYD R GOLDSON 2D LT MELVIN S HALL 2D LT HENRY T HOLLAND 2D LT CLIFFORD C JARRETT 2D LT NATHANIEL A JONES JE 2D LT CLINTON E MCINTYRE 2D LT ISAAC S NIXON 2D LT CALVIN V PORTER JR 2D LT GORDON G TURNER 2D LT LEMUEL T WOODLEY FIT O JOHN W FREEMAN FIT O EDWARD M GIBSON FIT O ARTHUR C HAMILTON FIT O THOMAS D HILL JR FIT O DENNY C JEFFERSON FIT O JAMES L JONES FIT O ROBERT S LAWRENCE FIT O HAROLD B MAPLES FIT O LEWIS E MARTIN FIT O LEWIS E MARTIN FIT O CLIFFORD E MOSLEY FIT O CALVIN SMITH FIT O CHARLES R TAYLOR FIT O CHARLES R TAYLOR FIT O CHARLES R TAYLOR FIT O CALVIN SMITH | 020755549 AC 02075553 AC 02075556 AC 02075556 AC 02075556 AC 02075560 AC 02075566 AC 02075562 AC 02075582 AC T136650 AC T136653 AC T136654 AC T136664 AC T136664 AC T136668 AC T136670 AC T136670 AC T136674 AC T136687 AC T136687 AC T136687 AC T1366890 AC T136723 AC T136695 AC | 2D LT CLIFTON BARNETT 2D LT GEORGE C BOLDEN 2D LT ROLAND M BROWN 2D LT QUINTEN V CHEEK 2D LT LEON V CREED 2D LT HARRISON R DUKE 2D LT LAWRENCE G FARROW 2D LT DUDLEY M GLASSE 2D LT ORGFETTE B GRAHAM JE 2D LT DONALD S HARRIS 2D LT STEPHEN HOTESSE 2D LT JAMES E JONES 2D LT ROBERT E LEE 2D LT HERBERT A MCINTYRE 2D LT ROBERT H OWNES 2D LT JAMES O ROBERSON 2D LT HARRY J SATTERWHITE  2D LT BENJAMIN W WILLIAMS FIT O ALFONSO C FULLER FIT O EDWARD GLOVER FIT O GEORGE P HARBERT JR FIT O LEWIS C HUBBARD JR FIT O LEWIS C HUBBARD JR FIT O MCCRAY JENKINS FIT O MCCRAY JENKINS FIT O MALTER H LIVELY FIT O JOSEPH L MARSHALL FIT O WALTER H LIVELY FIT O KENNETH G MAY FIT O GEORGE T MILLER FIT O FRANK V PIVALO FIT O FRANK V PIVALO FIT O BERLY C WALKER FIT O WESLEY C WALKER FIT O WESLEY C WALKER FIT O WESLEY C WALKER FIT O ROLAND A WEBBER | 02075544<br>02075599<br>02075601<br>02075554<br>02075551<br>02075557<br>JR<br>02075559<br>02075564<br>02075577<br>T136647<br>T136651<br>T136660<br>T136660<br>T136661<br>T136669<br>T136681<br>T136681<br>T136688<br>T136688<br>T136689<br>T136694 | AC A |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
|                                                              | Flt O PAUL L WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T136695 AC<br>T136700 AC                                                                                                                                                                                                                                                           | Fit O ROLAND A WEBBER<br>Fit O JCHN E WILSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T136696                                                                                                                                                                                                                                            | AC                                       |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                    |                                          |

ll. Par 4, SO 306, this Hq, 6 Nov 44 pertaining to the trf of MAJ GEORGE V LANE, 01699290, AC, to Hq III Bomber Command, Mac Dill Fld, Tampa, Fla, is amended to include: TBMAA.





12. VOCO, 9 Nov 44 assigning the following named officers, MOS 1035, having been assign this sta per par 2, SO 266, Hq Midland AAFld, Midland, Tex, 4 Nov 44, to 477th Bomb Gp (M), this sta is confirmed and made a matter of record, the exigencing the service having prevented the issuance of orders in advance. EDCMR 9 Nov 44

2D LT LOUIS H ANDERSON 01318851 AC 2D LT ROBERT S PAYTON JR 01174673 AC 2D LT LEONARD E WILLIAMS 01054447 AC 2D LT COLEMAN A YOUNG 01297128 AC

- 13. VOCO, 8 Nov 44 assigning Pfc 673 Oscar J Kelchner, 36963626, AC, having been asgd this sta per par 6g, SO 189, Hq Keesler Fld (3704th AAF Base Unit) Keesler Fld, Miss, 5 Nov 44, to 115th AAF Base Unit (Bomb)(M), Sec B, this sta, is confirmed and made a matter of record the exigencies of the service having prevente the issuance of orders in advance. EDCMR 8 Nov 44. (EM auth a fifteen (15) day delay enroute and will rpt 22 Nov 44).
- 14. Pfc 673 Oscar J Kelchner, 36963626, Sec B, 115th AAF Base Unit (Bomb)(M), this sta is trfd fr Air Corps to Medical Department. (Auth: FAF Cir 35-24).
- 15. VOCO, 8 Nov 44 assigning the following named EM, AC, having been asgd this sta per par 6g, SO 189, Hq Keesler Fld (3704th AAF Base Unit) Keesler Fld, Miss, 5 Nov 44, to 115th AAF Base Unit (Bomb)(M), Sec G, this sta, is confirmed and made a matter of record the exigencies of the service having prevented the issuance of orders in advance. EDCMR 8 Nov 44. (EM auth a fifteen (15) day delay enroute and will rpt 22 Nov 44).

- 16. VOCO, 9 Nov 44 assigning CAPT 9301 WILLIAM F CRONK, 0279268, AC, having been asgd this sta per par 12, SO 312, Hq FAF, Mitchel Fld, NY, 7 Nov 44, to 477th Bombardment Group (M), this sta is confirmed and made a matter of record, the exigencies of the service having prevented the issuance of orders in advance. EDCMR 9 Nov 44.
- 17. \*Pvt 521 Enines H Yarborough, 34853610, AC, is trfd from 617th Bomb Sq (M), 477th Bomb Gp (M), Godman Fld, Ky to 115th AAF Base Unit (Bomb)(M), Sec C, Godman Fld, Ky and will rpt to the CO thereof for dy. EDCMR 11 Nov 44.
- 18. Pvt 521 John F Molitoris, 42010484, AC, having been asgd this sta per par 21, SO 313, Hq Scott Fld, Ill, 8 Nov 44, is asgd ll5th AAF Base Unit (Bomb)(M), Sec G, this sta. EDCMR 12 Nov 44.
- 19. The following named EM, AC, are trfd from 115th AAF Base Unit (Bomb)(M), Sec C; Godman Fld, Ky to 477th Bomb Gp (M), Godman Fld, Ky and will rpt to the CO thereof for dy with The Gp Air Inspector. EDCMR 11 Nov 44.

\*Pfc 055 Willie, J Harris 39723515 AC \*Pvt 055 Robert J Mangum 42130175 AC \*Pvt 835 Adelbert R Lindsay 36020792 AC

SO 310, Hq Godman Fld, Ky, 10 Nov 44 contd

20. The following named EM, are trfd fr.115th AAF Base Unit (Bomb)(M), Sec G, this sta to AAF Overseas Replacement Depot, Greensboro, NC and will proceed fr AAB, Godman Fld, Ky to Greensboro, NC rptg upon arrival to the CO for PROJECT. UNCLE 1201 not later than 1 Dec 44 having had delay enroute (furlough) as auth herein. PCS. Delay enroute (furlough) of fifteen (15) days plus three (3) days travel time plus official travel time between this sta and Greensboro, NC is auth and EM will report AAF ORD, Greensboro, NC is Dec 44. EDCMR 14 Nov 44.

S Sgt Ol4 Howard W Pearson 34432459 AC Pfc 931 Samuel F Gagliardi 36480838 ORD

EM qualified for overseas duty in accordance with MD POR, 15 May 44. No automobile, dependents, relatives, friends, or pets will accompany EM to depot, or join them thereat. Immunization record, service record, classification card and all other allied papers will be forwarded by the most expeditious means to the depot. EM equipped in accordance with current regulations. Unauthorized articles of clothing and equipment will be sent to or carried to and left at home of EM. EM will refrain fr discussing the overseas destination of this movement even by shipment number as the meaning thereof may later become known to correspondents and the security provided be violated.

TC will furn the necessary rail T. The FD will pay in adv the prescribed monetary alws in lieu of rat a/r \$1.00 per meal for four (4) meals to two (2) EM ea for T fr this sta to Greensboro, NC in accordance with AR 35-4520. In the event Govt trans is not furn EM will be reimbursed at sta of destination a/r 50.03 per mile in accordance with AR 35-4540. TDN 501-31 P 431-02 A 212/50425. (Auth: TWX 1AF 946, Hq FAF, Mitchel Fld, NY, 9 Nov 44 and AFPMP 8284, Hq AAF Wash DC, 30 Oct 44).

- 21. Par 1, SO 304, this Hq, 4 Nov 44 granting lv of absence to IST LT ALBERT E COLLIER, 0863906, AC, as reads: for fifteen (15) days, is amended to read: for twenty-one (21) days.
- 22. Pfc Kenneth T Westley, 36420269, AC, Sec G, 115th AAF Base Unit (Bomb)(M) this sta will proceed o/a 10 Nov 44 on temp dy not to exceed two (2) days to the Atterbury AAFld, Columbus, Ind for the purpose of coordinating matters pertaining to automotive activities. Upon completion of this temp dy EM will ret to proper sta, Godman Fld, Ky.

TBMAA. TBGAA. In the event travel is performed by govt owned conveyance the FD will pay the prescribed monetary alws in lieu of rat a/r \$1.00 per meal for two (2) meals to one (1) EM. TDN 501-24 P 432-02 A 212/50425.

23. The following named officers, Sec G, 115th AAF Base Unit (Bomb)(M), this sta are reld of additional duties as indicated:

MAJOR SYDNEY H JENKINS

O224093 QMC

Property Accounting and Property
Auditing Officer

Asst Supvr General Supply
Ration Pool Officer

O264960 QMC

Base QM Warehouse Officer

R-E-S-T-R-I-C-T-E-D





SO 310, Hq Godman Fld, Ky, 10 Nov 44 contd

24. PAC AAF Reg 35-54, 30 Oct 44 a board of officers is aptd at this stato review all recommendations for promotion of enlisted personnel, 115th AAF Base Unit (Bomb)(M), and to make appropriate recommendations to the CO.

### DETAIL FOR THE BOARD

MAJOR DAVID C BOY JR 0351857 AC CAPT CHARLES J PARKER 0663088 AC CAPT RICHARD F TAGG 01001914 AGD LST LT GEORGE L MURPHY 01001647 AGD

25. 1ST LT 1034 JOSEPH L CONDON JR, 0683226, AC, having rptd to this sta this date in compliance with par 10, SO 304, Hq AAB, Chatham Fld, Ga, 7 Nov 44 is asgd 115th AAF Base Unit (Bomb)(M), Sec G, this sta for dy as Navigator Bombardier Instructor (1036), primary dy. EDCMR 10 Nov 44.

26. IST LT 1036 JAMES G MCGOUGH, 0735903, AC, having been asgd this sta per par 10, SO 304, Hq AAB, Chatham Fld, Ga, 7 Nov 44 is asgd 115th AAF Base Unit (Bomb)(M), Sec G, this sta. EDCMR 10 Nov 44.

27. 1ST LT JAMES E SAWYER, 0264960, QMC, Sec G, 115th AAF Base Unit (Bomb)() this sta is reld of primary duty as Base Engineering Property 0 and additional dut as Base Mess Supervisor and is designated Base Mess Supervisor (4110), primary dut and Base Engineering Property 0, additional duty,

By order of Colonel SELWAY:

WILLIAM C MILLER CWO, USA Adjutant

OFFICIAL:

William C Miller William C Miller

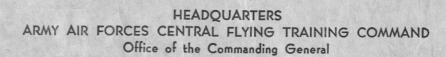
CWO, USA Adjutant

\* Denotes Negro Personnel

DISTRIBUTION "C"

DISTRIBUTION

11C11



Randolph Field, Texas NOV 4 1944

In reply

refer to: AG 201 Bolden, George Clay

Subject: Temporary Appointment.

Aviation Cadet George Clay Bolden,

To: U.S.A., Midland, Texas.

A 0-2,075,526

- 1. The Secretary of War has directed me to inform you that the President has appointed and commissioned you a temporary Second Lieutenant, Army of the United States, effective this date. Your serial number is shown after A above.
- 2. This commission will continue in force during the pleasure of the President of the United States for the time being, and for the duration of the war and six months there after unless sooner terminated.
- 3. There is inclosed herewith a form for oath of office, which you are requested to execute and return. The execution and return of the required oath of office constitute an acceptance of your appointment. No other evidence of acceptance is required.
- 4. This letter should be retained by you as evidence of your appointment as no commissions will be issued during the war.

By command of Brigadier General KRAUS:

D. F. HERBST, Lt. Col., A.G.D. Asst. Adjutant General

Inclosure:
Form for oath of office.

### RESTRICTED

# HEADQUARTERS MIDLAND ARMY AIR FIELD OFFICE OF THE COMMANDING OFFICER

Midland, Texas 4 Nov 1944

SPECIAL ORDERS) NO 266)

### EXTRACT

1. The following named O (Bmbdr) are hereby reld from atchd unasgd Section "B", 2528th AAF Base Unit (No dy asgd) and are asgd to 1st Air Force, Army Air Field, Godman, Fld, Ky, and "P thereto on 4 Nov 1944, reporting thereat on 14 Nov 1944. A seven (7) day delay enroute is atzd in the interest of public serv. O have been fully processed in accordance with TC Memo 35-48, 20 Mar 1944 and are fully qualified for flying duty. Effective date of change on M/R: 9 Nov 1944. Auth: TWX 54E-4683M, Ha, AAFCFTC, Randolph Fld, Tex, dd 4 Nov 1944.

| 2d Lt ANDERSON, WILLIAM S 2d Lt BATTLE, LeROY A 2d Lt BOYD, ROBERT W 2d Lt BYNCE, IVAN G 2d Lt CHOISY, GEORGE B 2d Lt CRICHLOW, VERE R 2d Lt EVANS, JAMTS A 2d Lt GITTENS, MARCUS L 2d Lt GOLDSON, LLOYD R 2d Lt HALL, MELVIN S 2d Lt HOLLAND, HENRY T 2d Lt JARRETT, CLIFFORD C 2d Lt JONES, NATHANIEL A, JR 2d Lt MCINTYRE, CLINTON E 2d Lt NIXON, ISAAC S 2d Lt PORTER, CALVIN V, JR 2d Lt SLAUGHTER, CHARLES T 2d Lt TROTTER, JAMES F 2d Lt TURNER, GORDON G 2d Lt WOODLEY, LEMUEL T FIT O FREEMAN, JOHN W FIT O GIESON, EDWARD M FIT O HAMILTON, ARTHUS C FIT O JONES, JAMES L FIT O JONES, JAMES L FIT O MAPLES, HAROLD, B FIT O MARTIN, LEWIS E FIT O MIDDLETON, LEVERT V 11 O MOSLEY, CLIFFORD E FIT O SMITH, CALVIN | 02 075 525, AC 2d Lt BOL 02 075 588, AC 2d Lt BRO 02 075 528, AC 2d Lt CHE 02 075 531, AC 2d Lt CHE 02 075 590, AC 2d Lt GRE 02 075 535, AC 2d Lt GRE 02 075 539, AC 2d Lt GRA 02 075 541, AC 2d Lt GRA 02 075 543, AC 2d Lt HARI 02 075 546, AC 2d Lt HOTI 02 075 547, AC 2d Lt HOTI 02 075 547, AC 2d Lt HOTI 02 075 549, AC 2d Lt MCIN 02 075 558, AC 2d Lt WILL 02 075 558, AC 2d Lt SATT 02 075 560, AC 02 075 566, AC 2d Lt WILL 02 075 566, AC 71t 0 FULL T 136 659, AC F1t 0 HUBB T 136 714, AC F1t 0 HUBB T 136 662, AC F1t 0 LARU T 136 664, AC F1t 0 LARU T 136 664, AC F1t 0 LARU T 136 664, AC F1t 0 LIVE | LDEN, GEORGE C OWN, ROLAND M OREK, QUINTEN V OREK, QUINTEN V OREC, LEON C OREC, LEO | 5 544,AC<br>5 599,AC<br>5 601,AC<br>5 548,AC<br>5 551,AC<br>5 554,AC<br>5 557,AC<br>6 564,AC<br>6 651,AC<br>6 661,AC<br>6 661,AC |
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SPECIAL ORDERS NO 266 CONTD (Par 1 Cont'd)

| Fit O STOREY, HOWARD     | T 136 690,AC . Flt O TALTON, JAMES E  | T-136 691,AC |
|--------------------------|---------------------------------------|--------------|
| Fit O TAYLOR, CHARLES R  | T 136 723,AC . FIt O WALKER, WESLEY C | T 136.694,10 |
| Fit O WATERS, ALVIN X    | T 136 695 AC . Fit O WEBBER ROLAND A  | T 136 696,AC |
| Flt O WHITE, PAUL L      | T 136 700 AC . Fit O WILSON JOHN E    | T 136 703,AC |
| Fit O WOODSON . EUGENE L | T 136 705.AC                          |              |

The TO will furn the nec T. TDN TPA 50]-31 P 431-02 03 212/50425 PCS. All O are Colored Personnel.

2. The following named 0 (Bmbdr) are hereby reld from atchd unasgd Section "B", 2528th AAF Base Unit (No dy asgd) and are asgd to 1st Air Force, Army Air Field, Godman Fld, Ky, and WP thereto on 4 Nov 1944, reporting thereat on 14 Nov 1944 for dy. A seven (7) day delay enroute is atzd plus three (3) days travel time. O have been fully processed in accordance with TC Memo 35-48,dd 20 Mar 1944 and are fully qualified for flying duty. Effective date of change on M/R: 9 Nov 1944. Auth: TWX 53E-4683M, Hq, MAFCFTC, Randolph Fld, Tex dd 4 Nov 1944.

2d Lt ANDERSON, LOUIS H O1 318 851, AC .2d Lt PAYTON, ROBERT S, JR O1 174 673, AC .2d Lt WILLIAMS, LEONARD E O1 054 447, AC .2d Lt YOUNG, COLEMAN A O1 297 128, AC

The TO will furn the nec T. TDN TPA 501-31 P 431-02 03 212/50425 PCS. All O are Colored Personnel.

By order of Colonel DOWMAN:

Salating to the state of the st HENRY OBEL Maj, AC
Adjutant and the second of the second of the second

Mile Strain and Contract of post to hard to all office ROBERT L DAVIS, JR Capt .AC Personnel Officer

CALLE OF SECTION SECTION OF THE SECT Cantilly that was state

### NOTIFICATION OF TEP 'NATION OF AVIATION CADET OR

National Service Life Insurance

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|-------------------------------|----------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
|                               | DEN,                             | George                        | C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 33714011                                       |
| (Las                          | t name)                          | (First name)                  | (Middle initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Army serial number)                           |
| Permanent home address        | 3476 Webster                     |                               | Pittsburgh,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pennsylvania                                   |
|                               | (Number and street or ru         | ral route)                    | (City, town, or post office)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (State)                                        |
| This is to furnish inform     | ation of the termination of      | aviation cadet or student st  | atus on 3 November 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |
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| in the case of the above-name | ed insured because of            |                               | to accept Commission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |
| The insured will              | continue in a statue of a statue | - 1 n. m. /                   | Reason for termination—indicate if discharged<br>ation in regular and frequent aerial flig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | from service)                                  |
| will hat                      | continue in a status of act      | ive duty involving participa  | ation in regular and frequent aerial flig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | hts.                                           |
|                               |                                  | 1/1/1/1                       | Mimoh.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |
|                               | 108                              | WOJINGKI (Signal              | tote and grade of commanding officer or person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nel officer of the school)                     |
|                               |                                  |                               | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11 -                                           |
|                               |                                  | -f                            | Teorge C13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | olarn                                          |
| Copies of order terminat      | ing the status of aviation ca    | adet or aviation student will | he attached to the original of this form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | for the Chief of Finance, War Department,      |
| and to the copy for the Veter | rans Administration.             | and or with the genderic will | be accaefied to the original of this form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | for the Chief of Finance, War Department,      |
| If the insured is continu     | ed in the active service, bu     | t has been permanently reli   | aved from duty involving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | in regular and frequent aerial flights he will |
|                               | ing statement:                   | - nat been permanently ren    | eved from duty involving participation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | in regular and frequent aerial flights he will |
| I desire to cont              | inue my insurance in force       | and understand that if I do   | laint to the state of the state | .,                                             |
|                               | E N. 2013                        | and understand that if I do ( | desire to continue my insurance I must e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ither execute an authorization for allotment   |
| or my pay (w. D., A. G. O.    | Form No. 29) or tender pr        | emiums due within the grad    | ce period by remittance direct to the V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | eterans Administration, Washington, D. C.,     |
|                               |                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| Check whether premiums wil    | I be paid                        | , 1/                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| ☐ By allotment.               |                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| ☐ By direct remittance        |                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| Distribution:                 |                                  |                               | (Signat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ure of insured)                                |
| W. D., A. G. O. Form No.      | to Chief of Finance, War I       | Department, direct. Copy w    | ith copy of order to Veterans Administrat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tion direct. Copy to insured.                  |

(Over)





### NOTICE TO INSURED

Insurance protection without cost to the insured expires with the termination of aviation cadet or aviation student status, and the insured is required to continue insurance by allotment of pay (W. D., A. G. O. Form No. 29) until permanently released from duty involving participation in regular and frequent aerial flights. Such allotment will continue while the insured remains in the active service, but when such flight status has terminated may be discontinued by the insured's completion and registration of notification of discontinuance of allotment (W. D., A. G. O. Form No. 30) and such insurance may be continued by direct remittance.

Premiums on National Service Life Insurance are due and payable monthly in advance, with a grace period of 31 days from the due date. The due date of a premium is the same day of the month as that on which the insurance became effective. If the premiums are to be paid direct to the Veterans Administration, there should be forwarded without further notice to the Collections Subdivision, Veterans Administration, Washington, D. C., a check, draft, or money order payable to the Treasurer of the United States in the amount of the premium for the insured's attained age upon entry into aviation cadet or aviation student status (see reverse side of blank application form) within 31 days from the end of the period for which premiums were last paid by the United States Government, continuing future payments as they become due or within the grace period of 31 days from the due date.

16-31917-1 U. S. GOVERNMENT PRINTING OFFICE

## NOTIFICATION OF TEF 'NATION OF AVIATION CADET OR 'IATION STUDENT STATUS

16-31917-1

| ational | Service | Life | Insurance | 1 | O      | caracrat |  |
|---------|---------|------|-----------|---|--------|----------|--|
|         |         |      |           |   | U AUN: | 02075526 |  |
|         |         |      |           |   |        |          |  |

| BOLD                                                        |                            | George                                               | C.                                                                           | 33714                     | 011                           |
|-------------------------------------------------------------|----------------------------|------------------------------------------------------|------------------------------------------------------------------------------|---------------------------|-------------------------------|
| (Last na                                                    | ame)                       | (First name)                                         | (Middle initial)                                                             | (Army serie               | al number)                    |
| Permanent home address                                      | 3476 Webster               |                                                      | Pittsburgh                                                                   | 1.                        | Pennsylvania                  |
|                                                             | (Number and street or rur  | al route)                                            | (City, town, or post of                                                      |                           | (State)                       |
| This is to furnish informati                                | on of the termination of a | viation cadet or student sta                         | tus on 3 November                                                            |                           |                               |
|                                                             |                            | 4                                                    |                                                                              | (Date)                    |                               |
| in the case of the above-named i                            | insured because of Ho      | ably disch COG                                       | to accept Commiss                                                            | ion                       |                               |
|                                                             |                            | Fig. 4. (1986) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | /                                                                            |                           |                               |
| ine insured will be con                                     | tinue in a status of activ | ve duty involving participat                         | Reason for termination—indicate if dis-<br>tion in regular and frequent aeri | al flights.               |                               |
|                                                             | 1/                         | 1/1/1/2                                              | 1/1006.                                                                      | An and a large en         |                               |
|                                                             | 5                          | THOU TIEST OF PIO                                    | the and grade of commanding officer of                                       | Owner was                 |                               |
|                                                             |                            |                                                      |                                                                              |                           |                               |
|                                                             |                            | 1 /                                                  | George C                                                                     | Bolden                    |                               |
| Copies of order terminating                                 | the status of aviation ca  | det or aviation student will !                       | be attached to the original of this                                          | nature of Insured)        | Sinance War Deportment        |
| and to the copy for the Veteran                             | s Administration.          |                                                      |                                                                              | rount for the Chica of 1  | mance, war Department,        |
| If the insured is continued complete and sign the following | in the active service, but | has been permanently relie                           | ved from duty involving particip                                             | pation in regular and fre | equent aerial flights he will |
|                                                             |                            |                                                      |                                                                              |                           |                               |
| do not desire to continu                                    | e my insurance in force a  | nd understand that if I do de                        | esire to continue my insurance I r                                           | nust either execute an a  | uthorization for allotment    |
| of my pay (W. D., A. G. O. For                              | m No. 29) or tender pre    | minms due within the arras                           | e period by remittance direct to                                             | .1 17                     | . The motification            |
|                                                             | /jer sunder pre            | mans due widini the grace                            | e period by remittance direct to                                             | the Veterans Administr    | ration, Washington, D. C.,    |
| peginning                                                   |                            | , 19                                                 |                                                                              |                           |                               |
| Check whether premiums will be                              | e paid                     |                                                      |                                                                              |                           | 1                             |
| ☐ By allotment.                                             |                            |                                                      |                                                                              |                           | 1                             |
| ☐ By direct remittance.                                     |                            |                                                      |                                                                              |                           |                               |
| Distribution:                                               | Chief and                  |                                                      |                                                                              | (Signature of insured)    |                               |
| W. D., A. G. O. Form No. 3                                  | 0-4-December 1 1049        | epartment, direct. Copy wit                          | h copy of order to Veterans Admi                                             | nistration direct. Copy   | to insured.                   |

(Over)

### RESTRICTED

# HEADQUARTERS MIDLAND ARMY AIR FIELD OFFICE OF THE COMMANDING OFFICER

Midland, Texas 3 Nov 1944

SPECIAL ORDERS)

# EXTRACT

THE CREATING OF MY REPORT OF THE STREET OF TREASURED

1. The following named Avn/C and Avn/S having satisfactor ily completed the prescribed course of instruction in Embdr Ing, at this sta, are effective this date honorably disch from the Mil Serv to enable them to enter on EAD under their commission as 2d Lt AUS, 2d Lt AC RES and Fit O AUS, as indicated. DF are ordered to EAD at this sta upon their acceptance of apmt as 2d Lt AUS, 2d Lt AC RES and Fit O AUS, effective 4 Nov 1944, are asgd to sta as indicated and WP thereto on 4 Nov 1944, reporting to the CO upon arrival thereat on dates as indicated for dy. The following named O are initially rated as Bombardiers effective 4 Nov 1944. The following named O have been fully processed in accordance with TC Memo 35-48,dd 20 Mar 1944, and are fully qualified for flying duty. Effective date of change on Morning Report: EDCMR as indicated. Auth: Sec L,Ing Memo #103, Hq,ALFCFTC,Randolph Fld,Tex,dd 28 Jul 1942 and AR 615-160, as amended, and Par 5b Tech Manual 1-250,dd 15 Jan 1943, as amended, and Messageform 59E-4614K,Hq,AAFCFTC, Randolph Fld,Tex,dd 30 Oct 1944 and Messageform 59E-4625K,Hq,AAFCFTC,Randolph Fld,Tex,dd 30 Oct 1944.

Each 0 will rank from 4 Nov 1944. Each 0 will clear this sta not later than 1800 4 Nov 1944.

TO: 1st Air Force, Section H Reception, 112th AAF Base Unit. Bomb (H). Westover Fld. Mass, reporting thereat not later than 1700 on 22 Nov 1944, for asgmt to Provisional Project AAF-30-B24-B-118-Midland. The following named 0 are granted a fifteen (15) day delay enroute, Ten (10) days of delay enroute is granted in the interest of public service. EDCMR: 9 Nov 1944.

AHERN, CHARLES JOSEPH (Cpl) (Flex Gun Tng, B-24)

\*AMATO, RAPHAEL JOSEPH (T/5)(Flex Gun Tng, B-24)

\*BOOTH, CARL LAKEFORD (NG)

BRISCOE, ANDREW CLYDE, JR(Sgt)(Flex Gun Tng, B-24)
CAIHOUN, HAL ALEXALDER (Cp1)(Flex Gun Tng, B-24)

CARMICHAEL, HUBERT LEE, JR (NG)

COFFEY, BERNARD JOSEPH, JR (Cp1)(Flex Gun Tng, B-24)33593949 02075595

CONANT, GEORGE MALCOLM, (Sgt) (Flex Gun Tng, B-24)

DEMOND, WALTER GUSTAV (S Sgt) (Flex Gun Tng, B-24)

3263 6463 02075586 3910 Amundson Ave, New York, N. Y. 20154947 T136711 25 Oak Ave, Riverside 15, R.I.

33537344 T136639 . Rt #3, Staunton,

38413883 02075592 Richmond, Texas 14115608 02075593 Box 127, Clio So Carolina

34670221 02075529 Dillon, South Carolina

)33593949 02075595 1748 Tulip St, Philadelphia, Pa 31030488 02075596 133 Marlborough

31030488 02075596 133 Marlborough St, Boston, Mass 11033432 02075597 Salt Island Rd.

Westbrook, Conn

15 70 280 to (AS) 300 SPECIAL ORDERS NO 265 CONTD (Par 1 Contid)

10 17 2 poor 1 7, 12 (100) DOERR, ROBERT (Flex Gun Tng, B-24)

contain feet this to be come good to DONNELLY, JAMES JOSEPH, JR (Flex Gun Tng. B-24)

\*DUFF, KENNETH WILLIAM (Flex Gun Tng, B-24)

FARMER, ROBERT MITCHELL(Cp1) (NG)

TITT JOHN MASON(Flex Gun Ing.B-24)

LEMING, JOTEPH ROBERT, JR(NG)

FILLIAM, DONALD (NG)

HODGES BENJAMIN FRANKLIN(NG)

JANKOWSKI, JOSEPH JOHN (CPL) (Flex Gun Tng, B-24)

JORDAN, ROBERT HERSCHEL (T/5) (Flex. Gun Tng; B-24)

KOCHANSKI, WALTER THEODORE (Sgt) (Flex Gun Tng B-24)

\*MacDONALD, ALLAN (NG)

\*MC CABE; FRANCIS ALOYSIUS (Flex Gun Tng, Med Bomb) MC CORMICK CLARENCE RAY (SGT) (Flex Gun Ing ,B-24) MC GINNIS, JAMES PATRICK (Sgt) (Flex Gun Ing, MORRISON, JOHN FRANCIS (Flex Gun Tng, B-24)

\*MURPHY JOHN PATRICK (Cpl)(Flex Gun Tng. B-24)

NEWBERRY , RALPH THOMAS (NG)

\*NISSEN, GILBERT RUSE (NG)

OESCHER, EDWARD WILLIAM JR (Flex Gun Tng,

\*CARDELLA, JULE MARION (NG)

3 Nov 1944

216 W Hamilton

Ave, Flint, Mich 33554083 02075533 105 E Clement St.Baltimore.Md 31270638 T136645 35 Paul Gore St Jamaica Plain, 30, Mass.

:36887951 . 02075532

32445754 02075598 213 Lansing St .Utica, N.Y.

39290141 02075537 1617 S Almansor St.Alhambra.Cal

39861235 T136649 301 W Lynwoods, Phoenix, Ariz

37665569 . 02075538 . 1305 College St,

Boone, Iowa 38471404 02075545 Loop Route.

Tahlequah, Okla. 31250640 02075600 W Center St,

Southington, Conn. 34687638 · 02075602 8270 N E 2nd Ct,

Miami,Fla 32781508 02075604 1140 Willoughby

Ave, Brooklyn, N.Y. 31347919 T136666 .143 Belvidere St,

Springfield, Mass. 31292611 T136667 24 Amey St.

Pawtucket, R.I. 35150217 02075605 R.F.D.#5,

Crawfordsville, Ind.

37402357 02075606 407 S Main St, Huntsville, Mo.

32580774 02075550 365 6th St. Niagara-Falls, N.Y.

36539310 T136716 1269 Casgrain St. Detroity Mich.

37619659 02075552 4145 Tholozan Ave, St Louis, Mo.

37675837 T136677 302 S 6th St.

Humboldt, Iowa 33792556 T136678 7548 Rugby St. Philadelphia, Penna.

19109256 T136640 2510 Grant Rd. Tucson, Ariz.

FO: 3rd Air Force Replacement Depot, Plant Park, Tampa, Fla, reporting thereat not later than 1700 on 22 Nov 1944, for asgmt to Provisional Project 3AF-30-B17-B-1118-Midland. The following named 0 are granted a fifteen (15) day delay enroute, Ten (10) days of delay enroute is granted in the interest of public service. EDCMR: 9 Nov 1944. COUNTY CONTRACTOR

\*REMSEN, JOHN ROBERT (NG)

32886456 T136684 443 Cyrus Pl, New York,

RESTRICTED (2)



### SPECIAL ORDERS NO 265 CONTD (Par 1 Cont'd)

ROSS, JACK (Cpl) (NG)

\*SHENAN, JOSEPH EDWARD (Cpl) (Flex Gun Tng, B-24)32183667 T136720

\*SHORTINO, NICHOLAS CHARLES (T/5) (Flex Gun Tng. B-24)

\*SOWELL, JOSEPH ARENDS, JR (Pfc) (Flex Gun Tng, B-24)

STIFFLER, HERBERT EDWIN (Flex Gun Tng, B-24)

TADDEI, CHARLES WILLIAM, (T/Sgt) (Flex Gun Ing B-24)

TRIMBLE, BURTON EUGENE, JR (Flex Gun Tng, B-24)

TUNNY HENRY (Flex Gun Tng. B-24)

\*UREDA, ROBERT ANTHONY (Flex Gun Tng. B-24)

\*VANDER VEEN, GEORGE ALDERINK (Flex Gun Tng.

VIERRA, JOSEPH CHARLES (Flex Gun Tng, B-24) VIETS, CLIFTON WALLACE (Flex Gun Tng, B-24)

VOIGT, FREDERICK WILLIAM (Flex Gun'Tng, B-24)

WALTER DELMER FRED (Flex Gun Tng, B-24)

WALTERS, KENNETH WILLIAM (Flex Gun Tng. B-24)

\*WEBER, SAMUEL (Flex Gun Tng, B-24)

WEST, CHARLES EDMUND (Flex Gun Tng, B-24) WHITE, JOHN FRANCIS (Flex Gun Tng, B-24)

\*WHITE, KENNETH WARD (Flex Gun Tng. B-24)

\*WILEY, WILLIAM DAWSON, JR (Flex Gun Tng, B-24)

\*WILKERSON, ALVA LAWRENCE (Flex Gun Tng. B-24)

WILLIAMSON, GEORGE CARROLL (Flex Gun Tng, B-24) \*WILSON, PAUL RICHARDS (NG)

\* 'OERNER, WILLIAM GEORGE (Flex Gun Tig , B-24)

WOLFF, GEORGE DANIEL (Flex Gun Trg, B-24) district

YANOVER, STEWARD LAWRENCE (Flex Gun Tng, B-24)

ZADROZNY, MITCHELL GEORGE (Flex Gun Tng, B-24)

3 Nov 1944

12183312 02075609 110 Post Ave.

New York, N.Y.

268A - 9th St. Jersey City, N.J.

36715939 T136721

926 Fletcher St.

Chicago, Ill

14116945 0928109 Brewton, Ala ...

37660596 02075561 801 S 5th Ave.

West, Newton, Iowa 33186354 02075611

514 Greenwood

Av. Jenkintown. Pa 34622812 02075563

722 Union St.

Brookhaven. Miss

32372023 02075.565 127-13-103 Av,

Richmond Hill, New York, N.Y.

36827902 T136692 1719 S 32nd St.

Milwaukee 4, Wis.

36876957 T136693 311 S Meridian

St, Soring Lake . Mich

19198820 02075567 Hotel Lodi.Lodi.Cal

31378892 02075568 33 James St.

Holyoke, Mass

429 E Locust St, 36822550 02075569

Milwaukee Wis.

17199974 02075571 549 S Tenth St.

Salina . Kans

15311385 02075572 Rt #2, Roseville.

Ohio ... ..

31211666 T136697 43 Draper St,

Springfield, Mass 32938822 02075574

RD #2. Owego, N.Y. 31300081 02075576 43 W Eagle St.

East Boston, Mass 35798112 T136698

R R #3, Greenville.

Ohio

37527211 T136699 4302 W 57th Ter.

Mission, Kans 35147330 T136701

2711 Winthrop St.

Indianapolis 5, Ind 15372719 02075578 36850289 T137259

Wickliffe, Ky. 15484 Minock.

Detroit 23 Michigan

2417 W 76th Av.

33588065 T136704 Philadelphia, Pa. 36757897 02075580

1227 N Harvey. Av,

Oak Park, Ill

4802 Snyder Av.

32475512 02075583 Brooklyn, N.Y.

2857 Belmont Av.

16153708 02075585 Chicago, Ill

SPECIAL ORDERS NO 265 CONTD (Par 1 Contid)

3 Nov. 1944

\*ZNIDARSIC, ANTHONY LADISLAS (Flex Gun Tng, B-24) 35066265 T136710 5814 Bonna Ave, Cleveland, Ohio.

O2 3rd Air Force Replacement Depot Plant Park Tampa Fla , reporting thereat not ater than 1700 on 15 Nov 1944, for asgmt to Provisional Project 3AF-4-B17-B-1111-Midland The following named 0 are granted an eight (8) day delay enroute in the interest of public service. EDCMR: 9 Nov 1944.

\*PATTAMONIAL EO, JR (NG)

PHILITIE, THOMAS HINRY (S Sgt) (Flex Gun Ing, B-24) \*PITCHUR, PECSH. WILLIAM (Sgt)(Flex Gun Ing,

\*REID MALCOLM (NG)

Bx 607. Riverton. 39135680 T136680 Wyo: 1258 Waverly Pl, 32453097 T136718 Elizabeth, N.J. 507 Hurlburt St, 16051214 T136719 Peoria, Ill 114-02 Jamaica 32782470 T136683 Ave. Richmond Hill, New York, N.Y.

TO: 3rd Air Herse Replacement Depot, Barksdale Fld, Shreveport, La, Officers WP to East to La La, La Con 6 Nov 1944, reporting thereat on 22 Nov 1944, for asgmt to Provisional Project 3AF-24-B26-B-1118-Midland. The following named 0 are grante a fifteen (15) day delay enroute. Ten (10) days of delay enroute is granted in the interest of public service, EDC MR: 8 Nov 1944.

CHAIET, MARTIN MELVIN (Cpl(Flex Gun Tng, B-24)

\*D'ADAMO, CHAPLE PHILIP (Cpl)(Flex Gun Tng, B-24)13102752 T136712

\*DeSCHAAF, RALPH (Sgt) (Flex Gun Tng, Med Bomb)

\*DOBY WILLARD JAMES (NG)

\*DOLIAR, JAMES SILAS, JR (Flex Gun Tng, B-24)

\*FANNIN.RICHARD JOHN (Flex Gun Tng.B-17)

\*GELLER NORMAN SOLOMON (Flex Gun Tng, B-24)

#\*HERMAN LESTER LEE (NG)

\*KRANTZ, HARRY (Cpl) (Flex Gun Tng, B-24)

\*NICHOLS WARREN LYLE (S Sgt) (Flex Gun Tng, MB) \*PARLOV, HENRY (T 5) (Flex Gun Tng, B-24)

PENNOCK, JOHN ALBERT (NG)

\*RAJTORA, WOODROW WILSON (FLex Gun Tng, B-24)

\*TOKROCKI, WALTER (S Sgt) (Flex Gun Tng, MB)

BRINTNALL, GALE EDWARF (T 5)(Flex Gun Tng, B-24). 36408537 02075591 Rt #1, East Jordan Mich 132 E 93rd St. 32696526 02075594

Brooklyn, N.Y. 5206 St Charles

Ave, Baltimore, Md 6131 S Honore St,

36310258 T136713

Chicago, Ill 34658621 T136642 208 Elm St;

Lancaster, S Carolina

Water Works Rd, 34636498 T136643

Columbus, Miss

35174668 T136648 590 Inmah St,

Akron, Ohio

6739 E End Ave. 16135819 T136652

Chicago, Ill

1111 Monroe St. 36481645 T136658

Freeburg, Ill

12145733 T136715 2131 Wallace Ave,

New York, N.Y.

19106343 T136717 Yave, Ariz 35743962 T136679 Beardsley St,

N.Y.

Akron, Ohio

Poughkeeps

1125 5 State St, 39916004 02075555

Salt Lake City, Utah 17112196 T136682

1015 4th St S.E.

Ave, Codar Rapids, Iowa 32449053 T136722

109 Talmadge St.

RESTRICTED

SPECIAL ORDERS NO 265 CONTD (Par 1 Cont'd)

3 Nov 1944

#TRACHSEL, ARTHUR ROLAND (Flex Gun Tng, MB)

WEPPLER, THOMAS ANTREW ("gt) (Flex Cun Tng, MB)

\*WILKING, JOHN WESLEY, JR (Flex Gun Tng, B-24)

#\*VYNNE, FRANK WILMAR (Flex Gun Tng, B-24)

#\*YOUNG, DAVID BECKHAM (Flex Gun Tng, B-24)

\*ZACHRY, MAURICE CLEVELAND (Flex Gun Trig, B-24)

10398 American A 16083640 02075562 Detroit, Mich 6644 Saunders St 12189043 02075614 Forest Hills, L. I, New York 34767843 T136702 656 Waldo St, S.E, Atlanta, Ga 412 W 4th St, 18113330 T136706 Fordyce, Ark 815 Stewart Dr. 18242270 T136707 Dallas, Texas 34623205 T136708

34623205 T136708 812 Rubush Ave, Meridian, Miss

TO: San Marcos AAF, San Marcos, Tex, reporting thereat on 17 Nov 1944 for Navigation Tng in Class 45-10-BM. The following named 0 are granted an eleven (11) day delay enroute. Ten (10) days of delay enroute is granted in the interest of public service. EDCMR: 9 Nov 1944.

\*\*LEDFO'D, "ILLIAM CLIFFORD (Pfc) (Flex Gun Tng, 15305542 0927869 Rt #2, Paint Lick,

NELSON, GORDON QUIST (Cpl)(Flex Gun Thg, B-24)

#VORE, CHARLES ADRON (Cpl) (Flex Gun Tng, E-24)
WALDEN, ROBERT STEPHEN (Flex Gun Tng, B-24)

WEISTLING, WILLIAM MARION (Flex Gun Tng, MB)

WHEATLEY, LESTER EDWARD (Flex Cun Tng, B-24)

Ky
37547637 02075608 202 E Missouri
Eye, St Joseph, Mo
18191930 02075613 Dacoma, Okla
12217154 02075570 R F D #1, Portville, N.Y.
13142919 02075573 611 Newton P1,
N. W. Washington, D.C
37617343 02075575 39 Lamar Dr,
Jennings, 21, Mo

TO: Hondo AAF, Hondo, Texas, reporting thereat on 10 Nov 1944 for Navigation Tng in Class 45-9-BN. The following named Officers WP to Hondo, Texas on 8 Nov: 1944, reporting thereat on 10 Nov 1944. EDCAR: 10 Nov 1944

McMENAMY, FDWARD LAWRENCE (Cpl) (Flex Gun Tng, B-24)
WITT, JAMES THOMAS (Flex Gun Tng, B-24)

WOLCKI, ALBERT VALENTINE (Flex Gun Ing, B-24)

ZABORONAK, ALEXANDER FRANCIC (Flox Gun Trg,

\*ZELLINGER, EARL (Flex Gun Ing, B-24)

31131819 02075607 46 Williams St, North Easton, Mass 37212261 '02075579 R F D #3, Cameron, Mo 36757877 02075581 2938 N Linder Ave Chicago, Ill 32952881 02075584 51 Chestnut Ave Trenton, N.J. 15132433 T136709 723 Copley Rd, Akron, Ohio

TO: Midland Army Air Field, Midland, Texas. The following named O are atchd, unasgd to Section "B", 2528th AAF Base Unit, pending further orders.

SPECIAL ORDERS NO 265 CONTD (Par 1 CONTD )

. 3 Nov 194.

ANDERSON, WILLIAM SAMUEL

BARNETT, CLIFTON (S Sgt) (Flex Gun Tng, B-17)

BATTLE, LeROY ANDREW (Flex Gun Tng, B-17)

BOLDEN, GEORGE CLAY (Flex Gun Tng, B-17)

BOYD, ROBERT WILLIAM (Cpl)(Flox Gun Tng.B-17)

BROWN, ROLAND MERRITT (Flex Gun Tng, B-17)

BYNOE, IVAN GLADSPONE (Flex Gun Tng, B-10)

CHEEK, QUINTEN VICTOR (Flex Gun Ing. B-17)

CHOISY, GEORGE BERTRAND (Flex Gun Tng, B-17)

CREED, LEON VINCENT (Cpl) (Flex Gun Tng, B-17)

CRICHLOV, VERE RAISTON (Cpl) (Flex Gun Tng,

DUKE; HAPRISON RIED (Flex Gun Tng, B-17)

\*EUGENE, LLOYD JOSEPH (Flex Gun Tng, B-17)

EVANS, JAMES ADOLPH (Flex Gun Tng, Bel7)

FARROW, LAWRENCE GRAYSON (Flex Gun Tng, B-17)

\*FREEMAN, JOHN WARREN (Flex Gun Ing, B-17)

\*FULLER, ALFONSC CARLSON (Flex Gun Tng,F-17)

\*GIBSON, EDWARD MATTHETS (Flex Gun Ing, B-17)

GITTENS, MARCUS LEON (FLex Gun Tng,B-17)

GLASCE, DUDLEY MAURICE (Flex Gun Tng, B-17)

\*GLOVER, EDWARD (Flex Gun Tng, B-17)

GCIDSON, LLOYD RUSSELL (Flex Gun Tng,B-17)

GRAHAM, CRURETTE PENJAMIN, JR(Flex Gun Tng, B-17)

HALL, MELVIN STANLEY (Flex Gun Tng, B-17)

16066480 02075524 St, Evansville, Ind 35387701 02075587 Clarksburg, W. Va. 42032752 02075525 Brooklyn, N.Y. 33714011 02075526 Pittsburgh, Fa 33194089 02075588 N.V. Washington DC 12163533 02075527 Morristown, N.J 32999873 02075528 New York, N.Y. 34677262 02075530 N Carolina 32986961 02075531

Jamaica, N.Y.

4 1829 S Governor
d
7 #2 Elk Terrace
5 1544 Fulton St,
6 3476 Webster Ave,
8 2152 Newport Place
7 5 Anderson St,
8 922 E 223rd St,
0 Box #208, Weldon,

111-60 166 St.

220 Atlantic St.

187 W 152nd St.Ner

4934 Vincennes Avi

4920 LaSalle St.

14137172 02075589
Keyport, N.J.
32724837 02075590
York, N.Y.
36792248 02075534
Chicago, Ill
38496402 T136647
New Orleans, La
33706732 02075535
Detroit, Mich
39706229 02075536
Los Angeles, Calif
32794028 T136650
Brooklyn, N.Y.

New Orleans, La
33706732 02075535 235 E Bethune Ave,
Detroit, Mich
39706229 02075536 3740 Dalton Ave,
Los Angeles, Calif
32794028 T136650 552 Hancock St,
Brooklyn, N.Y.
36886801 T136651 6353 Hazlett St,
Detroit, Mich
34844313 T136653 96 Coming St.

Charlestor, S Carolina 3136012 0:075539 4 Forest Ct, Boston, Mass

32984943 02975540 51 W 127th St, New Mary 14 Y. 3678148 T136654 5843 S State St

36721 0 2 1736654 5843 S State St, Chicago, IAA

1213-647 02075541 287 Edgecombe St,

3853854 02075542 531 N Elgin St, Tulsa,0kla 12136322 02075543 1307 Columbia Ave.

Plainfield N.J

3 Nov 1943

| SPECIAL | ORDERS | 'NO | 265 | CONTE | (Par 1 | Cont (d) |
|---------|--------|-----|-----|-------|--------|----------|
|         |        |     |     |       |        |          |

\*HAMILTON ARTHUR CALVIN (Flex Gun Ing.B-17) \*HARBERT BEORGE PALMER JR (Flex Gun Tng B-17) 39138675 T136657 HARRIS DONALD SAVOY (Flex Gun Tng ,B-17) \*HILL, THOMAS D, JR (Flex Gun Thg, B-17) HOLLAND HENRY THOMAS (Flex Gun Tng. B-17) HOTESSE, STEPHEN (Cpl) (Flex Gun Tng, B-17) ... \*HUBBARD LEVIS CLAIR, JR (Flex Gun Tag, B-17) JARRETT, CLIFFORD CLARENCE (Flex Gun Tng,B-17) 35224424 C2075547 \*JEFFERSON.DENNY CORNELIUS (Sgt) (Flex Gun Ing.B-17) \*JENKING, McCRAY (Flex Gun Tng;B-17) JONES, JAMES EDWARD (Cpl) (Flex Gun Ing, B-17) \*JONES JAMES LELAND (Flex Gun Tng.B-17) JONES, NATHANIEL ALLEN ,JR (Sgt) (Flex Gun  $Tng_B-17)$ \*LaRUE.ALVIN BERNARD(Flex Gun Tng.B-17) \*LAWRENGE, ROBERT SUMMERS (Flex Gun Ing.B-17)31425631 T136664 LEE, ROBERT EDWARD (Flex Gun Tng.B-17) \*LIVELY, WANTER HALL (Flex Gun Ing.B-17) MCINTYRE, CLINTON ELLSWORTH (Flex Gun. Tng, B-17) 32995969 02075549 McINTYRE HERBERT ALVIN (Flex Gun Ing. B-17) \*MAPLES, HAROLD EERNARD (Flex Gun Ing, B-17) \*MARSHALL, JOSEPH LEE (Flex Gun Tng.B-17) \*MARTIN, LEWIS EMMETT (Flex Gun Tng,B-17) \*MAY KENNETH GEORGE (Flex Gun Tng.B-17) \*MIDDLETON, LeVERT VIVIAN(Flex Gun Tng, B-17) \*MILLER, OSCAR THOMAS (Flex Gun Tng, B-17)

\*MOSLEY, CLIFF ORD EDWARD (Flex Gun Tng, B-17)

.38494968 T136656 + 2224 Upperline St, New Orleans, La 1289 - 8th St. Oakland, Calif 33777910 02075544 437 N 53rd St. Philadelphia, Pa 33746898 T136659 4823 St Lawrence Ave. Chicago, Ill 1070 W Fayette St. 33551508 02075546 Baltimore, Md 32218759 02075599 64th E 104th St. New York, N.Y. 504 W Dewey Ave, .35511799 T136660 Youngstown, Ohio .900 E Spring St, Columbus, Ohio 38447892 T136714. 1120 E 2d St. N. Little Rock, Ark 409 W 127th St. 32986611 T136661 #2B, New York, N.Y. 31190931 02075601 10 Pearl St, Waterbury, Conn 37618538 T136662 St John St. Bridgeton, Mo 32874438: 02075603 304 V 150th St. New York, N.Y. 616 50 21st 5t. 35709192 T136663 Louisville, Ky 24 Clark Rd. Ballardvale, Mass 35054838 02075548 7004 Colfax Rd. Cleveland, Ohio 33792667 T136665 40 N Conestoga St. Philadelphia, Pa 810 Dawson ST .. Bronx, New York, N.Y. 35068396 02075551 3847 E 142nd St. Cleveland, Ohio 33541355 T136668 Church St. Box 403 Orange, Va 32996073 T136669 ·1976 Atlantic Ave. Brooklyn, N.Y. 36886900 **T1**36670 Box 66. Grindstone & Pa, 12122030 T136671 104-09 143rd St. Jamaica, New York, N.Y.

1023 First St.

Unionville, Pa.

15 "arwick St,

RESTRIC TED (7)

356608**79** T136672

33747664 T136673

42004**551** T136674

Bradenton, Fla

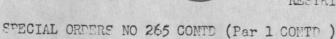
Boston, Mass

SPECIAL ORDERS NO 265 CONTD (Par 1 Cont'd) NIXON; ISAAC SCOTT (Flex Gun Tng, B-17) OFENS, ROBERT HATLOW (Flex Gun Ing, E-17) \*PIVALO, FRANK V (Flex Cun Tng, B-17) PORTER, CALVIN VESTER, JR (Flex Gun Tng, B-17) ROBERSON, JAMES OLIVER (Flex Gun Ing, B-17) ROUTT, ROY FORMY (Flex Gun Tng, B-17) SATTERWHITE, HARRY JONATHAN, JR (Flex Gun Ing., 32983282 02075559 B-17) \*SCOTT, PAUL WATSON (Flex Gun Tng, B-17) \*SHOWELL ,DAVID ANTHONY (Flex Gun Tng,B-17) SLAUGHTER, CHARLES TAYLOR (Flex Gun Tng, B=17) 16189445 02075560 \*SMITH, CALVIN (Fjex Gun. Tng, B-17). \*STAPLES, EZRA JAMES (Flex Gun Tng, B-17) \*STOREY, HOWARD (Flex Gun Tng, B-17) \*TALTON, JAMES EDWADD (Flex Gun Tng, E-17) \*TAYLOR, CHARLES ROBERT (Cpl)(Flex Gun Tng, B-17) TROTTER, JAMES FRANCIS (Cpl) (Flex Gun Tng, B-17). TULL, HARRISON ALPHONSO (Flex Gun Tng, E-17) : 32953932 02075564 Moodbury, N.J. TURNER, GORDON GEORGE (Flex Gun Tng,B-17) \*WALKER, WESLEY CARLTON (Flex Gun Tng, P-17) \*WATERS, ALVIN XAVIER (Flex Gun Tng, E-17) \*WEBBER, ROLAND ALVIN (Flex Gun Tng,P-17) \*WHITE, PAUL LAWRENCE (Flex Gun Tng,E-17) WILLIAMS, BENJAMIN WALTER (Flex Gun Tng,B-17) \*WILSON, JOHN EDWARD (Flex Gun Ing, B-17) WOODLEY, LEMUEL THORNTON (Flex Gun Tng, B-17) \*WOODSON, EUGENE LLOYD ( x Gun Tng, B-17)

15326436 02075553 328 N Elm St. Mounds, Ill 36791232 02075554 6129 S Rhodes Ave. Chicago, Ill 12182381 T136681 456 Grand Concours Bronx, New York, M.Y. 36885831 02075556 6521 Woodrow St. Detroit, Mich 32954784 02075557 8218 - 3rd, Ave, Stoneharbor, N.J. 38539774 02075558 2717 Sealy Ave (rear) Galveston, Texas 131 " 110th St, c/o Supt; New York, N.Y. 33747669: T136685 1119 1119. Montello Ave, N. E, Washington, 'DC 33794051 T136686 816 Madison Ave. Prospect Park, Pa. 4419 Crane Ave, Detroit, Mich 33697973 T136687 211 Todd St, Alibuippa, Pa 37705984 T136688 912 W Mesa Ave. Pueblo, Colo 36885510 T136690 247 E Philadephia St, Petroit, 2, M.ch 32953957 T136691 24 Spruce St, Merchantville, N.J. 36865895 T136723 1214 W Allegan, Lansing, Mich. 37509346: 02075612 2728 Park Ave, Kansas City, Mo. 78 Fisher St, 39713954 02075566 617 E Santa . Barbara Ave, Los Angeles, Cal. 33795805 T136694 42 N.57th St, Philadelphia, Penna. 33562461 1136695 1107 N Carey St. Faltimore, Md. 31249146 T136696 760 Tremont.St, Boston, Mass. 14168097 T136700 1610 14th Ave N, Nashville, Tenn. 3379 5544 02075577 37, N Redfield St. Philadelphia, Pa 32998251 T136703 35 Irving Pl, Brooklyn, N.Y. 33541310 02075582 2501 Hale St, Norfolk, Va. 33795570 TI 1235 N 58th St. Philadelphia,

PETRICTED (8)

### RESTRICTED



3 Nov 1944

X

The names preceded by an asterisk (\*) are Flt O.

The names unmarked are 2d Lt AUS

The names preceded by two asterisks(\*\*) are 2d Lt AC RES.

The names followed by a grade are Ayn/S. The letters NG denote no Flex Gunnery Tng.

All graduates have received Norden Bombsight Trg.

O named preceded by # are atzd travel by privately owned

conveyance.

The TO will furn the nec T. TDN TPA 501-31 P 431-02 03 212/50425.PCT.

X

X

By order of Colonel DOWMAN:

OFF ICIAL:

HENRY OBEL Maj,AC Adjutant

ROBERT L DAVIS, JR

Capt,AC

Personnel Officer

### CERTIFCIATE

I certify that the O named in Par 1, S0#265, this Hq, cs, ( Above) possess the nec physical qualifications for overseas movement.

> Edward Verganin EDWIN G BENJAMIN

Lt Col,MC

Post Surgeon

### RESTRICTED

PERSONNEL ORDERS )
NO. 29 )

HEADQUARTERS ARMY AIR FORCES CENTRAL FLYING TRAINING COLOMND fs Randolph Field, Texas, 10 Oct 1944

### EXTRACT

14. The following-named 2d Lts, AC, and flight officers, AC, Class 44-45B, having completed the required course of instruction at the AAFBS, Midland AA Fld, Midland, Tex, are, under the provisions of AR 95-60, 20 Aug 42, and AAF Regulation 50-7, L Jun 44, rated Aircreft Observer (Bombardier), effective 4 Nov 44:

### 2D LTS, AC

| JARRETT, CLIFFORD C. LEE, ROBERT E. McINTYRE, CLINTON E. McINTYRE, HERBERT A. WORRISON, JOHN F. NEWBEPRY, RALPH T. NIXON, ISAAC S. OWENS, ROBERT H. PENNOCK, JOHN A. | 02075524<br>02075525<br>02075526<br>02075528<br>02075529<br>02075530<br>02075531<br>02075532<br>02075533<br>02075534<br>02075536<br>02075536<br>02075538<br>02075539<br>02075539<br>02075540<br>02075541<br>02075542<br>02075543<br>02075544<br>02075545<br>02075545<br>02075545<br>02075546<br>02075547<br>02075548<br>020755549<br>020755549<br>02075550<br>02075550<br>02075550<br>02075553 | SLAUCHTER, CHARLES T.  STIFFLER, HERBERT E.  TRACHSCL, ARTHUR R.  TRINBLE, BURTON E., JR  TULL, HARRISON A.  TUMNY, HENRY  TURNER, GORDON G.  VIERRA, JOSEPH C.  VIETS, CLIFTON W.  VOIGT, FREDERICK W.  WALTER, DELMER F.  WALTER, DELMER F.  WALTERS, KENNETH W.  WEISTLING, VILLIAM M.  WEST, CHARLES E.  VHEATLEY, LESTER E.  WHITE, JOHN F.  VILLIAMSON, CEORGE C.  WITT, JAMES T.  WOLFF, GEORGE D.  VOLSKI, ALBERT V.  WOODLEY, LEMUEL T.  YANOVER, STEWARD L.  ZABORONAK, ALEXANDER F.  ZABORONAK, ALEXA | 02075560<br>02075561<br>02075562<br>02075563<br>02075564<br>02075565<br>02075566<br>02075567<br>02075569<br>02075570<br>02075571<br>02075572<br>02075573<br>02075574<br>02075575<br>02075576<br>02075576<br>02075576<br>02075577<br>02075578<br>02075578<br>02075580<br>02075581<br>0°075582<br>02075583<br>02075583<br>02075584<br>02075585<br>02075588<br>02075588<br>02075588<br>02075588<br>02075588 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OWENS, ROBERT H. PENNOCK, JOHN A. PORTER, CALVIN V., JR ROBERTSON, JAMES O. ROUTT, ROY T.                                                                            | 02075554                                                                                                                                                                                                                                                                                                                                                                                       | BOYD, ROBERT V.<br>CREED, LEON V.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 02075588<br>02075589<br>02075590<br>02075591<br>02075592<br>02075593                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                | -,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 02075594                                                                                                                                                                                                                                                                                                                                                                                                 |



### RESIRICIED

|   | 2D  | LTS. | AC | (CONTD)  |
|---|-----|------|----|----------|
| 2 | 075 |      |    | McCORMIC |
| 0 | OME | 100  |    | OTHERT   |

COFFEY, BERNARD J., JR
COWANT, GEORGE M.
DEMOND, WALTER G.
FARMER, ROBERT M.
HOTESSE, STEPHEN
J.NKOWSKI, JOSEPH J.
JONES, JAMES E.
JONES, WATHANIEL A., JR
JORD.N, ROBERT H.
KOCH.NSKI, WALTER T.

CK, CLARENCE R. 02075596 McGINNIS, JAMES P. 02075597 McMENAMY, EDWARD L. 02075598 NELSON, GORDON Q. 02075599 ROSS, JACK 02075600 SOVELL, JOSEPH A., JR 02075601 TADDEI, CHARLES W. 02075603 TROTTER, J/MES F. 02075602 VORE, CHARLES A. 02075604 WEPPLER, THOMAS 1. EVANS, JAMES A., 02075535

FLIGHT OFFICERS, AC

BOOTH, CARL L. CARDELLA, JULE M. CLARKSON, MARCUS E. DOBY, WILLARD J. DOLLAR, JAMES S., JR DROZDOWSKI, EDWARD L. DUFF, KENNETH W. DURHAM, LEONARD E. EUGENE, LLOYD J. FANNIN, RICHARD J. FLEMING, JOSEPH R., JR FREEMAN, JOHN W. FULLER, ALFONSO C. GELLER, NORMAN S. GIBSON, EDWARD M. GLOVER, EDWARD GREENE, APTHUR E., JR HAMILTON, APTHUR C. HARBERT, GEORGE P., JR HERMIN, LESTER L. HILL, THOMAS D., JR HUBBARD, LEWIS C., JR JENKINS, MCCRAY JONES, JAMES L. LA RUE, ALVIN B. LAWRENCE, ROBERT S. LIVELY, WILTER H. MecDONALD, ALLAN McC BE, FR NCIS A. MAPLES, HAROLD B. MARSHALL, JOSEPH L. MARTIN, LEWIS E. MAY, KENNETH G. MIDDLETON, LAVERT V. MILLER, OSCAR T. MOSLEY, CLIFFORD E. MYGRANT, VILLIAM L. NAPPIER, CONNIE, JR NISSEN, GILBERT R.

T136639 OESCHER, EDWARD W., JR T136640 PARLOV, HENRY 71366年 PATTALOCHI, LEO, JR T136642 PIVALO, FRANK V. T136643 PAJTORA, WOODROW W. T136644 REID, MALCOLM T136645 REMSEN, JOHN R. T136646 SCOTT, PAUL W. T136647 SHOVELL, DAVID A. T136648 SMITH, CALVIN T136649 SMITH, DANIEL B. T136650 STAPLES, EZRA J. T136651 STOREY, HOWARD T136652 TALTON, JAMES E. T136653 UREDA, ROBERT A. T136654 VANDER VEEN, GEORGE A. T136655 WILKER, VESLEY C. T136656 WATERS, ALVIN X. T136657 VEBBER, ROLAND A. T136658 'EBEL, SAMUEL T136659 'HITE, KENNETH V. T136660 WHITE, PAUL L. T136661 WILEY, VILLIAM D., JR T136662 WILKERSON, ALVA L. T136663 WILKINS, JOHN ..., JR T136664 "ILSON, JOHN E. T136665 "OERNER, WILLEAM G. T136666 WOODSON, EUGENE L. .T136667 WYNNE, FRANK W. T136668 YOUNG, DAVID B. . T136669 ZACHRY, MAURICE C. T136670 ZELLINGER, EARL T136671 ZNIDARSIC, ANTHONY L. T136672 AM.TO, RIPHAEL J. T136673 D'ADAMO, CHARLES P. T136674 DE SCHAAF, RALPH T136675 JEFFERSON, DENNY C. T136676 KRANTZ, HARRY T136677 MURPHY, JOHN P.

02075614 T136678 T136679 T136680 T1366\$1 T136682 T136683 T136684 T136685 T136686 T136687 T136689 T136688 T136690 T136691 T136692 T136693 T136694 T136695 T136696 T136697 T136698 T136700 T136699 1136701 T136702 T136703 T136704 T136705 T136706 T136707 T136708 T136709 T136710 T136711 T136712 T136713 T136714 T136715 T136716

02075605

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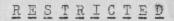
02075610

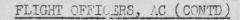
02075611

02075612

02075613

(2) RESTRICTED





NICHOLS, WARREN L. PHILLIPS, THOMAS H. PITCHER, PETER W.

T136717 TAYLOR, CHAPLES R., T136723

SHENAN, JOSEPH E. SHORTINO, NICHOLAS C. T136721 STOKROCKI, WALTER T136722 T136718 SHORTINO, NICHOLAS T136719 STOKROCKI, WALTER

> A. HCR MSBY Brig Gen GSC

CofS

T136720

By command of Brigadier General KRAUS:



JAMES W. PORTER Lt Col AGD Adj Gen

DISTRIBUTION P (181)

| Pieces | hur | gh |
|--------|-----|----|
|        |     | ra |
| aug.   | 30  |    |

TO WHOM IT MAY CONCERN:

| WHO WAS BORN 9-2-25 AND IS NOW 17 YEARS AND 1174 | Year          | IS TO C | CLA  | MA I T | (PAREN | TS) * ( | LEGAL GUARDI | AN) OF |
|--------------------------------------------------|---------------|---------|------|--------|--------|---------|--------------|--------|
| MONTHS OF ACE.                                   | WHO WAS BORN_ | 9-0     | 2-25 | IND IS | NOW_   | 17      | YEARS AND    | 117110 |

I hereby freely give my consent to his enlistment or reenlistment in the Regular Army of the United States. I am not dependent upon him for support.

Leone E. Rolden Sa.

(SIGNATURE OF FATHER IF LIVING)

(SIGNATURE OF MOTHER IF LIVING

(SIGNATURE OF LEGAL GUARDIAN)

Subscribed and sworn to before me this 30 Hay of Cuaust, 1943.

My commission expires NOTARY PUBLIC

\* Strike out word or words not applicable.

INSTRUCTIONS TO THE NOTARIES PUBLIC, ETC. It is necessary that persons signing this form appear before the official executing same, and that the form be signed and sworn to only in the presence of the Notary, Alderman, Justice of the Peace, or the Postmaster executing same.

ARRED FORCES RECRUITING & INDUCTION STATION

Pa.

avg 30, 1943.

PENTS) \* (LECAL CHAPDIAN) OF

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT I AM (PARENTS) \* (LEGAL GUARDIAN) OF Searce Clay Boeden

WHO WAS BORN 9/2/25 AND IS NOW 7 YEARS AND 1/

MONTHS OF AGE.

I hereby freely give my consent to his enlistment or reenlistment in the Regular Army of the United States. I am not dependent upon him for support.

Adam butts (WITNESS)

Jesse E. Bolden Sr. (SIGNATURE OF FATHER IF LIVING)

(SIGNATURE OF MOTHER IF LIVING)

(SIGNATURE OF LEGAL GUARDIAN)

Subscribed and sworn to before me this 30th day of Cleaust, 1943.

My commission expires My Commission Expires Mar 16 1947.

1947.

Address 2884 Wylie ave. A Pittsburgh, Pa

\* Strike out word or words not applicable.

INSTRUCTIONS TO THE NOTARIES PUBLIC, ETC. It is necessary that persons signing this form appear before the official executing same, and that the form be signed and sworn to only in the presence of the Notary, Alderman, Justice of the Peace, or the Postmaster executing same.

ARMED FORCES RECRUITING & INDUCTION STATION

### APPATION FOR ENLISTMENT IN THE U. ARINY

Applicants desiring to file application for enlistment in the United Sta tes army, please ensuer the following questions in their own handwriting, in ink.

### STATELENT

| Tame George Address 34/6 Webster Wee (St. or RFD) (City) (County) (State)            |
|--------------------------------------------------------------------------------------|
| That other places have you lived during the past 5 years? Mone                       |
| Are you a citizen of the United States? Yes If not, have you made legal declar-      |
| ation of intention of becoming a citizen? Date of birth september 2,192              |
| Place of birth Pittsburgh, Pa. Are you married, single, widower or divorced?         |
| Single . Have you anyone dependent upon you for support? No                          |
| If so, who?                                                                          |
| Names and addresses of parents if living. If deceased, so state Lesse & Bolace       |
| a Laulie Bolden, 3476 Webster ave.                                                   |
| Can you read the English language? Yes Ican you write the English language? Yes      |
| Occupation Education High School Height 5-10 Weight 165                              |
| Race Megso . Have you any special qualifications? If so, state                       |
| . Have you ever served in the Army, Havy, Harine Corps or Coast Guard? No            |
| If so, give date of last discharge, reason and character                             |
| Are you a member of the National Guard of any Reserve Organization? 16               |
| How many times arrested? Nove If so, where?                                          |
| Have you ever had your fingerprints taken? No .If so, where?                         |
| If you have ever been arrested, tell us all about it? Menus                          |
|                                                                                      |
| Do you now consider yourself sound and well and free from disease and deformity? Yes |
| Date August 11, 1943 Signature Leorge Bolden Applicant                               |
| APPLICANTS ART ADVISED TO MAVE A CHECK MALE ON THEIR PHYSICAL CONDITION BEFORE RE-   |

PORTING TO RECRUITING STATION.

DO NOT GO'T TO THE RECRUITING STATION UNTIL MOTIFIED TO DO SO. WHEN BOTH SIDES OF THIS APPLICATION ARE COMPLETED, ERING TO:

CHARACTER RECOIDENDATION Only recommendations ven by persons such as Doctors, vers, School Teachers, Preachers, Justices of the Peace, Civil Engineers, Notaries volic, Bankers, Merchant French, County, State and Government Officials, will be accepted. lugiest " This is to certify that I have known Place 6 years and have always found him to be a sober, industrious and truthful young man who can read and write the English language. He has an education equivalent to .. He is // years of age. To the best of my knowledge he is (X) (SINGLE) (X) (Hannes) and has Iboul dependent upon him for support. He has been arrested by civil authorities //on times, charged and sentenced as follows: West and I cheerfully His reputation in his community is Off the recommend him for enlistment in the United States Army. REMARKS: (I) Strike out words not applicable. Signature (Vocal To. (Address and occupation of person signing recommendation.) CHARACTER RECOVENDATION Quant 31, 1943 This is to certify that I have known George Bolden // years and have always found him to be a sober, industrious and truthful young man who can read and write the English language. He has an education equivalent to the average second year welege. He is 17 years of age. To the best of my knowledge he is (X) (SINGLE) (HARRIED) and has we one dependent upon him for support. He has been arrested by civil authorities work times, charged and sentenced as follows: 4 His reputation in his community is Excellent and I cheerfully recommend him for enlistment in the United States Army. REMARKS: The family back ground is excellent (Z) Strike out words not applicable. Signature Gull 826 Bryn mawr Ddy Pothy Pay Business mun (Address and occupation of person signing recommendation.) The Pittsburgh Courier. POLICE DEPARTMENT CERTIFICATE OF RECORD I certify that Reny Brillen has no Police Record known to the undersigned and has never had his Finger Prints taken for any violation of any law to the best of my knowledge. REMARKS: Enter police record here if any\_ allegheng Court Jewenle Court Walley Rome Chief Pro

Till hurgh Pa. aug. 30, 1943.

TO WHOM IT MAY CONCERN:

| TO WHOM II MAI CONCERNS                                                          |
|----------------------------------------------------------------------------------|
| THIS IS TO CERTIFY THAT I AM (PARENTS) * (LEGAL GUARDIAN) OF George Class Bollen |
| WHO WAS BORN 9-2-25 AND IS NOW 17 YEARS AND 11700                                |
| MONTHS OF ACE.                                                                   |
| I hereby freely give my consent to his enlistment or reenlist-                   |
| ment in the Regular Army of the United States. I am not dependent upon           |
| him for support.                                                                 |
|                                                                                  |
| da M. Cutts (WITNESS)                                                            |
| Yeare E. Bold                                                                    |
| (SIGNATURE OF FATHER IF LIVING)                                                  |
| (SIGNATURE OF MOTHER IF LIVING)                                                  |
|                                                                                  |
| (SIGNATURE OF LEGAL GUARDIAN)                                                    |
| Subscribed and sworn to before me this 30 Hday of Chapust, 194                   |
| My commission expires NOTARY PUBLIC , 1917.                                      |
| Address 2834 Urylin ave. Ogh. Oa.                                                |
| * Strike out word or words not applicable.                                       |
| INSTRUCTIONS TO THE NOTARIES PUBLIC, ETC. It is necessary that persons           |

INSTRUCTIONS TO THE NOTARIES PUBLIC, ETC. It is necessary that persons signing this form appear before the official executing same, and that the form be signed and sworn to only in the presence of the Notary, Alderman, Justice of the Peace, or the Postmaster executing same.

ARRED FORCES RECRUITING & INDUCTION STATION