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RICHARD THOMAS GIBSON

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HISTORY STATEMENT

63917

Can be used if question is not applicable write "NA." Write "G" to indicate you know the answer and cannot obtain the answer from sources listed on the back of this form for extra details on questions for which you do not have sufficient room.

carefully; illegible or incomplete forms will not receive consideration.

DO YOU UNDERSTAND THE INSTRUCTIONS? (Yes or No)

A. FULL NAME Mr. HERMAN ROSCOE TALLEY Telephone Office 05-44412 Ext. 34131 Home 276-1766

PRESENT ADDRESS 71-0 st. S.W. WASHINGTON, D.C.

PERMANENT ADDRESS P.O. #3 GAITHERSBURG, MD MONTGOMERY

B. NICKNAME NONE WHAT OTHER NAMES HAVE YOU USED? NONE

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? NONE

HOW LONG? NONE IF A LEGAL CHANGE, GIVE PARTICULARS NONE

C. DATE OF BIRTH 5-29-16 PLACE OF BIRTH GAITHERSBURG, MARYLAND, MONTGOMERY

D. PRESENT CITIZENSHIP NONE BY BIRTH? YES BY MARRIAGE? NA

BY NATURALIZATION CERTIFICATE NO. NA ISSUED NA BY NA

AT NA STATE NA COUNTRY NA

HAVE YOU HAD A PREVIOUS NATIONALITY? NO ANY OTHER NATIONALITY? NO

HELD BETWEEN WHAT DATES? NA TO NA GIVE PARTICULARS NONE

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NO GIVE PARTICULARS:

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? BORN IN USA.

PORT OF ENTRY? NR ON PASSPORT OF WHAT COUNTRY? NR

LAST U. S. VISA NR NR NR NR
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE 36 SEX MALE HEIGHT 5-9" WEIGHT 175
EYES BROWN HAIR BLACK COMPLEXION BROWN SCARS LEFT FOREHEAD
BUILD NEAT OTHER DISTINGUISHING FEATURES MUSTACHE

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED MARRIED DIVORCED NO WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULLMENTS NR

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE ANN R LEE BELL TALLEY
(First) (Middle) (Last)

PLACE AND DATE OF MARRIAGE ROCKVILLE, MARYLAND

HIS (OR HER) ADDRESS BEFORE MARRIAGE R.F.D.#3 GATHERSBURG, MD.
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 71-D ST. S.W. WASHINGTON, D.C.
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 1-18-18 PLACE OF BIRTH SENECA MARYLAND, MONTGOMERY
(Date) (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NO

CITIZENSHIP NR WHEN ACQUIRED? NR WHERE? NR
(City) (State) (Country)

OCCUPATION FILE CLERK LAST EMPLOYER FOREST SERVICE
U.S. DEPT. OF AGRICULTURE

EMPLOYER'S OR BUSINESS ADDRESS 417 C ST. S.W. WASHINGTON, D.C.
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM 12-2-43 TO 1-2-44 BRANCH OF SERVICE ARMY
(Date) (Date)

COUNTRY U.S.A. DETAILS OF OTHER GOV. SERVICE, U. S. OR FOREIGN

JAN. 15, 1940 TO PRESENT U.S. DEPT. OF AGRICULTURE

SEC. 7 (1) FATHER N. TALLEY D.O.B. 1-4-18
R.F.D.#3 GATHERSBURG, MD.

(2) WILLARD W. TALLEY D.O.B. 11-6-25
R.F.D.#3 GATHERSBURG, MD

(3) MAE L. PETERSON D.O.B. 2-24-28

(4) ELSIE L GILLESPIE D.O.B. 3-12-19
101-YOO. ST. N.W #4

(5) AGNES B MINOR D.O.B. 5-18-32
174-E LORAIN. ST OBERLIN, OHIO

(6) UPTON L TALLEY D.O.B. 12-6-34
RFD.#3 GATHERSBURG, MD

SEC. 11 WILLARD W. TALLEY (BRO) NATIVE RFD #3 GATHERSBURG MD
U.S. PUBLIC HEALTH. BETHESDA, MD.

JUDD MINOR (BRO-IN-LAW) NATIVE 1757- S. ST NW.
WHITE HOUSE

MAE L. PETERSON (NEE. TALLEY)

FEDERAL HOUSING. WASH. D.C.

SEC. 7 CONTINUED HALF SISTERS AND BROS.

ESTELLE MINOR AGE 48
1260 PEN. ST. NE

MILTON TALLEY AGE 57
1527 CHURCH ST. N.W.

RICHARD TALLEY AGE 59
606 KENILWORTH. AVE N.E

SADIE THOMAS AGE 53
2215-N. 6th St, PHILADELPHIA, PA

SADIE MILLER AGE 55
639 N. 32 St. PHILADELPHIA, PA.

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

(NA) I HAVE A LOYALTY CLEARANCE IN THE AGRICULTURE DEPT APRIL 1948

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME ANNA L. TALLEY RELATIONSHIP WIFE ADDRESS 71- O. ST. S.W. WASHINGTON, D.C.

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

NO

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT DATE [Signatures: DePaul, Herman Talley]

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

U. S. GOVERNMENT PRINTING OFFICE - 10 - 62230-1

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

- 1. NAME HERMAN KENNETH TALLEY RELATIONSHIP SON AGE 12 CITIZENSHIP YES ADDRESS 71 O. ST. S.W. WASH. D.C.
2. NAME ELMER ALLEN TALLEY RELATIONSHIP SON AGE 10 CITIZENSHIP YES ADDRESS 71 O. ST. S.W. WASH. D.C.
3. NAME JACQUELYN PARKS RELATIONSHIP GOD CHILD AGE 4 CITIZENSHIP YES ADDRESS 71 O. ST. S.W. WASH. D.C.

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME RICHARD MAURICE TALLEY LIVING OR DECEASED LIVING DATE OF DECEASE CAUSE PRESENT, OR LAST, ADDRESS 4415 JILLINGS, BETHWA WASH. DC. DATE OF BIRTH OCT. 13, 1876 PLACE OF BIRTH BOYDS, MARYLAND MONTGOMERY IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NO CITIZENSHIP NA WHEN ACQUIRED? NA WHERE? NA OCCUPATION NONE LAST EMPLOYER OLD FORTS HOME ROCKVILLE, MD EMPLOYERS OR OWN BUSINESS ADDRESS ROCKVILLE, MARYLAND MILITARY SERVICE FROM NONE TO BRANCH OF SERVICE NA COUNTRY NA DETAILS OF OTHER GOV. SERVICE, U. S. OR FOREIGN NA

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME LAURA ETHEL TALLEY LIVING OR DECEASED LIVING DATE OF DECEASE CAUSE PRESENT, OR LAST, ADDRESS R.E.D. #3 GAITHERSBURG MD MONTGOMERY DATE OF BIRTH 11-7-92 PLACE OF BIRTH RED.#3 GAITHERSBURG MD CITIZENSHIP NA WHEN ACQUIRED? NA WHERE? NA IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

OCCUPATION DOMESTIC LAST EMPLOYER BUCHANNAN, JAMES
 EMPLOYERS OR OWN BUSINESS ADDRESS #2 BELLSMILL ROAD ROCKVILLE
 MILITARY SERVICE FROM NONE TO _____ BRANCH OF SERVICE NA
 COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN
NA

SEC. 7. BROTHERS AND SISTERS (including half-, step-, and adopted brothers and sisters):

1. FULL NAME ANDERSON EUGENE TALLEY AGE 412
 PRESENT ADDRESS 1505 WASHINGTON AVE WASH DC NA
(St. and Number) (City) (State) (Country) (Citizenship)
2. FULL NAME ANNA ALVIRGNE TALLEY AGE LEND
 PRESENT ADDRESS 4215 ILLINOIS AVE NW WASH DC NA
(St. and Number) (City) (State) (Country) (Citizenship)
3. FULL NAME CLIFTON LEE TALLEY AGE 39
 PRESENT ADDRESS 1830 SWAN ST NW WASH DC NA
(St. and Number) (City) (State) (Country) (Citizenship)
4. FULL NAME ROWLAND B TALLEY AGE 34
 PRESENT ADDRESS DOODLESVILLE MARYLAND NA
(St. and Number) (City) (State) (Country) (Citizenship)
5. FULL NAME MAURICE ELEMMING TALLEY AGE 22
 PRESENT ADDRESS EVERY ROAD ROCKVILLE MD #2 NA
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME JOHN HENSIN BELL
 LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR LAST, ADDRESS ROCKVILLE, MARYLAND
(St. and Number) (City) (State) (Country)
 DATE OF BIRTH 10-2-85 PLACE OF BIRTH SENECA, MARYLAND
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
 CITIZENSHIP NATIVE WHEN ACQUIRED? NA WHERE? NA
(City) (State) (Country)
 OCCUPATION RUNS A SMALL STORE LAST EMPLOYER ?

10-62555-1

1. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: _____
2. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: _____
3. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: _____
4. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: _____

SEC. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? NO

IF "YES," EXPLAIN: NA

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? YES IF SO, TO WHAT EXTENT? SMALL TIME (SLIGHT)

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:
NO

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:
NO

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

ONLY U.S. DEPARTMENT OF AGRICULTURE

B. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC. NO

IF YES, INDICATE KIND OF LICENSE AND STATE NA

FIRST LIC. OR CERTIFICATE (YR) NA LATEST LIC. OR CERTIFICATE (YR) NA

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

NONE

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

NO

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

YES. I HAVE A 40% DISABILITY FROM THE ARMY THIS WAS AN INJURY OF THE LEFT FOOT PRIOR TO ENTERING THE SERVICE. THE ARMY ALGRAVATED THIS INJURY.

10-2230-1

SEC. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE

U.S.A. ARMY PVT 12-2-45-6-2-47
(Country) (Service) (Rank) (Dates of Service)
ARMY POST OFFICE, SAN FRANCISCO, CALIF 33900767 HONORABLE
(Last Station) (Serial Number) (Type of Discharge)

REMARKS: NONE

SELECTIVE SERVICE BOARD NUMBER UNKNOWN ADDRESS ROCKVILLE, MD

IF DEFERRED GIVE REASON DRIFTED

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS NONE

SEC. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM 7-29-44 TO PRESENT CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) GS-3

EMPLOYING FIRM OR AGENCY FOREST SERVICE, U.S. DEPT. OF AGR.

ADDRESS 1414 C. St. SW. WASH. DC.

KIND OF BUSINESS GOVERNMENT AGENCY NAME OF SUPERVISOR OLGA NOVACEK

TITLE OF JOB PLACEMENT OFFICER SALARY GS-9 PER

YOUR DUTIES Read and classify general and confidential correspondence and memoranda, interpret and copy for the Bureau, make referrals according to GS Classification Plan, review documents to make sure they have the correct copy stamp, prepare reports for members of congress, and other general duties.

REASONS FOR LEAVING INTERESTED IN HIGHER GRADE

FROM 6-9-42 TO 7-28-44 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) GS-3

EMPLOYING FIRM OR AGENCY FOREST SERVICE, U.S. DEPT. OF AGR.

ADDRESS 1414 C. St. SW. WASH. DC.

KIND OF BUSINESS GOVERNMENT AGENCY NAME OF SUPERVISOR EC. WAGNER

TITLE OF JOB ADM. OFFICER SALARY GS-12 PER

YOUR DUTIES Collect and deliver telegrams, documents and papers in the absence of the GS-4 mail clerk. Take charge of mail room for the entire Bureau.

REASONS FOR LEAVING Higher job in same Bureau

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FROM 1-15-40 TO 1-2-42 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) C.U-2
 EMPLOYING FIRM OR AGENCY CENTRAL SUPPLY SECTION, U.S. DEPT. OF AGR.
 ADDRESS 1470 St. S.W. Wash. D.C.
 KIND OF BUSINESS GOVERNMENT AGENCY NAME OF SUPERVISOR SAMUEL L. GARDNER
 TITLE OF JOB CHIEF SALARY \$? PER _____
 YOUR DUTIES Wagon driver, pack and mail government supplies to field offices of the U.S. DE. Take inventory annually of stock
 REASONS FOR LEAVING TRANSFERRED TO HIGHER JOB

FROM 12-15-33 TO 1-14-40 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) FOREMAN
 EMPLOYING FIRM OR AGENCY C. C. McDEVITT (FARM)
 ADDRESS RD #1, Poolesville MD 140-RANDOLPH ST NW
 KIND OF BUSINESS FARM NAME OF SUPERVISOR IT WAS MY OWN
 TITLE OF JOB FOREMAN (SELF) SALARY \$ 540 PER ANNUAL + LIVING ALLOWANCE
 YOUR DUTIES In charge of a 395 acre farm, to cultivate the land, raise grain, hay, chickens, cows, to operate with pumps, to plant with country corn, to plant potatoes, handling feed, fertilizer and farm implements.
 REASONS FOR LEAVING TO ENTER GOVERNMENT SERVICE

FROM _____ TO _____ CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) _____
 EMPLOYING FIRM OR AGENCY _____
 ADDRESS _____
 KIND OF BUSINESS _____ NAME OF SUPERVISOR _____
 TITLE OF JOB _____ SALARY \$ _____ PER _____
 YOUR DUTIES _____
 REASONS FOR LEAVING _____

Sec. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? IF YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

NO

Sec. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")
 LANGUAGE FRENCH SPEAK _____ READ SLIGHT WRITE _____
 LANGUAGE _____ SPEAK _____ READ _____ WRITE _____
 LANGUAGE _____ SPEAK _____ READ _____ WRITE _____

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU; INDICATE DEGREE OF PROFICIENCY IN EACH:
BOWLING AVE. 105

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?
SINCE 7-29-44 TO PRESENT AS A PERSONNEL FILE CLERK I HAVE HANDLED CONFIDENTIAL AND SENSITIVE MATERIAL FOR THE FOREST SERVICE.

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTIFLEX, COMPTONETTE, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:
NONE

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 25 SHORTHAND _____

SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR CLERK

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$ 3270.
(You Will Not Be Considered For Any Position With A Lower Entrance Salary)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY
 FREQUENTLY _____, CONSTANTLY _____

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. YES
 ANYWHERE IN THE UNITED STATES NO, OUTSIDE THE UNITED STATES NO

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:
EAST AND WEST, PREFER WASHINGTON, DC

SEC. 13. EDUCATION

ELEMENTARY SCHOOL QUINCE ORCHARD ADDRESS BEDDERS GATHERSBURG, MD
(City) (State) (Country)
 DATES ATTENDED 1922 - GRADUATED 1928

HIGH SCHOOL 1928 ADDRESS ROCKVILLE, MD
(City) (State) (Country)
 DATES ATTENDED 1928 GRADUATED 1932

COLLEGE NONE ADDRESS NA
(City) (State) (Country)
 MAJOR AND SPECIALTY NONE YEARS COMPLETED NA
 DATES ATTENDED NA DEGREE NA

COLLEGE NA ADDRESS NA
(City) (State) (Country)
 MAJOR AND SPECIALTY NA YEARS COMPLETED NA
 DATES ATTENDED NA DEGREE NA

CHIEF UNDERGRADUATE COLLEGE SUBJECTS NA

CHIEF GRADUATE COLLEGE SUBJECTS NA

10-6220-1

SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. ELIZABETH CLARK	BUS. ADD. <u>1212 1/2 ST. SW</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>1212 1/2 ST. SW</u>	<u>WASH.</u>	<u>DC.</u>
2. SETH JACKSON	BUS. ADD. <u>1212 1/2 ST. SW</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>1114 N. LANTANA ST.</u>	<u>ARLINGTON, VA.</u>	<u>VA.</u>
3. ERWIN C. WAGNER	BUS. ADD. <u>1416 St. SW</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>1416 St. SW</u>	<u>WASH.</u>	<u>DC.</u>
4. ANNA GREER	BUS. ADD. <u>1416 St. SW</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>1416 St. SW</u>	<u>WASH.</u>	<u>DC.</u>
5. COLWELL'S BEERS	BUS. ADD. <u>C.T.H.</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>4001-705 AVE</u>	<u>LANDOVER HILLS, MD.</u>	<u>MD.</u>

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. REGINALD PURYEAR	BUS. ADD. <u>1212 1/2 ST. SW</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>2206 MYRTLE AVE</u>	<u>WASH.</u>	<u>DC.</u>
2. WALTER PAGE	BUS. ADD. <u>THE PENTAGON</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>1416 St. SW</u>	<u>WASH.</u>	<u>DC.</u>
3. WALTER WASHINGTON	BUS. ADD. <u>NATIONAL CAPITAL</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>1416 St. SW</u>	<u>WASH.</u>	<u>DC.</u>
4. EIDA LLOYD	BUS. ADD. <u>1416 St. SW</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>7116 GLOUCESTER</u>	<u>FAIRMONT, MD.</u>	<u>MD.</u>
5. ROBERT SNOWDEN	BUS. ADD. <u>241 1/2 N. WASH. DRIVE</u>	<u>ROCKVILLE</u>	<u>MD.</u>
	RES. ADD. <u>SHINE</u>	<u>MD.</u>	<u>MD.</u>

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. JOHN H. ROBINSON	BUS. ADD. <u>THE PENTAGON</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>329 1/2 St. SW</u>	<u>WASH.</u>	<u>DC.</u>
2. MELVIN L. FEGGANS	BUS. ADD. <u>METROPOLITAN POLICE</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>741 1/2 St. SW</u>	<u>WASH.</u>	<u>DC.</u>
3. JOSEPH HUTCHINSON	BUS. ADD. <u>?</u>	<u>WASH.</u>	<u>DC.</u>
	RES. ADD. <u>1291 HALE ST. SW</u>	<u>WASH.</u>	<u>DC.</u>

SEC. 21. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES IF NOT, STATE SOURCES OF OTHER INCOME NONE

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS NONE

(12)

C. HAVE YOU EVER BEEN IN, OR PENSIONED FOR, BANKRUPTCY? NO
GIVE PARTICULARS, INCLUDING COURT: NA

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

- 1. NAME HAILE FURNITURE ADDRESS 777 D ST NW WASH DC
(City) (State) (Country)
- 2. NAME BELL CLOTHING ADDRESS 911 E ST NW WASH DC
(City) (State) (Country)
- 3. NAME AGRI. CREDIT UNION ADDRESS 147 C ST NW WASH DC
(City) (State) (Country)

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

- FROM 9-13-42 TO Present 712 St S.W. WASH DC
(City) (State) (Country)
- FROM 5-29-46 TO 9-17-42 Redeef GAITHERBURG M.D
(City) (State) (Country)
- FROM _____ TO _____ (City) (State) (Country)
- FROM _____ TO _____ (City) (State) (Country)
- FROM _____ TO _____ (City) (State) (Country)
- FROM _____ TO _____ (City) (State) (Country)
- FROM _____ TO _____ (City) (State) (Country)
- FROM _____ TO _____ (City) (State) (Country)

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

- A. FROM NONE TO NA (City or section) (Country) (Purpose)
- FROM _____ TO _____ (City or section) (Country) (Purpose)
- FROM _____ TO _____ (City or section) (Country) (Purpose)
- FROM _____ TO _____ (City or section) (Country) (Purpose)
- FROM _____ TO _____ (City or section) (Country) (Purpose)

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

- LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:
- 1. AMERICAN LEGION JAMES E WALKER POST NO 26 WASH DC
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: YEARLY RENEWAL SINCE 1945
 - 2. AGRICULTURE ECONOMIC SOCIETY 147 C ST NW WASH DC
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1947 TO PRESENT
 - 3. _____ (Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: _____

SEC. 9. MOTHER-IN-LAW

FULL NAME ANNIE BELL
(First) (Middle) (Last)

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 1318 22ND ST NW WASH DC
(St. and Number) (City) (State) (Country)

DATE OF BIRTH ? PLACE OF BIRTH SENECA, MARYLAND

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP NATIVE WHEN ACQUIRED? NA WHERE? NA
(City) (State) (Country)

OCCUPATION DOMESTIC LAST EMPLOYER DAVS WORK

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

- 1. NAME NONE RELATIONSHIP NA AGE _____
CITIZENSHIP NA ADDRESS NA
(St. and Number) (City) (State) (Country)
- 2. NAME NONE RELATIONSHIP NA AGE _____
CITIZENSHIP NA ADDRESS NA
(St. and Number) (City) (State) (Country)
- 3. NAME NONE RELATIONSHIP NA AGE _____
CITIZENSHIP NA ADDRESS NA
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

- 1. NAME JAMES LEWIS RELATIONSHIP BRO. IN-LAW AGE NA
CITIZENSHIP NATIVE ADDRESS 4215 ILLINOIS AVE NW WASH DC
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) GENERAL ACCOUNTING OFFICE DC
- 2. NAME ANNA E LEWIS RELATIONSHIP SISTER AGE _____
CITIZENSHIP NATIVE ADDRESS 4215 ILLINOIS AVE NW WASH DC
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) GENERAL ACCOUNTING OFFICE DC
- 3. NAME MARIE L. PETERSON RELATIONSHIP SISTER AGE 24
CITIZENSHIP NATIVE ADDRESS 70 BIRD AVE WYOMING ST. BOTOMBLE
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) FEDERAL HOUSING