

DEPARTMENT OF THE ARMY

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

OFFICIAL BUSINESS

CHIEF OR COMMANDING OFFICER

MILITARY DISTRICT OR UNIT

[illegible]DA FORM 24
1 NOV 54

REPLACES DD FORMS 230, 230-A, 230-B, 230-C, 230-D (For Army use); DA FORMS 24-A-2, 24-A-5, 24-A-9 AND 24-A-12, WHICH ARE OBSOLETE.

[illegible]

[illegible]

SECTION 10 - REMARKS

1 Nov 57 eligible for re-enlistment
transf USAR Control Group/ERP(Annual Train- ing) Mississippi Mil Dist 2 Nov 57

Mon Dispatch fr USSR 31 MAR 1962

100-100-100-100 (EFS)

DO FORM NOT RELY ON

343.576 Jt. T. E.

Apt 508
Atlanta, Ga.

SECTION 11 - IDENTIFICATION OF INITIALS

NAME, GRADE AND ORGANIZATION (Typed or printed)

INITIALS

NAME, GRADE AND ORGANIZATION (Typed or printed)

INITIALS

BARON & JACKSON, CAPT, IV US ARMY CORPS (RES)

4

CERTIFICATION

IN REGARD TO ANY PART OF THIS QUESTIONNAIRE CONCERNING WHICH I HAVE HAD ANY QUESTION AS TO THE MEANING, I HAVE REQUESTED AND HAVE OBTAINED A COMPLETE EXPLANATION. I CERTIFY THAT THE STATEMENTS MADE BY ME UNDER PART IV ABOVE AND ON ANY SUPPLEMENTAL PAGES HERETO ATTACHED, ARE FULL, TRUE, AND CORRECT.

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NUMBER (If any)	SIGNATURE OF PERSON MAKING CERTIFICATION
Aaron Isaac Lofton	[REDACTED]	<i>Aaron Isaac Lofton</i>
TYPED NAME OF WITNESS	DATE	SIGNATURE OF WITNESS
GERALD J. BESHENS JR	23 Nov 56	<i>Gerald J. Beshens Jr.</i>

CERTIFICATE OF CLEARANCE AND/OR SECURITY DETERMINATION UNDER EO 10450 <small>(SR 380-160-1, SR 380-160-10 or SR 620-220-1)</small>			
PART I BASIC INFORMATION			
FROM: (Originating headquarters) Hq., The ASA Tng Cen, 8622 DU, Ft Devens, Mass.		DATE 12 May 1955	DOSSIER NUMBER 24053127
LAST NAME - FIRST NAME - MIDDLE INITIAL LONDON, Aaron I.		MILITARY OR CIVILIAN GRADE Pvt	SERVICE OR SOCIAL SECURITY NUMBER [REDACTED]
DATE OF BIRTH (Day, Month, Year) [REDACTED]	PLACE OF BIRTH (City, county, state, country) Lincoln County, Mississippi	CIVILIAN JOB TITLE (If any) None	
PART II SECURITY CLEARANCE			
DATE INVESTIGATION COMPLETED (Day, Month, Year) 22 April 1955	TYPE OF INVESTIGATION CONDUCTED Background	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION Third Army	
HIGHEST CLASSIFICATION OR TYPE OF INFORMATION TO WHICH ACCESS IS AUTHORIZED (Top Secret, Secret, Confidential, or Cryptologic duties) Cryptologic		DATE INTERIM CLEARANCE GRANTED (Day, Month, Year) ---	DATE FINAL CLEARANCE GRANTED (Day, Month, Year) 12 May 1955
THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL HAS BEEN CLEARED: <input type="checkbox"/> UNDER THE PROVISIONS OF SR 380-160-1 FOR ACCESS TO CLASSIFIED INFORMATION AS INDICATED ABOVE; <input type="checkbox"/> UNDER THE PROVISIONS OF SR 380-160-10 FOR ASSIGNMENT TO CRYPTOLOGIC DUTIES. REQUIRED SECURITY OATH FOR PERSONNEL UNDER THE JURISDICTION OF THE ARMY ESTABLISHMENT IS ATTACHED AS INCLOSURE ONE.			
PART III SECURITY DETERMINATION UNDER EO 10450 - (CIVILIAN EMPLOYEES ONLY)			
DATE INVESTIGATION COMPLETED (Day, Month, Year)	TYPE OF INVESTIGATION CONDUCTED	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION	
SENSITIVE POSITION <input type="checkbox"/> CHECK AND COMPLETE PARTS I, II AND V NON-SENSITIVE POSITION <input type="checkbox"/> CHECK AND COMPLETE PARTS I, III, AND V			
PART IV REMARKS			
<i>None</i>			
PART V OFFICIAL MAKING CERTIFICATION			
ORGANIZATION Hq., The ASA Tng Cen, 8622 DU.		PLACE Ft Devens, Mass.	DATE 12 May 1955
TYPED NAME, GRADE AND SERVICE NUMBER LUTHER KELLER II, Lt Col, [REDACTED]		SIGNATURE 	
DISTRIBUTION: (SR 380-160-1, SR 380-160-10 or SR 620-220-1 as appropriate) 1 Copy TAG 1 Copy GAS-22, CRF 1 Copy 201			
<small>RECORDS OF INTERIM CLEARANCE WILL NOT BE FORWARDED TO DEPARTMENT OF THE ARMY; SEE SR 380-160-1</small>			

DA FORM 873
1 DEC 53

REPLACES EDITION OF 1 JAN 53, WHICH IS OBSOLETE

GPO : 1953 O - 283653

HEADQUARTERS
THE ARMY SECURITY AGENCY TRAINING CENTER
FORT DEVENS, MASSACHUSETTS

SECURITY OATH

1. I, ARON I. Lofton about to be authorized to have access to cryptologic information or material of the Department of the Army, do solemnly swear (or affirm) and declare without any mental reservations whatsoever that I will protect such information or material to the best of my ability and that I will not disclose or discuss such information or material to or with any unauthorized person or persons, and, further, that I will discuss or disclose such information or material only as required in the proper conduct of official business.

2. I will thoroughly familiarize myself with the pertinent security provisions, instructions, and principles set forth in existing regulations or those hereafter promulgated. I fully appreciate and understand that the preservation of the security of cryptologic information and materials is of vital importance to the national interests of the United States. I also fully understand that improper disclosure or loss of such cryptologic information or material would subject me to punishment by either military or civil courts as prescribed in the applicable military regulations and public laws.

3. I further understand that my removal from an assignment requiring access to cryptologic information and material automatically bars me from further access to such information or material, and I hereby declare that I will never, after such removal, discuss such cryptologic information and material even after my retirement or release from the service of my country unless freed from this obligation by unmistakable and categorical official notice.

4. I will report without delay to my superiors the details or circumstances of any case which comes within my knowledge wherein an unauthorized person has obtained or is attempting to obtain cryptologic information or material or wherein such information or material may be or is being disclosed or removed in an unauthorized manner.

So help me God

(Name)

Arnon Isaac Lofton PVT

(Grade)

Sworn to before me on

(Date)

21 April 56
Sidney M. Swope, Jr.

2nd Lt., Inf., Summary Court

(Name, grade and service No. of Officer administering oath.)

CERTIFICATE OF CLEARANCE AND/OR SECURITY DETERMINATION UNDER EO 10450 <small>(SR 380-160-1, SR 380-160-10 or SR 620-220-1)</small>			
PART I BASIC INFORMATION			
FROM: (Originating headquarters) Hq., The ASA Tng Cn, 8622 DU, Ft Devens, Mass.		DATE 12 May 1955	DOSSIER NUMBER E 3005127
LAST NAME - FIRST NAME - MIDDLE INITIAL LOFTON, Aaron I.		MILITARY OR CIVILIAN GRADE Pvt	SERVICE OR SOCIAL SECURITY NUMBER <div style="background-color: black; width: 100px; height: 1.2em;"></div>
DATE OF BIRTH (Day, Month, Year) <div style="background-color: black; width: 100px; height: 1.2em;"></div>	PLACE OF BIRTH (City, county, state, country) Lincoln County, Mississippi		CIVILIAN JOB TITLE (If any) none
PART II SECURITY CLEARANCE			
DATE INVESTIGATION COMPLETED (Day, Month, Year) 22 April 1955	TYPE OF INVESTIGATION CONDUCTED Background	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION Third Army	
HIGHEST CLASSIFICATION OR TYPE OF INFORMATION TO WHICH ACCESS IS AUTHORIZED (Top Secret, Secret, Confidential, or Cryptologic duties) TOP SECRET		DATE INTERIM CLEARANCE GRANTED (Day, Month, Year) -----	DATE FINAL CLEARANCE GRANTED (Day, Month, Year) 12 May 1955
THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL HAS BEEN CLEARED XXX UNDER THE PROVISIONS OF SR 380-160-1 FOR ACCESS TO CLASSIFIED INFORMATION AS INDICATED ABOVE; <input type="checkbox"/> UNDER THE PROVISIONS OF SR 380-160-10 FOR ASSIGNMENT TO CRYPTOLOGIC DUTIES. REQUIRED SECURITY OATH FOR PERSONNEL UNDER THE JURISDICTION OF THE ARMY ESTABLISHMENT IS ATTACHED AS INCLOSURE ONE.			
PART III SECURITY DETERMINATION UNDER EO 10450 - (CIVILIAN EMPLOYEES ONLY)			
DATE INVESTIGATION COMPLETED (Day, Month, Year)	TYPE OF INVESTIGATION CONDUCTED	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION	
SENSITIVE POSITION <input type="checkbox"/> CHECK AND COMPLETE PARTS I, II AND V NON-SENSITIVE POSITION <input type="checkbox"/> CHECK AND COMPLETE PARTS I, III, AND V			
PART IV REMARKS			
PART V OFFICIAL MAKING CERTIFICATION			
ORGANIZATION Hq., The ASA Tng Cn, 8622 DU		PLACE Ft Devens, Mass.	DATE 12 May 1955
TYPED NAME, GRADE AND SERVICE NUMBER LUTHER KELLER II, Lt Col, O-1291129		SIGNATURE 	
DISTRIBUTION: (SR 380-160-1, SR 380-160-10 or SR 620-220-1 as appropriate) 1 Copy 201 1 Copy GAS-22, CRF 1 Copy TAG			
RECORDS OF INTERIM CLEARANCE WILL NOT BE FORWARDED TO DEPARTMENT OF THE ARMY; SEE SR 380-160-1			

DA FORM 1 DEC 53 **873**

REPLACES EDITION OF 1 JAN 53, WHICH IS OBSOLETE

GPO : 1953 O - 283653

HEADQUARTERS XII UNITED STATES ARMY CORPS
Post Office Box 8337
Atlanta 6, Georgia

AJTAG-R-1

LETTER ORDERS D- 9376

31 March 1962

SUBJECT: Discharge

TO: Individual Concerned

TC 411. By order of the Secretary of the Army the fol individual is
DISCHARGED on date indicated.

JOFFIN, AARON I., [REDACTED], SP-4, MDS 050.20
XII USA CORPS CONTROL GR UP ([REDACTED])

Type discharge: Honorable -- DD Form 256A

Reason (discharge): Expiration Term of Service

Authority (discharge): Paragraph 9a, Army Regulation 135-178

Date discharge: 31 March 1962

Selective Service or Standby Reserve service number: [REDACTED]

Home of record: 343 8th St., N. E., Apt F01, Atlanta, Georgia

Component: USAR READY RESERVE

FOR THE COMMANDER:

Edwin G. Jenkins
EDWIN G. JENKINS
1st Lt AGC
Asst AG

DISTRIBUTION:

SPECIAL:

AJTAG-A (1)

AJTAG-D (1)

AJTAG-R (3)

STATE DIRECTOR, SELECTIVE SERVICE CONCERNED (1)

30. Par 36 SO 221 this Hq cs rel SP3 ERVIN BAKER [REDACTED] fr asg Hq WRAMC (9901) this sta and asg US Army Oversea Repl Sta (1264) Ft Dix NJ is REVOKED. (OVERSEA REPLACEMENT).

31. PVT E-2 JOHN H TAGGART [REDACTED] (Army) (MOS: 913.10) (TOI: 24 mos) (ETS: Mar 59) rel fr asg Army Stu Det Nr 2 WRAMC (9901) this sta asg WRAH (9901.01) this sta Oct Alloc SGO. No tvl involved. EDCSA: 5 Nov 57. MOS 913.10 awarded and designated Primary per par 18f and 22 AR 611-203. Auth: MEDEW 7847 ZAPE Ft Sam Houston Texas dtd 26 Oct 57 and Msg TAG 63146 AGPA-NR dtd 18 Oct 57.

32. DSA fol EM rel fr asg MHD WRAH WRAMC (9901) this sta and fr TDY w/Hq WRAMC (9901) this sta and AD not by reason of phys disability and trf to the Army Reserve on EDCSA shown below. EM asg to USAR Control Group (Reinf) of the Mil Dist shown opposite his name eff date fol date of rel fr active duty. EM will be given Report of Separation fr the Armed Forces of the US (DD Form 214) and Certificate of Service (DD Form 217A). Lump sum payment for unused accrued lv auth. Ent to \$300. MOP per VRAA 1952.

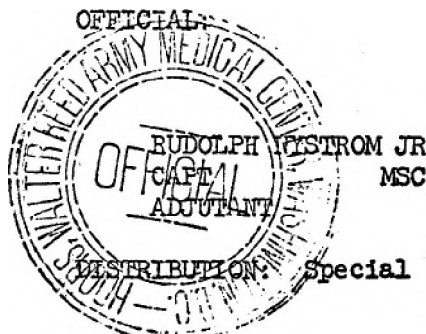
Name Home of Record	Date of Rel fr AD (EDCSA)	Mil Dist	Unused Accrued Lv	Svc Oblg
SP3 AARON I LOFTON	1 Nov 57	Miss Mil Dist	33 das	8 yrs
[REDACTED]		Bldg T-180		
(MOS: 058.20) (SigC)		P O Box 6238		
MA: P O Box 64 Summit Miss		Parkway Sta Jackson Miss		
HOR: Summit Miss.		(Third Army)		
EAD: Jackson Miss. TDN 2182010 801-147		P1021-1311-02-03-07 S99-999. PCS.		
Auth: Rel USAR par 8 AR 635-205 SPN 412 (PETS) (COG). SP3 LOFTON				
has 3 yrs 8 mos 23 das svc.				

33. M SGT LEONARD C PEMBERTON JR [REDACTED] PMOS 715.60 (TOE: 3 yrs) (ETS: Mar 60) Fgn Svc Avail Code C, Rtn o/s 14 Aug 56 is rel fr asg Hq WRAMC (9901) this sta and reasg WRAH (9901.01) this sta. No tvl involved. EDCSA: 7 Nov 57.

34. Fol EM rel fr asg Hq WRAMC (9901) this sta and reasg U S Army Dispensary (7004) The Pentagon Washington 25 DC w/Dy sta Hq WRAMC (9901) this sta. No tvl involved. EDCSA: 6 Nov 57. Auth: Ltr ANWAG-MP 220.3 Hq MDW 25 Oct 57 Subj: Reassignment of Personnel.

	PMOS	TOE	ETS	FSAC	Rtn O/S
SFC LESTER SOUZA [REDACTED]	934.66	6 yrs	Mar 61	B	Feb 57
SFC GEORGE T TARTER [REDACTED]	934.60	3 yrs	Dec 58	D	Oct 56
SP2 EDDIE ARNALDY-DIAZ [REDACTED]	934.26	6 yrs	Nov 57	D	Nov 45
SP3 JOHN R WEEKS [REDACTED]	934.10	3 yrs	May 58	A	

FOR THE COMMANDER:



RUDOLPH NYSTROM JR
CAPT MSC
ADJUTANT

For immediate delivery to
referred to in par _____

MEDEC

HEADQUARTERS
WALTER REED ARMY MEDICAL CENTER
WASHINGTON 12, D.C.

SPECIAL ORDERS
NUMBER 228

E X T R A C T

31 October 1957

21. SP2 NORMAN GROFE JR [REDACTED] asg WRAH (9901.01) this sta is awarded skill level digit "2" to PMOS 914 per par 19b (3) (b) AR 611-203. Skill level digit "6" is w/d per par 25b (3) AR 611-203. Reporting MOS becomes 914.20.

22. PVT E-1 ROGER O WURTZBACHER [REDACTED] asg WRAH (9901.01) this sta is awarded and designated PMOS 932.20 Pharmacy Specialist per par 18 and 22 AR 611-203.

23. PVT E-1 EMORY M HALL [REDACTED] asg WRAH (9901.01) this sta is awarded and designated PMOS 932.20 Pharmacy Specialist per par 18 and 22 AR 611-203.

24. Par 33 SO 18 this Hq 54 appointing Assistant Adjutants WRAMC for the purpose of issuing and authenticating extracts of Hq WRAMC Special Orders is hereby RESCINDED.

25. Eff 31 Oct 57 fol Offs (MSC) are in add to their other duties apt Assistant Adjutants for the purpose of authenticating Special Orders:

MAJ ERVIN L SANDERS [REDACTED]

CAPT WILLIAM LEDBETTER [REDACTED]

26. Under auth OTSG Adm Ltr 310-3, 18 Feb 57 CAPT THOMAS O MITCHELL [REDACTED] QMC Hq WRAMC (9901) this sta WP o/a 18 Nov 57 to New York NY on TDY for aprx five (5) das plus tvl time for the purpose of attending Class No 1 Command Staff Exchange Officers' Course. Compltn TDY return WRAMC Wash DC. TDN 2182020 06-8002 P2400 S49-024 (24281116).

27. VOGG on 30 Oct 57 cfm as fol: CAPT GENIE KEY N843 ANC Ward 5 Phys Profile 411111 found med unfit by PEB is rel hosp and placed on TDY w/Hq WRAMC (9901) this sta eff 30 Oct 57 for the performance of such duty as his phys cond will permit while awaiting disp by SA. Indiv will remain asg to MHD WRAH WRAMC (9901) this sta pending EDCSA to be established by future orders. No tvl involved.

28. SGT LAKE C HODGE [REDACTED] mbr MHD WRAH WRAMC (9901) this sta placed on TDY w/Hq WRAMC (9901) this sta eff 3 Nov 57 pending separation UP AR 635-209.

29. M SGT LESLIE L DOSER [REDACTED] PMOS: 911.70 (TOE: 6 yrs) (ETS: Feb 59) Fgn Svc Avail Code B, Rtn o/s May 57 is rel fr asg WRAH (9901.01) this sta and reasg US Army Medical Unit Ft Detrick Md. EM WP 4 Nov 57 rept to CO prior to 1700 hrs in proper mil uniform. EDCSA: 4 Nov 57. TDN 2182010 801-6-206-13 P1311-02-03-07 S99-999. PCS. PHHGSTA.

(over)


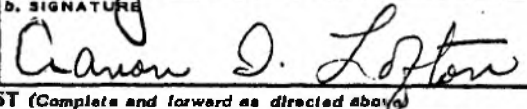
PERSONAL DATA		TRANSFER OR DISCHARGE DATA		SELECTIVE SERVICE DATA		SERVICE DATA		VA DATA		AUTHENTICATION	
1. LAST NAME - FIRST NAME - MIDDLE NAME LORTON ARNON LORAC		2. SERVICE NUMBER [REDACTED]		3a. GRADE, RATE OR RANK Sp3(T)		b. DATE OF RANK (Day, Month, Year) 17 Dec 1956					
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS Army Sig C		5. PLACE OF BIRTH (City and State or Country) Brookhaven Mississippi		6. DATE OF BIRTH							
7a. RACE Caucasian		b. SEX Male		c. COLOR HAIR Blond		d. COLOR EYES Grey		e. HEIGHT 5-11		f. WEIGHT 145	
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED High School-4		b. MAJOR COURSE OR FIELD Commerce		8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS Single					
11a. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR		b. STATION OR INSTALLATION AT WHICH EFFECTED Walter Reed Army Medical Center Washington DC		c. REASON AND AUTHORITY Per 8 AR 635-205 LFN 412 PETS Convenience of Government		d. EFFECTIVE DATE 1 Nov 57					
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HQ USMACVIB Ft. Kobbe CZ		13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED DD Form 217A							
14. SELECTIVE SERVICE NUMBER [REDACTED]		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE #62 McComb(Pike)Mississippi		16. DATE INDUCTED 5/4							
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED Transferred USAR Mississippi Military District		18. TERMINAL DATE OF RESERVE OBLIGATION 8 Feb 62		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input type="checkbox"/> ENLISTED (First Enlistment) <input checked="" type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:		b. TERM OF SERVICE (Years) 3		c. DATE OF ENTRY 24 Jan 55			
20. PRIOR REGULAR ENLISTMENTS None		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Pvt E-1		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Jackson Mississippi							
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) Post Office Box 64 Cumit(Pike)Mississippi		24. STATEMENT OF SERVICE									
25a. SPECIALTY NUMBER AND TITLE 058.20 Morse Interceptor		b. RELATED CIVILIAN OCCUPATION AND O. O. T. NUMBER N/A		a. CREDITABLE FOR BASIC PAY PURPOSES							
				(1) NEW SERVICE THIS PERIOD		2		9		8	
				(2) OTHER SERVICE		0		11		15	
				(3) TOTAL (Line (1) + line (2))		3		8		23	
				b. TOTAL ACTIVE SERVICE		2		9		23	
				c. FOREIGN AND/OR SEA SERVICE		1		10		21	
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Sharpshooter(Rifle M-1 Carbine)											
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None											
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED											
SCHOOL OR COURSE ASA Training School		DATES (From - To) 25 wks-1955		MAJOR COURSES Direction Finding Operator Course						29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED None	
30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT N/A		c. MONTH ALLOTMENT DISCONTINUED N/A							
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None										b. VA CLAIM NUMBER C None	
32. REMARKS No time lost under Prov of Sec 6a Appendix 2b MCM 1951 Blood Group "A" \$300.00 MOP certified on final MPO Item 3a: Pvt(P) 25 Jun 56 ICAN: [REDACTED]											
33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) Post Office Box 64 Cumit(Pike)Mississippi		34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Lorton A. Lorton									
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER P J GREENLAW Capt MCO Asst Ch MIL Pers Br		b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN P. J. Greenlaw									

DD FORM 214

REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

5

TRANSFER OR RELEASE TO RESERVE COMPONENT OF THE ARMY		TRANSFER OR RELEASE FROM <input checked="" type="checkbox"/> ACTIVE DUTY (AR 635-250) <input type="checkbox"/> ACTIVE DUTY FOR TRAINING (AR 140-220)	DATE 1 Nov 57
FROM: (Headquarters effecting release) Commanding General Walter Reed AMC, Washington 12, D.C. ATTN: Transfer Point, Mil Pers Br.		TO: (Last name - first name - middle name) LOFTON, Aaron I.	
1. SERVICE NUMBER <div style="background-color: black; width: 100px; height: 1.2em;"></div>	2. GRADE Sp3	3. COMPONENT AND BRANCH OF SERVICE Sig C	4. DATE OF INDUCTION OR OF IN- TIAL ENLISTMENT, OR APPOINTMENT 24 Jan 55
5. MILITARY SPECIALTY 058.20	6. SPN 412	7. PERMANENT ADDRESS FOR MAILING PURPOSES (Street, RFD, City, County, and State) Post Office Box 64, Summit, Mississippi	
SECTION A - (Applies to individuals transferred or returned to a reserve component upon completion of active duty)			
8. Pursuant to section 4 (d) (3) of the Universal Military Training and Service Act and AR 635-250 you are <input checked="" type="checkbox"/> transferred <input type="checkbox"/> released to the <input checked="" type="checkbox"/> Army Reserve <input type="checkbox"/> National Guard of <u>Mississippi Mil Dist</u> to fulfill the remainder of your <input type="checkbox"/> current enlistment and/or <input checked="" type="checkbox"/> * <u>8</u> year service obligation originally entered upon on the date shown in item 4 above.			
9. WITHIN 2 WEEKS FOLLOWING YOUR RELEASE FROM ACTIVE DUTY YOU WILL COMPLETE, SIGN, AND MAIL OR DELIVER IN PERSON ONE COPY OF THIS FORM TO: Chief, Mississippi Military District, Building T-180 Post Office Box 6238, Parkway Station, Jackson 9, Mississippi			
10. Pending your assignment to an organized unit of the Army Reserve or enlistment in a federally recognized unit of the National Guard, you will report any change of address to the military authority whose address is given in item 9 above. After assignment to a unit you will report any change of address to your unit commander.			
SECTION B - (Applies to men returned to reserve component unit upon release from initial active duty for training under section 262, Armed Forces Reserve Act (USAR), or section 6 (c) (2) (A), Universal Military Training and Service Act (NGUS)			
INCLUSIVE DATES OF RESERVE TRAINING FROM (Day, Month, Year) TO (Day, Month, Year)		UNIT ASSIGNED (USAR or NGUS) (Give complete address)	
11. Having completed, or having been released prior to completion of, initial period of 6 months active duty for training, you are returned to reserve duty status with unit indicated above to complete the remainder of your service obligation as a member of the Army Reserve or of the National Guard of the United States. You will report in person to the commanding officer of your unit at its earliest scheduled training assembly following your arrival home. If you are not a member of an organized unit but are assigned to a USAR Control Group (Annual Training) you will advise the Military District Chief whose address is shown in item 9 above of any change in your status or address.			
12a. TYPED NAME, GRADE AND ORGANIZATION OF AUTHENTI- CATING OFFICER P. J. GREENLAW, Captain, MSC Hq WRMC (9901) Wash 12, D.C.		12. SIGNATURE 	
13a. I HAVE READ THE ABOVE INSTRUCTIONS AND FULLY UNDERSTAND MY SERVICE OBLIGATION AND MY DUTY TO REPORT AS STATED THEREIN.		13. SIGNATURE 	
TO BE COMPLETED BY RESERVIST (Complete and forward as directed above)			
14. CORRECT ADDRESS (If different from item 5)		15. REQUEST ASSIGNMENT TO (Name of unit of choice, if any)	
16. REMARKS			
17. DATE	18. SERVICE NUMBER	19. SIGNATURE OF RESERVIST	

* Enter 8 or 6, whichever is applicable.

DA FORM 1270
1 FEB 55

REPLACES DA FORM 1270, 1 MAR 55, WHICH IS OBSOLETE

U. S. GOVERNMENT PRINTING OFFICE : 1954 O - 370095

NAME (Last, first, middle initial) AND SERVICE NUMBER

FORM 20

TESTED QUALIFICATION RECORD

[illegible]

Receiving Station

24. ASU

Ft Jackson

DEPT. OF DEFENSE INITIAL ENLISTMENT
WASHINGTON 25, D. C.

ENLISTMENT RECORD - UNITED STATES

ARIZ

Form Approved
Budget Bureau No. 22-R016.3

1. LAST NAME-FIRST NAME-MIDDLE NAME (To be initialed by enlistee) Lofton, Aaron Isaac		2. SERVICE NUMBER [REDACTED]	3. SEX MALE	4. RACE Caucasian	CODING COLUMN
5. PHYSICAL AND MENTAL DATA a. PHYSICAL CATEGORY A b. MENTAL DATA AFQT-3/96-1		6. HOME ADDRESS (Number & street or rural route (if none, no state), city, town or P.O., county and state) P. O. Box 64, Summit, Pike, Mississippi			
7. PLACE OF ENLISTMENT Jackson, Mississippi		8. ENLISTED IN THE GRADE OF (To be initialed by enlistee) Private-1			AUTHORIZATION [REDACTED]
9. ENLISTED UNDER AUTHORITY OF [REDACTED]		10. BRANCH ENLISTED FOR Signal Corps (ASA)			
11. FOR ASSIGNMENT IN Army Security Agency/		12. TOTAL SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
DECLARATION OF APPLICANT					
13. DATE OF BIRTH DAY MONTH YEAR		14. PLACE OF BIRTH (City and state) Brookhaven, Mississippi		15. COLOR EYES Grey	16. COLOR HAIR Blond
17. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, FILED DECLARATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		18. IF NATURALIZED OR DECLARANT, GIVE DATE, PLACE, AND COURT OF JURISDICTION NOT APPLICABLE		19. NATURALIZATION OR DECLARANT NUMBER NOT APPLICABLE	
20. MARITAL STATUS Single		21. NUMBER, AGE, & RELATIONSHIP OF PEOPLE DEPENDENT ON YOU FOR SUPPORT (To be initialed by enlistee) None/			
22. EDUCATION (Years) GRAMMAR HIGH SCH COLLEGE 8 4 1		23. OTHER CIVILIAN SCHOOLS ATTENDED (If degree, state kind) None			
24. CIVILIAN TRADE OR OCCUPATION (Best qualified) Student		25. HOW LONG EMPLOYED (Yrs & mos) (Best qualified trade or occupation) Not applicable		26. WEEKLY WAGE (Average) None	
25. REGISTERED FOR SELECTIVE SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NUMBER		26. SELECTIVE SERVICE BOARD NUMBER AND ADDRESS (City, county, state) #62, McComb, Pike, Mississippi			
27. PRIOR ROTC OR CADET TRAINING (Years-Type unit) None		28. RESERVE COMMISSIONED STATUS (Br. SN, & grade now held, if any) None			
29. LAST SERVICE (USA, USAF, USN, USMC, USCO) USA		30. COMPONENT (Reg, Res, AUS, ARUS, FedNG, or St G) FedNG (No Active Fed Svc)		31. SERVICE NUMBER [REDACTED]	
32. ORGANIZATION 154 Inf Bn, Miss NG		33. TYPE, AUTHORITY, AND DATE OF DISCHARGE		34. IN GRADE OF MOS	
35. HAVE YOU EVER BEEN: a. CONVICTED OF A FELONY OR ANY OTHER OFFENSE (excluding minor traffic violations)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. ADJUDICATED A YOUTHFUL OFFENDER OR JUVENILE DELINQUENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If a or b is yes, give details. Prior service personnel consider only convictions and adjudications since last active service.) (To be initialed by enlistee). 1/1/62					
36. HAVE YOU EVER BEEN IMPRISONED UNDER SENTENCE OF ANY COURT? IF SO, GIVE DETAILS. (Prior service personnel answer "No" unless imprisoned subsequent to date of last discharge.) (To be initialed by enlistee) NO					
37. ARE YOU NOW OR HAVE YOU EVER BEEN ON SUSPENDED SENTENCE, PAROLE, PROBATION, OR ARE YOU AWAITING FINAL ACTION ON CHARGES AGAINST YOU? (Prior service personnel consider only period since date of last discharge.) (To be initialed by enlistee) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
38. HAVE YOU EVER PREVIOUSLY BEEN REJECTED FOR INDUCTION OR ENLISTMENT IN ANY OF THE ARMED FORCES OR HAVE YOU EVER BEEN DISCHARGED FROM A PREVIOUS ENLISTMENT OTHER THAN HONORABLY, OR BY REASON OF UNSUITABILITY OR UNDESIRABLE HABITS OR TRAITS OF CHARACTER, OR FOR MEDICAL REASONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
39. TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ENTRIES RECORDED BY ME ON STANDARD FORM 89, REPORT OF MEDICAL HISTORY, ARE TRUE AND CORRECT. (To be initialed by enlistee) 1/1/62					
40. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU NOW SOUND AND WELL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO" GIVE DETAILS. (To be initialed by enlistee) C-Baptist					

DD FORM 4
1 NOV 53

EDITION OF 1 NOV 51 IS OBSOLETE

GPO : 1954 O - 383389

ORIGINAL-MORNING REPORT COPY
DUPLICATE-SERVICE RECORD COPY

91. REMARKS (To be initialed by enlistee)

None/ *ASL*

42. I UNDERSTAND THAT I AM LIABLE TO TRIAL BY COURT MARTIAL FOR FRAUDULENT ENLISTMENT IF I SECURE ENLISTMENT BY MEANS OF ANY FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS TO MY QUALIFICATIONS FOR ENLISTMENT: IN ADDITION, I KNOW IF I AM REJECTED BECAUSE OF ANY DISQUALIFICATION KNOWN TO ME AND CONCEALED FROM THE ACCEPTING OFFICER, THE GOVERNMENT WILL NOT FURNISH ME WITH RETURN TRANSPORTATION TO THE PLACE OF ACCEPTANCE.

I DECLARE THAT I AM NOT NOW A MEMBER OF ANY OF THE ARMED FORCES (Army, Air Force, Navy, Marine Corps, or Coast Guard) OR OF ANY COMPONENT THEREOF (Regular, Reserve, or National Guard) IN ACTIVE, INACTIVE, RESERVE, OR RETIRED STATUS UNLESS SO INDICATED AND EXPLAINED BY ME; THAT THE FOREGOING QUESTIONS AND MY ANSWERS THERETO HAVE BEEN READ TO ME; THAT MY ANSWERS HAVE BEEN CORRECTLY RECORDED AND ARE TRUE IN ALL RESPECTS AND THAT I FULLY UNDERSTAND THE CONDITIONS UNDER WHICH I AM ENLISTING.

GIVEN AT (Place of acceptance)

DATE OF ACCEPTANCE

Jackson, Mississippi
SIGNATURE OF WITNESS (First name-Middle initial-Last name)

24 January 1955
SIGNATURE OF APPLICANT (First name-Middle name-Last name)

43. REMARKS (For use by the recruiting officer)

43a. DATE DD FORM 93
FORWARDED

egc
24 Jan 55

VERIFIED AT

BY (Signature of recruiting officer)

GRADE AND ORGANIZATION OF RECRUITING OFFICER

Jackson, Mississippi

Capt USAF 3370 SH

44. OATH AND CERTIFICATE OF ENLISTMENT

STATE OF Mississippi SS:

CITY, TOWN, OR MILITARY POST Jackson

1. Aaron Isaac Lofton

DO SOLEMNLY SWEAR (or affirm) THAT I WILL BEAR TRUE FAITH AND

ALLEGIANCE TO THE UNITED STATES OF AMERICA; THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER; AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO REGULATIONS AND THE UNIFORM CODE OF MILITARY JUSTICE; AND DO HEREBY ACKNOWLEDGE TO HAVE VOLUNTARILY ENLISTED THIS

24th DAY OF January 1955, IN THE UNITED STATES Army FOR A PERIOD OF three (3) years UNDER THE CONDITIONS PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED BY PROPER AUTHORITY.

SIGNATURE

Aaron Isaac Lofton
FIRST NAME-MIDDLE NAME-LAST NAME

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS 24th DAY OF January A.D. 1955. I FURTHER CERTIFY THAT THIS ENLISTEE WAS MINUTELY INSPECTED BY ME PREVIOUSLY TO SUBSCRIBING TO THE OATH; THAT I FOUND ENLISTEE ENTIRELY SOBER AND IN FULL POSSESSION OF ALL MENTAL FACULTIES; THAT TO THE BEST OF MY JUDGMENT AND BELIEF ENLISTEE FULFILLS ALL LEGAL REQUIREMENTS, AND THAT IN ENLISTING APPLICANT INTO THE SERVICE OF THE UNITED STATES I HAVE STRICTLY OBSERVED THE REGULATIONS WHICH GOVERN THE RECRUITING SERVICE. I FURTHER CERTIFY THAT THE ABOVE OATH, AS FILLED IN, WAS READ TO THE APPLICANT BEFORE SUBSCRIBING THERETO.

CLYNTON J COLLINS, Capt USAF 3370 SH

TYPED NAME, GRADE, AND ORGANIZATION OF RECRUITING OFFICER

Clynton J Collins
SIGNATURE OF RECRUITING OFFICER

1 Carefully compare with the name at top of page 1.

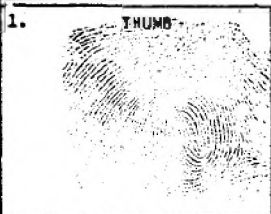

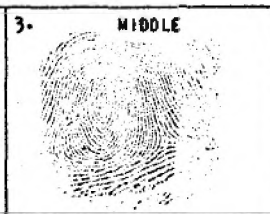

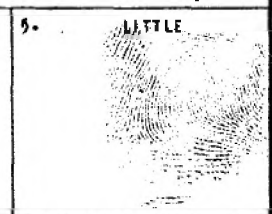
3 The signature must be identical with that subscribed to Declaration of Applicant.

2 The dates in the oath and certificate must be the same.

45.

FINGERPRINTS - RIGHT HAND

(Fingerprint impressions will be made in this space in the case of every person enlisting or reenlisting)

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE
				

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME Lofton, Aaron I.				2. GRADE AND COMPONENT OR POSITION Sp3		3. IDENTIFICATION NO. <div style="background-color: black; width: 100px; height: 1.2em;"></div>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) PO Box 64, Summit, Miss.				5. PURPOSE OF EXAMINATION Separation		6. DATE OF EXAMINATION 29 Oct 57	
7. SEX Male	8. RACE Cau	9. TOTAL YRS. GOVT. SERVICE MILITARY 3 CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE Army		11. ORGANIZATION UNIT MHD-WRAH		
12. DATE OF BIRTH <div style="background-color: black; width: 100px; height: 1.2em;"></div>		13. PLACE OF BIRTH Lincoln Co., Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Aaron I. Lofton, Father, Same as # 4			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Walter Reed Army Hospital, Wash. 12, D.C.					16. OTHER INFORMATION		

47. RATING OR SPECIALTY		TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)	
NORMAL	ABNOR- MAL	(Check each item in appropriate column; enter "N.E." if not evaluated)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. MOUTH AND THROAT	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 60, 61, and 62)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate if indicated)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
Females only		(Check how done)	
		43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Class 2	
O.—Restorable teeth X.—Missing teeth (S X S).—Fixed bridge, brackets to include abutments I.—Nonrestorable teeth XXX.—Replaced by dentures																			
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
I	X	X	X	29	28	27	26	25	24	23	22	21	20	19	18	17	16	F	

LABORATORY FINDINGS			
45. URINALYSIS: SP. GR. 1.017		46. CHEST X-RAY (Place, date, film number, result) WRAH, 29 Oct 57	
ALBUMIN Neg	SUGAR Neg	MICROSCOPIC Essen. Negative	47. SEROLOGY (Specify test used and result) Cardiolipin Flocculation Negative
48. EKG		49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS																																			
51. HEIGHT 5' 11"		52. WEIGHT 143		53. COLOR HAIR Brown		54. COLOR EYES Green		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP. 93.6																									
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																													
SITTING SYS. 110 DIAS. 70		RECUMBENT SYS. DIAS.		STANDING (5 min.) SYS. DIAS.		SITTING 72		AFTER EXERCISE		2 MIN. AFTER																									
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION																															
RIGHT 20/ 20-2 CORR. TO 20/		BY S. CX		J-1 CORR. TO		BY																													
LEFT 20/ 20-1 CORR. TO 20/		BY S. CX		J-1 CORR. TO		BY																													
62. HETEROPIORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD																																			
63. ACCOMMODATION RIGHT Normal LEFT Normal				64. COLOR VISION (Test used and result) Normal-Pseudo-Isocho				65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED																											
66. FIELD OF VISION Normal				67. NIGHT VISION (Test used and score)				68. RED LENS																											
								69. INTRAOCULAR TENSION Normal																											
70. HEARING			71. AUDIOMETER							72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																									
			<table border="1"> <thead> <tr> <th></th> <th>250 250</th> <th>500 512</th> <th>1000 1024</th> <th>2000 2048</th> <th>3000 3096</th> <th>4000 4096</th> <th>8000 8192</th> </tr> </thead> <tbody> <tr> <td>RIGHT WV /15 SV /15</td> <td>5</td> <td>5</td> <td>10</td> <td>10</td> <td>65</td> <td>45</td> <td>8</td> </tr> <tr> <td>LEFT WV /15 SV /15</td> <td>0</td> <td>5</td> <td>20</td> <td>15</td> <td>60</td> <td>80</td> <td>13</td> </tr> </tbody> </table>								250 250	500 512	1000 1024	2000 2048	3000 3096	4000 4096	8000 8192	RIGHT WV /15 SV /15	5	5	10	10	65	45	8	LEFT WV /15 SV /15	0	5	20	15	60	80	13		
	250 250	500 512	1000 1024	2000 2048	3000 3096	4000 4096	8000 8192																												
RIGHT WV /15 SV /15	5	5	10	10	65	45	8																												
LEFT WV /15 SV /15	0	5	20	15	60	80	13																												

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Hospitalized WWII.

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)							
<p># 71 Deafness, perceptive type, bilateral, very mild, possibly due to acoustic trauma. Hearing: Average Loss: AS: 13db; AD: 8db. Speech reception score: AS: 10 db; AD: 5 db; AU: 5 db. Discrimination: AS: 92%; AD: 92%. Unchanged. LOD: YES</p>							
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. PHYSICAL PROFILE	
None						P	U
						L	H
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS QUALIFIED FOR Separation <input type="checkbox"/> IS NOT						E	S
						PHYSICAL CATEGORY	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A	B
						C	E
79. TYPED OR PRINTED NAME OF PHYSICIAN H. EDWARD SKOLNICK, MD						SIGNATURE	
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) FREDERICK A. LEBIG, LT. COL., DC						SIGNATURE	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE	
						NUMBER OF ATTACHED SHEETS	

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME LOFTON, ARRON I		2. GRADE AND COMPONENT OR POSITION SP-3 Army		3. IDENTIFICATION NO. [REDACTED]	
4. HOME ADDRESS (Number, Street or RFD, city or town, zone and State) P.O. Box 64 Summit, Miss.		5. PURPOSE OF EXAMINATION SEPARATION		6. DATE OF EXAMINATION 29 OCT 57	
7. SEX M	8. RACE Cauc	9. TOTAL YRS. GOVT. SERVICE MILITARY 2 YR 2 mo CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE ARMY	11. ORGANIZATION UNIT 9901	
12. DATE OF BIRTH [REDACTED]		13. PLACE OF BIRTH Lincoln Co., Miss.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN MR. ARRON A. LOFTON—Father—Box 64, Summit, Miss.	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS			16. OTHER INFORMATION		

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:		
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	RELATION(S)
FATHER	49	Good				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS
MOTHER	47	Good				<input checked="" type="checkbox"/>	HAD SYPHILIS
SPOUSE					<input checked="" type="checkbox"/>		HAD DIABETES
BROTHERS	20	Good			<input checked="" type="checkbox"/>		HAD CANCER
					<input checked="" type="checkbox"/>		HAD KIDNEY TROUBLE
					<input checked="" type="checkbox"/>		HAD HEART TROUBLE
					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE
CHILDREN					<input checked="" type="checkbox"/>		HAD RHEUMATISM (Arthritis)
					<input checked="" type="checkbox"/>		HAD "ASTHMA," HAY FEVER, MIVES
					<input checked="" type="checkbox"/>		HAD EPILEPSY (Fits)
					<input checked="" type="checkbox"/>		COMMITTED SUICIDE
					<input checked="" type="checkbox"/>		BEEN INSANE

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE
<input checked="" type="checkbox"/>	WORN HEARING AIDS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT

<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	BEEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	bled excessively after injury or tooth extraction

22. FEMALES ONLY: A. HAVE YOU EVER—

<input checked="" type="checkbox"/>	BEEN PREGNANT
<input checked="" type="checkbox"/>	HAD A VAGINAL DISCHARGE
<input checked="" type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER
<input checked="" type="checkbox"/>	HAD PAINFUL MENSTRUATION
<input checked="" type="checkbox"/>	HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING:

	AGE AT ONSET OF MENSTRUATION
	INTERVAL BETWEEN PERIODS
	DURATION OF PERIODS
	DATE OF LAST PERIOD
	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

1

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?

2 YR 9 mo.

25. WHAT IS YOUR USUAL OCCUPATION?

Interior Decorator

26. ARE YOU (Check one)

☒ RIGHT HANDED ☐ LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
<input checked="" type="checkbox"/>		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Chest Clinic
Gorgas Hospital
ANCON, CANAL ZONE

Pending on condition of hearing at a later date

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE AARON J. LOFTON	SIGNATURE <i>Aaron J. Lofton</i>
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40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 30 thru 39)

Partial loss of hearing, hospitalized
Whooping cough, childhood- no sequela
Asthma, hay fever, EPTS, mild
ENT, running ears, fungus, treated and cured
Indigestion, mild, improved.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER D. RO. ARD SKOLNICK, MD	DATE 29 Oct 57	SIGNATURE <i>D. R. Arnd Skolnick</i>	NUMBER OF ATTACHED SHEETS 5
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U. S. GOVERNMENT PRINTING OFFICE: 1952-O-213344

ARMED FORCES SECURITY QUESTIONNAIRE

I - EXPLANATION

1. The interests of National Security require that all persons being considered for membership or retention in the Armed Forces be reliable, trustworthy, of good character, and of complete and unswerving loyalty to the United States. Accordingly, it is necessary for you to furnish information concerning your security qualifications. The answers which you give will be used in determining whether you are eligible for membership in the Armed Forces, in selection of your duty assignment, and for such other action as may be appropriate.

2. You are advised that in accordance with the Fifth Amendment of the Constitution of the United States you

cannot be compelled to furnish any statements which you may reasonably believe may lead to your prosecution for a crime. This is the only reason for which you may avail yourself of the privilege afforded by the Fifth Amendment in refusing to answer questions under Part IV below. Claiming the Fifth Amendment will not by itself constitute sufficient grounds to exempt you from military service for reasons of security. You are not required to answer any questions in this questionnaire, the answer to which might be incriminating. If you do claim the privilege granted by the Fifth Amendment in refusing to answer any question, you should make a statement to that effect after the question involved.

II - ORGANIZATIONS OF SECURITY SIGNIFICANCE

1. There is set forth below a list of names of organizations, groups, and movements, reported by the Attorney General of the United States as having significance in connection with the national security. Please examine the list carefully, and note those organizations, and organizations of similar names, with which you are familiar. Then answer the questions set forth in Part IV below.

2. Your statement concerning membership or other associations, with one or more of the organizations named may not, of itself, cause you to be ineligible for acceptance or retention in the Armed Forces.

Your age at the time of such association, circumstances, prompting it, and the extent and frequency of involvement, are all highly pertinent, and will be fully weighed. Set forth all such factors under "Remarks" below, and continue on separate attached sheets of paper if necessary.

3. If there is any doubt in your mind as to whether your name has been linked with one of the organizations named, or as to whether a particular association is "worth mentioning", make a full explanation under "Remarks".

Organizations designated by the Attorney General, pursuant to Executive Order 10450, are listed below:

Communist Party, U. S. A. its subdivisions, subsidiaries and affiliates.

Communist Political Association, its subdivisions, subsidiaries and affiliates, including—
Alabama People's Educational Association
Florida Press and Educational League
Oklahoma League for Political Education
People's Educational and Press Association of Texas
Virginia League for People's Education

Young Communist League.

Abraham Lincoln Brigade.
Abraham Lincoln School, Chicago, Illinois.
Action Committee to Free Spain Now.
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions.
American Christian Nationalist Party.
American Committee for European Workers' Relief.
American Committee for Protection of Foreign Born.
American Committee for the Settlement of Jews in Birobidjan, Inc.

American Committee for Spanish Freedom.
American Committee for Yugoslav Relief, Inc.
American Committee to Survey Labor Conditions in Europe.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity.
American Council on Soviet Relations.

American Croatian Congress.
American Jewish Labor Council.
American League Against War and Fascism.
American League for Peace and Democracy.
American Lithuanian Workers Literary Association (also known as Amerikos Lietuviu Darbininku Literaturos Draugija).

American National Labor Party.
American National Socialist League.
American National Socialist Party.
American Nationalist Party.
American Patriots, Inc.
American Peace Crusade.
American Peace Mobilization.
American Poles for Peace.
American Polish Labor Council.
American Polish League.
American Rescue Ship Mission (a project of the United American Spanish Aid Committee).
American-Russian Fraternal Society.
American-Russian Institute, New York (also known as the American Russian Institute for Cultural Relations with the Soviet Union).

American Russian Institute, Philadelphia.
American Russian Institute of San Francisco.
American Russian Institute of Southern California, Los Angeles.

American Slav Congress.
American Women for Peace.
American Youth Congress.
American Youth for Democracy.
Armenian Progressive League of America.
Associated Klans of America.
Association of Georgia Klans.
Association of German Nationals (Reichsdeutsche Vereinigung).

Association of Lithuanian Workers (also known as Lietuviu Darbininku Susivienijimas).
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party.

Baltimore Forum.
Benjamin Davis Freedom Committee.
Black Dragon Society.
Boston School for Marxist Studies, Boston, Massachusetts.
Bridges-Robertson-Schmidt Defense Committee.
Bulgarian American People's League of the United States of America.

California Emergency Defense Committee.
California Labor School, Inc., 321 Divisadero Street, San Francisco, California.

Carpatho-Russian People's Society.
Central Council of American Women of Croatian Descent (also known as Central Council of American Croatian Women, National Council of Croatian Women).
Central Japanese Association (Beikoku Chuo Nipponjin Kai).
Central Japanese Association of Southern California.
Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront).

Cervantes Fraternal Society.
China Welfare Appeal, Inc.
Chopin Cultural Center.
Citizens Committee to Free Earl Browder.
Citizens Committee for Harry Bridges.
Citizens Committee of the Upper West Side (New York City).

Citizens Emergency Defense Conference.
Citizens Protective League.
Civil Liberties Sponsoring Committee of Pittsburgh.
Civil Rights Congress and its affiliated organizations, including—

Civil Rights Congress for Texas.
Veterans Against Discrimination of Civil Rights Congress of New York.
Columbians.

Comite Coordinador Pro Republica Espanola.
Comite Pro Derechos Civiles.
Committee to Abolish Discrimination in Maryland.
Committee to Aid the Fighting South.
Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners.

Committee for a Democratic Far Eastern Policy.
Committee for Constitutional and Political Freedom.
Committee for the Defense of the Pittsburgh Six.
Committee for Nationalist Action.
Committee for the Negro in the Arts.

Committee for Peace and Brotherhood Festival in Philadelphia.
Committee for the Protection of the Bill of Rights.
Committee for World Youth Friendship and Cultural Exchange.

Committee to Defend Marie Richardson.
Committee to Uphold the Bill of Rights.
Commonwealth College, Mena, Arkansas.
Congress Against Discrimination.

Congress of the Unemployed.
Connecticut Committee to Aid Victims of the Smith Act.
Connecticut State Youth Conference.
Congress of American Revolutionary Writers.

Congress of American Women.
Council on African Affairs.
Council of Greek Americans.
Council for Jobs, Relief, and Housing.
Council for Pan-American Democracy.
Croatian Benevolent Fraternity.

Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan).

Daily Worker Press Club.
Daniels Defense Committee.
Dante Alighieri Society (Between 1931 and 1940).
Dennis Defense Committee.
Detroit Youth Assembly.

Easy Bay Peace Committee.
Elsinore Progressive League.
Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Aid Committee).
Everybody's Committee to Outlaw War.

Families of the Baltimore Smith Act Victims.
Families of the Smith Act Victims.

Federation of Italian War Veterans in the U. S. A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America).

Finnish-American Mutual Aid Society.
Florida Press and Educational League.
Frederick Douglass Educational Center.
Freedom Stage, Inc.

Friends of the New Germany (*Freunde des Neuen Deutsch-*
Lands).

Friends of the Soviet Union.

Garibaldi American Fraternal Society.

George Washington Carver School, New York City.

German-American Bund (*Amerika-deutscher Volksbund*).

German-American Republican League.

German-American Vocational League (*Deutsche-Amerikan-*
ische Berufsge-meinschaft).

Guardian Club.

Harlem Trade Union Council.

Hawaii Civil Liberties Committee.

Heimiska Kai, also known as Nokubei Heieki Gimusha Kai,
Zaibei Nihonjin, Heijaku Gimusha Kai and Zaibei Heim-
usha Kai (*Japanese Residing in America Military Conscrip-*
tion Association).

Hellenic-American Brotherhood.

Hinokai Kai (*Imperial Japanese Reservists*).

Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese*
War Veterans).

Hokubei Zaigo Shoke Dan (*North American Reserve Officers*
Association).

Hollywood Writers Mobilization for Defense.

Hungarian-American Council for Democracy.

Hungarian Brotherhood.

Idaho Pension Union.

Independent Party (*Seattle, Washington*).

Independent People's Party.

Independent Socialist League.

Industrial Workers of the World.

International Labor Defense.

International Workers Order, its subdivisions, subsidiaries
and affiliates.

Japanese Association of America.

Japanese Overseas Central Society (*Kaigai Doho Chuo Kai*).

Japanese Overseas Convention, Tokyo, Japan, 1940.

Japanese Protective Association (*Recruiting Organization*).

Jefferson School of Social Science, New York City.

Jewish Culture Society.

Jewish People's Committee.

Jewish People's Fraternal Order.

Jikyoku Lin Kai (*The Committee for the Crisis*).

Johnson-Forrest Group.

Johnsonites.

Joint Anti-Fascist Refugee Committee.

Joint Council of Progressive Italian-Americans, Inc.

Joseph Weydemeyer School of Social Science, St. Louis, Mis-
souri.

Kibei Seinen Kai (*Association of U. S. citizens of Japanese an-*
cestry who have returned to America after studying in
Japan).

Knights of the White Camellia.

Ku Klux Klan.

Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser*
Bund), Kyffhaeuser Fellowship (*Kyffhaeuser Kamerad-*
schaft).

Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*).

Labor Council for Negro Rights.

Labor Research Association, Inc.

Labor Youth League.

League for Common Sense.

League of American Writers.

Licor Society (*Italian Black Shirts*).

Macedonian-American People's League.

Mario Morgantini Circle.

Maritime Labor Committee to Defend Al Lamon.

Maryland Congress Against Discrimination.

Massachusetts Committee for the Bill of Rights.

Massachusetts Minute Women for Peace (*not connected with*
the Minute Women of the U. S. A., Inc.).

Maurice Braverman Defense Committee.

Michigan Civil Rights Federation.

Michigan Council for Peace.

Michigan School of Social Science.

Nanka Teikoku Gungudan (*Imperial Military Friends Group*
or Southern California War Veterans).

National Association of Mexican Americans (*also known as*
Asociacion Nacional Mexicano-Americana).

National Blue Star Mothers of America (*not to be confused*
with the Blue Star Mothers of America organized in Febru-
ary 1942).

National Committee for the Defense of Political Prisoners.

National Committee for Freedom of the Press.

National Committee to Win Amnesty for Smith Act Victims.

National Committee to Win the Peace.

National Conference on American Policy in China and the Far
East (*a Conference called by the Committee for a Demo-*
cratic Far Eastern Policy).

National Council of Americans of Croatian Descent.

National Council of American-Soviet Friendship.

National Federation for Constitutional Liberties.

National Labor Conference for Peace.

National Negro Congress.

National Negro Labor Council.

Nationalist Action League.

Nationalist Party of Puerto Rico.

Nature Friends of America (*Since 1935*).

Negro Labor Victory Committee.

New Committee for Publications.

Nichubei Kogyo Kaisha (*The Great Fujii Theatre*).

North American Committee to Aid Spanish Democracy.

North American Spanish Aid Committee.

North Philadelphia Forum.

Northwest Japanese Association.

Ohio School of Social Sciences.

Oklahoma Committee to Defend Political Prisoners.

Oklahoma League for Political Education.

Original Southern Klans, Incorporated.

Pacific Northwest Labor School, Seattle, Washington.

Palo Alto Peace Club.

Partido del Pueblo of Panama (*operating in the Canal Zone*).

Peace Information Center.

Peace Movement of Ethiopia.

People's Drama, Inc.

People's Educational and Press Association of Texas.

People's Educational Association (*Incorporated under name*
Los Angeles Educational Association, Inc.), also known as
People's Educational Center, People's University, People's
School.

People's Institute of Applied Religion.

Peoples Programs (*Seattle, Washington*).

People's Radio Foundation, Inc.

People's Rights Party.

Philadelphia Labor Committee for Negro Rights.

Philadelphia School of Social Science and Art.

Photo League (*New York City*).

Pittsburgh Arts Club.

Political Prisoners' Welfare Committee.

Polonia Society of the IWO.

Progressive German-Americans, also known as Progressive
German-Americans of Chicago.

Proletarian Party of America.

Protestant War Veterans of the United States, Inc.

Provisional Committee of Citizens for Peace, Southwest Area.

Provisional Committee on Latin American Affairs.

Provisional Committee to Abolish Discrimination in the State
of Maryland.

Puerto Rican Comité Pro Libertades Civiles (CLC).
Puerto-riquenos Unidos (*Puerto Ricans United*).

Quad City Committee for Peace.

Queensbridge Tenants League.

Revolutionary Workers League.

Romanian-American Fraternal Society.

Russian American Society, Inc.

Sakura Kai (*Patriotic Society, or Cherry Association, com-*
posed of veterans of Russo-Japanese War).

Samuel Adams School, Boston, Mass.

Santa Barbara Peace Forum.

Schapper Defense Committee.

Schneiderman-Darcy Defense Committee.

School of Jewish Studies, New York City.

Seattle Labor School, Seattle, Washington.

Serbian-American Fraternal Society.

Serbian Vidovdan Council.

Shinto Temples.

Silver Shirt Legion of America (*Limited to State Shinto abol-*
ished in 1945).

Slavic Council of Southern California.

Slovak Workers Society.

Slovenian-American National Council.

Socialist Workers Party, including American Committee for
European Workers' Relief.

Socialist Youth League.

Sokoku Kai (*Fatherland Society*).

Southern Negro Youth Congress.

Suiko Sha (*Reserve Officers Association, Los Angeles*).

Syracuse Women for Peace.

Tom Paine School of Social Science, Philadelphia, Pennsylv-
ania.

Tom Paine School of Westchester, New York.

Trade Union Committee for Peace.

Trade Unionists for Peace.

Tri-State Negro Trade Union Council.

Ukrainian-American Fraternal Union.

Union of American Croats.

Union of New York Veterans.

United American Spanish Aid Committee.

United Committee of Jewish Societies and Landsmanschaft
Federations, also known as Coordination Committee of
Jewish Landsmanschaften and Fraternal Organizations.

United Committee of South Slave Americans.

United Defense Council of Southern California.

United Harlem Tenants and Consumers Organization.

United May Day Committee.

United Negro and Allied Veterans of America.

Veterans Against Discrimination of Civil Rights Congress of
New York.

Veterans of the Abraham Lincoln Brigade.

Virginia League for People's Education.

Voice of Freedom Committee.

Walt Whitman School of Social Science, Newark, New Jersey.

Washington Bookshop Association.

Washington Committee to Defend the Bill of Rights.

Washington Committee for Democratic Action.

Washington Commonwealth Federation.

Washington Pension Union.

Washington Conference on Social Legislation.

Wisconsin Alliance (*since April 1936*).

Workers Party (*including Socialist Youth League*).

Yiddisher Kultur Farband.

Yugoslav-American Cooperative Home, Inc.

Yugoslav Seamen's Club, Inc.

III - INSTRUCTIONS

1. Set forth an explanation for each answer checked "Yes" under question 2 below under "Remarks". Attach as many extra sheets as necessary for a full explanation, signing or initialing each extra sheet.

2. Title 18, U. S. Code, Section 1001, provides, in pertinent part: "Whoever ... falsifies, conceals or covers up ... a material fact, or makes any false ... statements ... or makes or uses any false writing ... shall be fined not more than \$10,000 or imprisoned not more than five years, or both". Any false, fraudulent or fictitious response to the questions under Part IV below may give rise to criminal liability under Title 18, U. S. C., Section 1001. You are advised, however,

that you will not incur such liability unless you supply inaccurate statements with knowledge of their untruthfulness. You are therefore advised that before you sign this form and turn it in to Selective Service or military authorities, you should be sure that it is truthful; that detailed explanations are given for each "Yes" answer under question 2 of Part IV below, and that details given are as full and complete as you can make them.

3. In stating details, it is permissible, if your memory is hazy on particular points, to use such expressions as, "I think", "in my opinion", "I believe", or "to the best of my recollection".

GERALD J. BESHENS JR

23 NOV 60

IV - QUESTIONS

(For each answer checked "Yes" under question 2 set forth a full explanation under "Remarks" below)

	YES	NO		YES	NO
1. I have read the list of names or organizations, groups, and movements set forth under Part II of this form and the explanation which precedes it.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. Have you ever contributed money to any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Concerning the list of organizations, groups and movements set forth under Part II above:	<input type="checkbox"/>	<input type="checkbox"/>	k. Have you ever contributed services to any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Are you now a member of any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	l. Have you ever subscribed to any publication of any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Have you ever been a member of any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	m. Have you ever been employed by a foreign government or any agency thereof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are you now employed by any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n. Are you now a member of the Communist Party of any foreign country?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Have you ever been employed by any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	o. Have you ever been a member of the Communist Party of any foreign country?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Have you ever attended any meeting of any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	p. Have you ever been the subject of a loyalty or security hearing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Have you ever attended any social gathering of any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	q. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons not on the Attorney General's list which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Have you ever attended any gathering of any kind sponsored by any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	r. Have you ever been known by any other last name than that used in signing this questionnaire?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Have you prepared material for publication by any of the organizations, groups, or movements listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
i. Have you ever corresponded with any of the organizations, groups, or movements listed or with any publication thereof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

REMARKS

None to my knowledge - AB