File	No4	<u>4-1987-1</u> A	-99	
Dat	e Received_	4/18/68		<u> </u>
Fro	SI.			
		(NAME OF C	ONTRIBUTOR)	
		(ADDRESS OF	CONTRIBUTOR)	
	-	(CITY AND	STATE)	
By .	307			
		(NAME OF SPEC	IAL AGENT)	
To	Be Returne	d 🔲 Yes	Receipt given	☐ Yes
		* No		□ No
Des	cription:			

1 cc complete service record of AARON ISAAC LOFFON

TRANSFER O	R RELEASE	RMY	TRANSFER OR RELEASE F ACTIVE DUTY (AR 635 ACTIVE DUTY FO TRAINING (AR 146	-250) R	1 Nov 57
FROM: (Hosdquarters offocting role			TO: (Last name - first name	- middle n	ame)
Commanding Genera					
Walter Reed AMC, ATTN: Transfer I	Washington 12, Point, Mil Pers		LOFTON, Aaron I.		
1. SERVICE NUMEER	2. GRADE		ENT AND BRANCH OF		OF INDUCTION OR OF INL.
RA 24 919 772	Sp3	SERVICE	Sig C		24 Jan 55
5. MILITARY SPECIALTY	6. SPN 7. PERMAI	NENT ADDR	ESS FOR MAILING PURPOSE	s (Street,	RFD, City, County, and State)
058.20	412 Post (office B	ox 64, Summit, Mis	sissip	ppí
SECTION A - (Applies	to individuals transfer	ed or return	ed to a reserve component upor	n completi	on of active duty)
Pursuant to section 4 (d) The transferred released to fulfill the remainder of entered upon on the date	sed to the X Army your current endshown in item 4 at	Reserve [nlistment a ove.	National Guard of Mi and/or (**)* 8 years	.ssissi service (ppi Mil Dist obligation originally
9. WITHIN 2 WEEKS FOLLOWING Y PERSON ONE COPY OF THIS FOR!		ACTIVE DU	TY YOU WILL COMPLETE, S	IGN, AND	MAIL OR DELIVER IN
	oi Military Dis	_	Building T-180 Pos ppi	t Offi	ce Box 6238,
10. Pending your assignment	to an armanimal	it of the	Army Pasarua or online-	ent in a	federally recognized
unit of the National Gua given in item 9 above. Afte	rd, you will report a	any change	e of address to the militar	y author	ity whose address is
SECTION B - (Applies to men r Armed Forces Reserve Act (USA	_		-		
INCLUSIVE DATES OF RESERV	E TRAINING UNI	TASSIGNE	(USAR or NGUS) (Give comp	lete addre	(4.6)
FROM (Day, Month, Year) TO (Day,	, Month, Year)				
Having completed, or hav training, you are returned service obligation as a m report in person to the co your arrival home. If you (Annual Training) you wany change in your statu	to reserve duty statember of the Army Formanding officer of are not a member of ill advise the Milit	tus with un Reserve or Your unit: f an organ	nit indicated above to con of the National Guard of at its earliest scheduled ized unit but are assigne	mplete the Unit the Unit training ed to a U	he remainder of your red States. You will assembly following ISAR Control Group
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eathe 3. Greenlaw, Capt Hq WRAMC (9901) Wash	ain, MSC		D. J. Se	een	lau
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то в	E COMPLETED BY		T (Complete and forward as o		
14. CORRECT ADDRESS (If different	from item 5)		15. REQUEST ASSIGNMENT	TO (Name	of unit of choice, if
16. REMARKS					
17, DATE 18, S	ERVICE NUMBER		19. SIGNATURE OF RESERV	IST	
* =====================================					
* Enter 8 or 6, whichever is applica	bic.				
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PERSONAL						[] (]			
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	Min School-	Co	merce						
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SEL									
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	8 Feb 62	OTHER:				3	24	Jan	55
	20. PRIOR REGULAR ENLISTMENTS 21	GRADE, RATE OR BANK AT	TIME OF	22. PLACE OF	ENTRY INTO CUR	RENT ACTIVE SER	ICE (City an	d State)	
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	County and State)			a.	(II) NET SERVICE	THIS RESIDO	-		
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1 4	058,20 Porse			B. TOTAL ACT	IVE SERVICE		2	9	23
Va	Interceptor	12/4		c. FOREIGN AL	ND/OR SEA SERVI	E	1	10	21
CE	26. DECORATIONS, MEDALS, BADGES, COM	MENDATIONS, CITATIONS AN	D CAMPAIGN	RIBBONS AWARD	ED OR AUTHORIZ	ED			
SERVICE DATA	Charmshooter(Fifle	1/ 1 Cambras							
2	rumphinocretivilie	m-1 caronne)							
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2025 RELEASE UNDER E.O. 14176

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refe:	rred	to in Par		

MEDEC

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

SPECIAL ORDERS
NUMBER 228

EXTRACT

31 October 1957

- 21. SP2 NORMAN GROFE JR RA33230142 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 FR15574740 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 US52443898 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 01543305

 CAPT WILLIAM LEDBETTER 02050284
- 26. Under auth OTSG Adm Ltr 310-3, 18 Feb 57 CAPT THOMAS O MITCHELL Oll70095 QMC Hq MRAMC (9901) this sta MP o/a 18 Nov 57 to New York MY 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 MRAMC Wash DC. TDN 2182020 06-8002 P2400 S49-024 (24281116).
- 27. VOCG 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 RA14296227 mbr 1HD WRAH WRAMC (9901) this staplaced on TDY w/Hq WRAMC (9901) this sta eff 3 Nov 57 pending separation UP AR 635-209.
- 29. M SGT LESLIE L DOSER RA39430759 PMOS: 911.70 (TOE: 6 yrs) (ETS: Feb 59) Fgn Svc Avail Code B, Rtn o/s May 57 is rel fr asg URAH (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 Pl311-02-03-07 S99-999. PCS. PHHGSIA.

(over)

- 30. Par 36 SO 221 this Hq cs rel SP3 ERVIN BAKER RA53237494 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 US52438303 (Army) (MOS: 913.10) (TOI: 24 mos) (ETS: Mar 59) rel fr asg Army Stu Det Nr 2 MRAMC (9901) this sta asg WRAH (9901.01) this sta Oct Aloc 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 ly auth. Ent to \$300. MOP per VRAA 1952.

Date of Rel Unused Name Home of Record fr AD (EDCSA) Svc Oblg Mil Dist Accrued Lv SP3 AARON I LOFTON 1 Nov 57 33 das Miss Mil Dist RA24919772 Bldg T-180 (MOS: 058.20) (SigC) P 0 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) (CCG). SP3 LOFTON has 3 yrs 8 mos 23 das svc.

- 33. M SCT LEONARD C PEMBERTON JR RA7082539 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				Rtn O/S
SFC LESTER SOUZA RA31431547	934.66	yrs	Mar Ol	В	Feb 57
SFC GEORGE T TARTER RA34509102	934.60	3 yrs	Dec 58	D	Oct 56
SP2 EDDIE ARNALDY-DIAZ RA30408001	934.26	yrs	Nov 57	D	Nov 45
SP3 JOHN R WEEKS RAL4579460	934.10	3 yrs	May 58	Α	

FOR THE COMMANDER:

RUDOLPH NYSTROM JR CAPT MSC ADJUTANT

RUDOLPH WASTROM JR

JIION: Special

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

AJTAG-R-1

LETTER ORDERS D-

9375

31 March 1562

SUBJECT: Discharge

TO:

Individual Concerned

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

IDEATH, AARON I., ER 24 919 772, SP-4, PROS 058.20 XXI VOX CHOO CONTROL CALUP (SINT)

Type discharge: Honorable -- DD Form 256A

Reason (discharge): Expiration Term of Service

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

Date discharge: 31 /

31 March 1902

Selective Service or Standby Reserve service number:

Home of record: 363 6th St., N. -.

Component:

363 6th St., N. S., Apt Fol, Atlanta, Goorgia

FOR THE COMMANDER:

EDWIN G. SENKINS

1st Lt AGC

Asst AG

DISTRIBUTION:

SPECIAL:

AJTAG-A (1)

AJTAG-D (1)

AJTAG-R (3)

STATE DIRECTOR, SELECTIVE SERVICE CONCERNED (1)

CERTIFICATE OF CLEARAN (SR	CE AND/OR SECURIT 380-160-1, SR 380-160-			R EO 10450
	PART I BASIC INFO	RMATION		
FROM: (Originating headquarters)			DATE	DOSSIER NUMBER
Hq., The ASA Ing Cen, 8622 DU, Ft	Devens, Mass.		12 May 1955	E 30051 2 7
LAST NAME - FIRST NAME MIDDLE INITIAL		MILITARY OF	CIVILIAN GRADE	SERVICE OR SOCIAL SECU-
LOFTON, Aeron I.		Pv	t	RITY NUMBER
1	H (City, county, state	, country)	CIVILIAN JOB TI	TLE (If any)
(Day, Month, Year) Lincoln	County, Mississip	i .	none	
	PART II SECURITY			
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PLETED (Day, Month, Year) 22 A pril 1955 Background			INVESTIGATION Third	Army
HIGHEST CLASSIFICATION OR TYPE OF INFORM IS AUTHORIZED (Top Secret, Secret, Conf.				DATE FINAL CLEARANCE GRANTED (Day, Month, Year)
Cryptologic duties) TOP SECRET			-	12 May 1955
THIS IS TO CERTIFY THAT THE ABOVE NAMED ACCESS TO CLASSIFIED INFORMATION AS INDICRYPTOLOGIC DUTIES. REQUIRED SECURITY OF TACHED AS INCLOSURE ONE.	CATED ABOVE: LL UNDER	R THE PROVIS	SIONS OF SR 380-1	L60-10 FOR ASSIGNMENT TO
PART III SECURITY DET	ERMINATION UNDER EO	0450 - (CI	VILIAN EMPLOYE	ES ONLY)
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ORGANIZATION	PLACE			DATE
Hq., The ASA Tng Cen, 8622 DU	Ft Devens, Mass			12 May 1955
TYPED NAME, GRADE AND SERVICE NUMBER		SIGNATURE		
LUTHER KELLER II, Lt Col, 0-12911	29	Jun	the Willer	Fle-
DISTRIBUTION: (SR 380-160-1, SR 380-160-1	10 or SR 620-220-1 as a			
1 Copy 201				
1 Copy GAS-22, CRF				
1 Copy TAG				
RECORDS OF INTERIM CLEARANCE V	WILL NOT BE FORWARDED T	O DEPARTMEN	T OF THE ARMY; S	EE SR 380-160-1
- FORM	CES EDITION OF 1 JAN 53			
				GPO : 1953 O - 283653

2025 RELEASE UNDER E.O. 14176

HEADQUARTERS THE ARMY SECURITY AGENCY TRAINING CENTER FORT DEVENS, MASSACHUSETTS

MARON PONTON TO NOT TO NAME OF THE PARTY OF

SECURITY OATH

- 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.

Sworn to before me on 2 (Crade)

Sworn to before me on (Date)

SIDNEY M. SWOPE, Jr., 0-4006873, 2nd Lt., Inf., Summary Court

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

ASATC FORM 124

	-			-	
CERTIFICATE		E AND/OR SECURIT 80-160-1, SR 380-160-			ER EO 10450
		PART BASIC INFO	RMATION		
FROM: (Originating headqua	rters)			DATE	DOSSIER NUMBER
Hq., The ASA Tng Cen	, 8622 DU, Ft	Devens, Mass.		12 May 1933	F4005127
LAST NAME - FIRST NAME - M	IDDLE INITIAL		MILITARY OF	R CIVILIAN GRADE	SERVICE OR SOCIAL SECU- RITY NUMBER
LUMCH, Acron I.				Pvt	RIII MUMBER
DATE OF BIRTH	PLACE OF BIRTH	(City, county, state	, country)	CIVILIAN JOB TI	TLE (If any)
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IS AUTHORIZED (Top Secret, Cryptologic duties)					GRANTED (Day, Month, Year)
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SENSITIVE POSITION [] NON-SENSITIVE POSITION []			D V		
		PART IV REMA	RKS		
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	PART	V OFFICIAL MAKING	CERTIFICAT	TON	
ORGANIZATION	- Init	PLACE	OCKI II JONI	TON	DATE
Hq., The ASA Tng Cen,	DODO DII	Et Dovon a	Moss		12 May 1955
TYPED NAME, GRADE AND SERVI		Ft Devens,	SIGNATURE		IN 1000
LUTHER KELLER II, Lt		9		1/1/	
DISTRIBUTION: (SR 380-160-1			auci	a ruce	V.
1 Copy TAG 1 Copy GAS-22, CRF 1 Copy 201	. 38 380-160-10	OF 3K 029-220-1 BE B	ppropriate)		
RECORDS OF INTER	IM CLEARANCE WIL	LL NOT BE FORWARDED T	O DEPARTMEN	T OF THE ARMY: S	EE SR 380-160-1

DA 1 FORM 873

REPLACES EDITION OF 1 JAN 53, WHICH IS OBSOLETE

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 UN-DER PART IV ABOVE AND ON ANY SUPPLEMENTAL PAGES HERETO ATTACHED, ARE FULL, TRUE, AND CORRECT. TYPED FULL NAME OF PERSON MAKING CERTIFICATION SERVICE NUMBER (1/ SIGNATURE OF PERSON MAKING CERTIFICATION Aaron Isaac Lofton TYPED HAME OF WITNESS BIAG 23 Nov 56 GERALD J. BESHENS JR TO U. S. GOVERNMENT PRINTING OFFICE: 1958 0-393349

IV - CHESTICHS

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

I. I have read the list of names or organi- YES NO j. Nave you ever contributed money	veel :	
	YES	NO
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Part II of this form and the explanation which or movements listed?		1
precedes it. k. Have you ever contributed services	1	1
2. Concerning the list of organizations, to any of the organizations, groups,		X
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II above: 1. Have you ever subscribed to any	1	1
a. Are you now a member of any of the or- publication of any of the organiza-	1	X
ganizations, groups, or movements tions, groups, or movements listed?		/
listed? m. Have you ever been employed by a	1	1
b. Have you ever been a member of any foreign government or any agency		X
of the organizations, groups, or thereof?	-V	1
movements listed? n. Are you now a member of the	1	1
c. Are you now employed by any of the Communist Party of any foreign		X
organizations, groups, or movements country?	/	1
listed? O. Have you ever been a member of	1	1
d. Have you ever been employed by any the Communist Party of any foreign		Χ
of the organizations, groups, or country?	-V	_
movements listed? p. Have you ever been the subject of	1	\checkmark
e. Have you ever attended any meeting a loyalty or security hearing?	_/	\triangle
of any of the organizations, groups, q. Are you now or have you ever been	1	
or movements listed? a member of any organization, association,		
f. Have you ever attended any social movement, group or combination of persons		
gathering of any of the organizations, X not on the Attorney General's list which		
groups, or movements listed? advocates the overthrow of our constitu-		
g. Have you ever attended any gather- tional form of government, or which has		
ing of any kind sponsored by any of adopted the policy of advocating or ap-		
the organizations, groups, or move- proving the commission of acts of force		
ments listed? or violence to demy other persons their	- 1	
h. Have you prepared material for rights under the Constitution of the		
publication by any of the organiza- United States, or which seeks to alter		
tions, groups, or movements listed?	1	V
i. Have you ever corresponded with States by unconstitutional means?	-V	abla
any of the organizations, groups, or . X r. Have you ever been known by any	1	1
movements listed or with any publi- other last name than that used in		X
cation thereof? signing this questionnaire?	V	$\overline{}$

REMARKS

None to my Knowledge - All

Friends of the New Germany (Freunde des Neuen Deutseb-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.
Getman-American Vocational League (Deutsche-Amerikanische Berufige-meinschaft). Guardian Club.

Harlem Trade Union Council. Hawaii Civil Liberties Committee. Heimuska Kai, also known as Nokubci Heicki Gimusha Kal,

Zubel Nihonjin, Heijaku Gimusha Kai, and Zubel Heim-usha Kai (Japanese Residing in America Miluary Conscripts Accessinos).
Hellenic-American Beotherhood.
Hinode Kai (Imperial Japanese Reservists).
Hinomatu Kai (Ruimg Sun Flag Society—a group of Japanese Ein Veterme).

War Veterant).

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 (Seante, 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 Dobo Chuo Kal).
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). ohnson-Forest Group.

johnsonites.

Joint Anti-Fascist Refugee Committee.

Joint Council of Progressive Italian-Americans, Inc.

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

Kibel Seinen Kai (Association of U.S. citizens of Japanese an-centry who have returned to America after studying in

centry who have returned to America after studying in Japan).

Knights of the White Camellia.

Ku Klux Klan.

Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Eund), Kyffhaeuser Fellowship (Kyffhaeuser Kameradischoft). Kyfihaeuser War Relief (Kyffhaeuser Krieghshilfswerk).

Labor Council for Negro Rights, Labor Research Association, Inc.
Labor Youth League.
League for Common Sense.
League of American Writers.
Lictor Society (Italian Black Shirth).

Macedonian-American People's League. Mario Morgantini Circle.

Maritime Labor Committee to Defend Al Lancon.

Maryland's operess 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.

Nanka Teikoku Gunyudan (Imperial Military Frlends Group or Southern California War Velecans). National Association of Mexican Americans (also known as Asociation Nacional Mexico-Americana). National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in Februasy 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 Fag

East (a Conference called by the Committee for a Demo-eratic Far Eastern Policy).

National Council of Americans of Croatian Descent.

National Council of American-Soviet Friendship.

National Federation for Constitutional Liberties.

National Federation for Constitutional Liberties.

National Council of Americans of Croatian Descent, National Council of American-Soviet Friendship. National Federation for Constitutional Liberties. National Habor Conference for Peace. National Negro Labor Council.
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.
Nichibei Kogyo Kaisha (The Great Fujil Theatee).
North American Committee to Aid Spanish Democracy.
North Philadelphia Forum.
Northwest Japanese Association.

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, People's Programs (Seattle, Washington), People's Radio Foundation, Inc.

Feople'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.

Partie Rean Comity Pro 1 & rust's Caviles (CLC). Pacitorniquenos Unidos (Pacito Ricani 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 veterant of Russo-Inpanete War). Samuel Adams School, Boston, Mass. Santa Barbara Peace Forum.

Schappes 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.

Serbian Vidovdan Council.
Shinto Temples.
Silver Shitt Legion of America (Limited to State Shinto abolished 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.
Surko Sha (Reserve Officers Association, Los Angeles).

Suiko Sha (Reserve Officers Association, Los Angeles). Syracuse Women for Peace.

Tom Paine School of Social Science, Philadelphia, Pennsyl-Tom Paine School of Westchester, New York. Trade Union Committee for Peace. Trade Unionists for Peace.

Tri-State Negro Trade Union Council. Ukranian-American Fraternal Union.

Union of American Croatians. 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 Slavic 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 Committee for Democratic Action. Washington Commonwealth Federation. Washington Pension Union. Wisconsin Conference on Social Legislation. Workers Alliance (since April 1936). Workers Party (including Socialist Youth League).

Yiddisher Kultur Farband. Yugoslav-American Cooperative Home, Inc. Yugoslav Scamen's Club, Inc.

111 - 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, D.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".

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1 - EXPLANATION

- The interests of Marienal 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 enswerving 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 Porces, in selection of your duty assignment, and for such other action as may be appropriate.
- 24. 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 Pifth 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 Pifth Amendment in refusing to answer any question, you should make a statement to that effect after the question involved.

11 - ORGANIZATIONS OF SECURITY SIGNIFICANCE

- I. 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

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 communist Political Association, its subdivisions, subside 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 Brigade.
Abraham Lincoln School, Chicago, Illinois.
Action Committee to Free Spain Now. Action Committee to rece Spain Now.

American Association for Reconstruction in Yugoslavia, Inc.

American Branch of the Federation of Greek Maritime Unions,

American Committee for European Workers' Relief.

American Committee for Protection of Foreign Born. American Committee for Protestion of Lows in Bitobidjan, Inc.

American Committee for Spanish Freedom.

American Committee for Syanish Freedom.

American Committee for Yugoslav Relief, Inc.

American Committee to Survey Labor Conditions in Europe.

American Committee to Survey Labor Conditions in Europe.

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 Jewish Labor Council.

American League Against War and Fascism.

American League Against War and Fascism.

American League for Peace and Democracy.

American Lithuanian Workers Literary Association (alto known as Amerikas Lietuviu Dasbininhu Literaturas Draugija).

American National Labor Party.

American National Socialist League.

American National Socialist League.

American Pace Crusade.

American Peace Crusade.

American Poles for Peace.

American Polish Labor Council.

American Polish Labor Council.

American Rescue Ship Mission (a project of 150 United American Russian Fraternal Society.

American Russian Fraternal Society.

American Russian Fraternal Society.

American Russian Institute, New York (also known as the American Russian Institute, New York (also known as the Soviet Union). American Committee for the Settlement of Jews in Birobidian.

American Russian Institute, Philadelphia.
American Russian Institute of San Francisco.
American Russian Institute of Southern California. Los Angeles. American Slav Congress 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 (Reichideutsche Vereinigung). Association of Lithuanian Workers (also known as Liesuoiu-Darbininku Susivieniiimas 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 Roberton-Schmidt Defense Committee. Bulgarian American People's League of the United States of California Emergency Defense Committee.
California Labor School, Inc., 321 Divisadero Street, San Francisco, California. Carpatho-Russian People's Society.

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 (Betkoku Chuo Nipponjin Kai).
Central Japanese Association of Southern California.
Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einbeitsfrom).
Cervanies Fraternal Society. Cervantes Fraternal Society. China Welfare Appeal, Inc. Chopin Cultural Center. Chopin Cultural Center.

Citizens Committee to Free Earl Browder.

Citizens Committee for Harry Bridges:

Citizens Committee of the Upper West Side (New York

Everybody's Committee to Outlaw War. 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.

Comite Coordinator Pro Republica Espanola. Committe to 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. ommittee for the Negro in 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. 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. Croatian Benevolent Fraternity.

Dai Nippon Butoku Kai (Military Virtue Society of Japan ce Military Art Society of Japan). Daily Worker Press Club. Daniels Defense Committee. Dante Alighieri Society (Between 1935 and 1940).
Dennis Defense Committee.
Detroit Youth Assembly.

Easy Bay Peace Committee.

Families of the Baltimore Smith Act Victims.
Families of the Smith Act Victims.
Federation of Italian Was Veterans in the U.S. A., Inc. (Association e Nazionale Combassensi Italiani, Federazione degli Stati Uniti d'America). Finnish-American Mutual Aid Society, Florida Press and Educational League, Frederick Douglass Educational Center. Freedom Stage, Inc.

EFFECTIVE ON AND AFTER 1 OCT 56 FORM SEFFECTIVE ON AND AFTER 1 OCT 56, ALL PREVIOUS EDITIONS ARE OBSOLETE.

Columnians

-		CHARLES THE STATE OF THE STATE	DEST TYPE CHECKED "VEC" MIRT OF COLLY EVOLUNCE IN DIAMY COLCE OF ORDER
YES	NO.	· · · · · · · · · · · · · · · · · · ·	VERY ITEM CHECKED "YES" MUST DE FULLY EXPLAINEU IN BLANK SPACE ON RIGHT
	11_	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
		A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	1,00	B. INABILITY TO PERFORM CERTAIN MOTIONS	
	1	C. INABILITY TO ASSUME CERTAIN POSITIONS	
	Lec	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	1	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB- STANCE?	
	سيا	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (It yes, give details)	
	سا	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, statereason and give details)	
	4	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	1	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	
	L	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR-IUM? (li yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	<u>-</u>
-	4	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
/		35. MAVE 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)	Chest Clinic Gorgas Hospital ANCON, CANAL ZONE
	1	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	Three to terrial the
	L	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	<u></u>	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)	
		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)	Pending on condition of braning
I AU	THORIZE		PLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. D ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES
TYPED O	R PRINT	ED NAME OF EXAMINEE	SIGNATURE
F-11.	114	ON IL LOFION	Claren D. A often
10. PHYS	ICIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (F	hysician shall comment on all positive answers in items 20 thru II)
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		g cough, childhood- no seque	
	_	hay fever, EPTS, mild	de la
		nning ears, fungus, treated	and aymad
		tion, mild, improved.	and carea

29 Oct 57 TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER NUMBER OF ATTACHED

, Standard Form S9 (Rev. Aug. 1960) Promutation by Bureau of the Budget Circular A-24

REPORT OF MEDICAL HISTORY
THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

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				or to	wn, zone and State)		5. PUR	POSE OF			1		6.	DATE OF EX	AMINATION
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8. FAMILY H	STORY							19. HA	S ANY BE	LOOD RELATION	ON (P_{ℓ}	arent, brothe	r, sister, oth	ier)
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L- SEVE	RE TOOTH	OR GUM TROUBL	.E	-	GALL BLADDER TROUBLE OR GALL STONES		LAME	NESS				Ŀ	ANY DRU	G OR NARC	OTIC HABIT
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L HAY	FEVER		-	1	ANY REACTION TO SERUM, DRUG OR	1	-		-	DER OR ELBOW	1	1,	HOMOSE	XUAL TEND	ENCIES
		eck each item	<u>, </u>	1 Enn	MEDICINE	22	FEMALES O				-	10	MPLETE THE		
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51. billiont	52.	ALIGHT 2115	,	\$3. COLO	R HAIR		j .	COLUR EY		55	. BUILI SI		MEDIUM I	BEAVY GREST	16. темр. Эфф
57. BLOOD PRESSURE (.	Arm at hear	t lad)					58. 1	PULSE (.I.	m at h	cart teret)					
SITTING SYS. 230	REC	UM. SY	S.	STANDING	SYS.		SITT	ING	A	FTER EXER	CISE	2 MIN. /	AFTER	RECUMBENT	AFTER STANDING 3 MIN.
DIAS.	BEI	NT Dia	s	(S min.)	DIAS.			7.	:					1	J 11.111
59. DIS	TANT VISION			δŰ.		REF	RACTIO	ЭN			61.			NEAR VISION	
RIGHT 20	CORN. T	C 20/		BY		S.		СХ				W.	CORR.	ΤΩ	Υœ
LEFT 20/ 10-1	CORR. T	0 20/		BY		s		cx				e:#	CORR.	70	DY
62. HETI ROPHORIA (Specify distance)	ES°	EX		R. H.		L. H.		PRISA	DIV.		PRIS	K CONV.		PC	PD
63. ACCOMMODATION			\$4. COLG	VISION (Tes	s: used a	nd result))			CEPTION	UNCO	RRECTE)		
яквят Коргостіі — ц	EFT NOIT	al	Hagric	ೇಲ2 ಲಿ⇔ೆ	(10∞)	Color.		(Test	usea a	nd score)	CORR	ECTED	-		
66. FIELD OF VISION		-	67. NIGHT	VISION (Tes	t used a	nd score)		6B. RED	LENS	-			69. IN	TRAOCULAR TEN	SION
Harmi														Horra	0.1
70. HEARING		71.		Au	DIOMET	ER				72. PSYC	HOLOG	ICAL AN	D PSYCHO	MOTOR (Tests a	used and score)
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LEFT WV /15 SV	/15	LEFT	0	20	3.3		60	100	75	1					
73 1000 27/2007 1000	over elektr	CAT VIII	INTERNAL OF	e zapy		+		+							

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57. BLOOD	PRESSURE (Ar	m of heart leve	:(1)			58. PULSE (. Irm	at heart tevel)				
SITTING	sys. 110	RECUM-	SYS.	STANDING	SYS.	SITTING	AFTER EXE	RCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING
	DIAS. 75	BENT	DIAS.	(5 min.)	DIAS.	78					3 MIN,
39.	DISTA	NT VISION		60.	RE	FRACTION		61.		NEAR VISION	
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62. HETER (Specifi	OPHORIA: g distance) — ES	5°	Exe	R. H.	Ł. H.	PRISM D	iv.	PRIS	M CONV.	PC	PD

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REPORT OF MEDICAL EXAMINATION

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LANGUARS (To be initiated by onlistee)	na prima prima de apresión y el mostro de de	Supplementary on superior Median Law (1991) 1991 1991	TO THE CONTRACT OF THE STATE OF
· · nono/ 10 dd	<i>A</i>		
42.1 UNDERSTAND THAT I AM LIABLE TO TRIAL BY COURT MARTIAL F FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS REJECTED BECAUSE OF ANY DISQUALIFICATION KNOWN TO ME AND CONC ME WITH RETURN TRANSPORTATION TO THE PLACE OF ACCEPTANCE.	FOR FRAUDULENT EI TO MY QUALIFICA' EALED FROM THE A	TIONS FOR ENLISTMENT: IN CCEPTING OFFICER, THE GOV	ADDITION, I KNOW IF I AM VERNMENT WILL NOT FURNISH a. or Coast Guard) OR OF
ANY COMPONENT THEREOF (Regular, Reserve, or National Guard) 11 AND EXPLAINED BY ME: THAT THE FOREGOING QUESTIONS AND MY ANSW RECTLY RECORDED AND ARE TRUE IN ALL RESPECTS AND THAT I FULLY	VERS THERETO HAVE	BEEN READ TO ME: THAT M	Y ANSWERS HAVE BEEN COR-
GIVEN AT (Place of acceptance)	1.	DATE OF ACCEPTANCE	
SIGNATURE OF WITNESS (First name-Middle initial-Last name)	SIGNATURE OF	APPLICANT (Figur name-Mi	ddle name-Last trame)
43.REMARKS (For use by the recruiting officer)	,		43a DATE DO FORM 53 FORWARDED
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VERIFIED AT 8Y (Signature of recruiti	ng officer)	Cont USAF 337	~
44. Jackson, Illasissippi OATH AND CERTI	FICATE OF ENL		R
162 4 4 4 4			
STATE OF Mississippi			
CITY, TOWN, OR MILITARY POST			
ALLEGIANCE TO THE UNITED STATES OF AMERICA: THAT I WILL SERVE AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITE ING TO REGULATIONS AND THE UNIFORM CODE OF MILITARY JUSTIC DAY OF January 1955. IN UNDER THE CONDITION.	D STATES AND THE E: AND DO HEREB THE UNITED STATE	ORDERS OF THE OFFICERS A Y ACKNOWLEDGE TO HAVE V S Army LAW, UNLESS SOONER DISCHA	APPOINTED OVER ME, ACCORD- OLUNTARILY ENLISTED THIS FOR A PERIOD OF ARGED BY PROPER AUTHORITY.
1		FIRST HAME-MIDBLE HA	HE-LAST BAKE
15	\ 		
I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN A.D. 19	LY INSPECTED BY MENTAL FACULTIES APPLICANT INTO	ME PREVIOUSLY TO SUBSCRI THAT TO THE BEST OF MY THE SERVICE OF THE UNITE	JUDGMENT AND BELIEF EN- D STATES I HAVE STRICTLY
	02	- /	
TYPED HAME, SEASE, AND SEGNIZATION OF RECENITING OFFICER		SIGNATURE OF RECRUIT	ING OFFICES
	_	t be identical with that	aubscribed to Declara-
FIRGERPRINT	tion of Applicant S - RIGHT HAS	D	
(Fingerprint impressions will be made in this space	in the case o	f every person enlisti	1.
1. THUMB 2. INDEX 3.	MIDDLE	4. RING	5. LITTLE

NI OF DEFENDE LIGHTERS. CONTROLLEGE COLL Form Approved WASHINGTON 75, 0. C. Budget Bureau No. 22-R016.3 EMLISTMENT RECORD - UNITED STATES CODING COLUMN 1. LAST NAME-FIRST NAME-MIDDLE NAME (To be initialed by enliatee) | 2. SERVICE NUMBER 3. SEX 4. RACE Lofton, Agron Isaac // J RA24 919 772 MALE Caucasian 6. HOME ADDRESS (Number & street or rural route (if none, so state), city PHYSICAL AND MENTAL DATA town or P.O., county and state) 3. PHYSICAL CATEGORY D. MENTAL DATA P. O. Box 64, Sugmit, Pike, Missitsippi AFQT-3/96-1 8. ENLISTED IN THE GRADE OF TO be , AUTHORIZATION 7. PLACE OF ENLISTMENT initialed by enlistee) Jackson, Mississippi SR615-120-2 10. BRANCH ENLISTED FOR 9. ENLISTED UNDER AUTHORITY OF Signal Corps (ASA)// SR615-120-52 TOTAL SEPVICE FOR PAY PURPOSES 11. FOR ASSIGNMENT IN 12. MONTHS. Army Security Agency/ DECLARATION OF APPLICANT 14. PLACE OF BIRTH (City and state) 15. COLOR EYES DATE OF BIRTH 16. COLOR HAIR 13. YEAR DAY MONTH Blond Grey Brookhaven, Mississippi 17. CITIZEN XXYES NO 18. IF NATURALIZED OR DECLARANT, GIVE DATE, PLACE, AND 19. NATURALIZATION OR COURT OF JURISDICTION DECLARANT NUMBER IF NO, FILED DECLARATION? NOT APPLICABLE NOT APPLICABLE YES NO 20. MARITAL STATUS 21. NUMBER, AGE, & RELATIONSHIP OF PEOPLE DEPENDENT ON YOU FOR SUPPORT (To be initialed by en-Single None/ 22. EDUCATION (Years) 23. OTHER CIVILIAN SCHOOLS ATTENDED (If degree, state kind) GRAMMAR HIGH SCH COLLEGE None 1. 24. CIVILIAN TRADE OR OCCUPATION (Best qualified) HOW LONG EMPLOYED (Yrs & mos) (Best quali-WEEKLY WAGE fied trade or occupation) (Average) Mone Not applicable Student 25. REGISTERED FOR SELECTIVE SERVICE YES NO 26. SELECTIVE SERVICE BOARD NUMBER AND ADDRESS (City, county, state) IF YES, GIVE NUMBER #62, McComb, Pike, Mississippi 27. PRIOR ROTC OR CADET TRAINING (Years-Type unit) 28. RESERVE COMMISSIONED STATUS (Br. SV, & grade now held, if any) 29. LAST SERVICE (USA, USAF, USN, USMC, USCG) 30. COMPONENT (Reg, Res, AUS, AFUS, FodNG, or St G) 31 SERVICE NUMBER FedNG (No Active Fed Svc) 24 919 772 USA 32. ORGANIZATION 33. TYPE, AUTHORITY, AND DATE OF DISCHARGE 34. IN GRADE OF MOS 154 Inf Bn, Miss NG 35. HAVE YOU EVER BEEN: 3. CONVICTED OF A FELONY OR ANY OTHER OFFENSE (excluding minor traffic violations)? TYES NO b. ADJUDICATED A YOUTHFUL OFFENDER OR JUVENILE DELINQUENT? TYES 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). 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) 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) 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 UNDESTRABLE HABITS OR TRAITS OF CHARACTER, OR FOR MEDICAL REASONS? 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) 40. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU NOW SOUND AND WELL? TYPES IN NO 15 "NO" GIVE DETAILS. (To be initialed by enliatee)

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33.	· ·	RECORD OF ASSIC	NMENTS -		34. REMARKS Gode - Of Gun Buck- Class 56	
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•	SECTION 10	- REMARKS	
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OFFICIAL BUSINESS

CHIEF OR COMMANDING OFFICER

MILITARY DISTRICT OR UNIT

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FULL NAME AND ADDRESS OF C PANY	OFFICE RECEIVING F. MENT	POLICY NUMBER
FIRST NAME - MIDDLE NAME - LAST NAME OF (If deceased so state)		ADDRESS
Aaron Alton Loften	Summit, Miss	
17. MOTHER Agnes Nunnery Lofton	PO Box 64 Summit, Miss	
18. WIFE OR HUSBAND (If none, so state) None		
19. NAME OF CHILDREN (If none, 50 state)	ADDRESS	MARRIED SEX DATE OF BIRTH
None	None	
FOR INSTRUCTIONS ON	PREPARATION AND DISPOSITION REFER T	O: ★GPO: 1934 03210
ARMY (Including Army Reserve) - SR 600-105-1 ARMY NATIONAL GUARD - NGR 29	AIR FORCE - AFR AIR NATIONAL G	35-38 UARD - ANGR 35-38

DO NOT FORWARD THIS FORM TO VETERANS ADMINISTRATION

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DATE SERVICEMAN'S ATEMENT CONCERNING APPLICATION FOR COMPENSATION FROM THE VETERANS ADMINISTRATION 30 October 1957 (VA FORM 8-526e) PLACE OF SEPARATION (Hospital or other separation activity) WALTER REED ARMY HOSPITAL WALTER REED ARMY MEDICAL CENTER WASHINGTON DO INSTRUCTIONS Each officer and enlisted person being processed for separation from active military service for any reason who has undergone prolonged hospitalization, or suffered from wounds, injury or disease while in service, is advised to apply for compensation from the Veterans Administration by completing VA Form 8-526e. Each individual who had a physical defect when he entered the service which he feels was aggravated by military service should file VA Form 8-526e. You are further advised that, if you do not apply for compensation from the Veterans Administration by completing VA Form 8-526e at the time of separation, you may do so at any time thereafter; that, if you do intend to file, it is advisable to do so before you leave the service as at that time your medical records are more easily obtainable and action by the Veterans Administration on your claim will be expedited thereby; and that filing VA Form 8-526e will in no way delay your separation. When you have read the above paragraph, place your initials at the end of this sentence. Telo AM BEING PROCESSED FOR SEPARATION FROM THE ARMY AND HAVE BEEN ADVISED THAT I AM ENTITLED TO FILE AN APPLICATION FOR COMPENSATION FROM THE VETERANS ADMINISTRATION I HAVE FILED AN APPLICATION FOR SUCH COMPENSATION ON VA FORM 8-526e. \Box I HAVE DECIDED NOT TO FILE AN APPLICATION FOR SUCH COMPENSATION AT THIS TIME. I UNDERSTAND THAT I MAY DO SO AT A LATER DATE. NAME, GRADE AND SERVICE NO. (Addressofraph plate may be used in this space.)
AARON I. IOFTON SP3 RA 24 919 772 SIGNATURE OF INDIVIDUAL BEING SEPARATED PO Box 64 Summit, Mississippi PREPARATION AND DISTRIBUTION ORIGINAL will be prepared in all cases. Attach to SF 88 and forward to The Adjutant General with personnel records. DUPLICATE will be prepared in all disability separations regardless of whether VA Form 8-526e is prepared, and in all other types of separations only when VA Form 8-526e is prepared. Attached to #4 copy of DD Form 214 and duplicate copy of SF 88. Forward to VA regional office having jurisdiction over area in which individual's home is located as shown in item 47,

DD Form 214, not later than 48 hours after separation.

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7.		MPUTATION		8.		REMARKS			•	
		AVE CREDITED		a. BALANCE CA	RRIED FORWAS	O TO NEW REG	CORD			
p. (1	TAL DAYS LEG	AVE TAKEN umn Sd)	50	b. X CASH SETTL	EMENT REQUES	STED				
C. BA	LANCE (a mi:	nus b)	33	c. OTHER (Spe	cify)					
9 • NA		and Branch of ENLAW Capt			1	10. STENATI	IRE BEE	ent	2	

2025 RELEASE UNDER E.O. 14176

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							MEAS	SUREMEN	TS AND	OTHER FAI	idings								
51. HEIGHT 52. WHIGHT 70 132					5	3. color	enair ond			Cice o		55.	5. BUILD: 56. TEMP. SLENDER MEDIUM HEAVY OBGGE						
57. BLOGD	PRESSURE (JITM	at hears	tarci)						-	ULSE (. Ir n		art level)							
SITTING				5	TANDING 3 tuin.)	SYS.		SITT			TER EXER	CISE	2 MIN. AFTER	ER	RECUMBENT	AFTER STANDING 3 MIN.			
	DIAS. CALL DIAS.							78											
59.	DISTANT					0.			RACTIO				61.			NEAR VISION			
RIGHT 20/ 20 CORR. TO 20/						IY		S.		CX					ORR. TO		BY		
LEFT 20/		ORR. TO	D 20/		B	ΙΥ		S.		cx				C	ORR. TO)	BY		
62. Hetero (Specify	ophoria: distance) ES*		1	EX¢	R	а. н.		L. H.		PRISM I	DIV.		PRIS	M CONV.		PC	PD		
63. ACCOM	63. ACCOMMODATION 64. COLOR					VISION (Test used and result) 65. DEPTH PER (Test used)							UNC	ORRECTED					
RIGHT	LEFT			1	y _n	rn P	9886	d		(1000)	Toca as	is score;	COR	RECTED					
66. FIELD C	F VISION			67. 1	NGHT VIS	SION (Test	used ar	id acore)		68, RED L	ENS				69. INT	RAOCULAR TENS	ION		
70.	HEARING		7i.			AU	DIOMET	ER				72. PSYC	HOLO	GICAL AND P	SYCHOM	1070R (Tests us	sed and score)		
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LEFT WV	± 43 5V	/15	LEFT																
73. NOTES	(Continued) AND	SIGNIF	CANT	OR INTERN	AL HISTO	RY		12221		-									
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(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76.	-	PHYSICA:	L PROFIL	Ē	
		P	U	L	Н	E	S
None		1	1	1	1	-1	1
7. EXAMINEE (Check) IS IS OUALIFIED FOR Military Service			P.	HYSICAL	CATEGO	RY	' <u></u>
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A		В	C		Ε
		X					
79. TYPED OR PEINTED NAME OF PHYSICIAN	SIGNATURE						
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE						
B1. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicale which)	SIGNATURE						
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / Lugh	Wat.	500	7,	Ste.	NUMBER TACHED	OF AT-
HUGH C. MATSON, AR LIT MC			-	-//	/		

Standard Form 88 (Row Aug. 1959) PROMUGATED BY BUREAU OF THE BURGET CROULAR A-2M

deport of medical examination

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7. SEX	1	. RACE		9. TOTAL MILITAI		CIVILI		IV. Do	PART ME	MI. AGE	HACE, U	K SERV	ICE,		II. ONGANIZATION ON	
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			EXAMINER,		1025					10.	OTHER	INTOK	MATION			
के प्रसाद	, In	c'ison	, Miss	•												
17. RATIN	G OR S						l No	TEE	Dane		IN THIS					X MONTHS f itom number before each
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	х	24. EYES-	-GENERAL (Visual aen ınder itoms	tity and 59, 60, a	refraction and 61)	1 24								eye green	ie
x		25. OPHT	HALMOSCOPI	iC .				C	onge	enit	ai p	ete:	roch	irom)	ic might ir	19
x			S (Equality				_									•
x		27. OCUL	AR MOTILITY	/ (Associa mente, n	ited para ustagmu	lla! moto s)	_									
x		28. LUNG	S AND CHES	T (Include	le breasts	1)										
x		29. HEAR	T (Thrust, s	ize, rhyth	m, soun	ds)										
x		30. VASC	ULAR SYSTE	M (Variot	osities, et	tc.)						4.				
х			MEN AND VI													
x		32 ANUS	AND RECTU	M (Prostat	rhoids, fis to if indu	stular) cated)										
x			CRINE SYSTE				7									0.000
	x	34. G-U :					34	4. 0)ne l	Plus	alt	umi	n on	one	e occasion,	negative for
x		35. UPPER	EXTREMIT	ES (Strong	gth, range	of		3	suc	cces	sive	da	ys			
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x		37. LOWE	R EXTREMIT	IES (Excer	pt frei) oth.range	of motion	12)									
x			OTHER MU				7									
x		39. IDENT	FYING BODY	Y MARKS,	SCARS,	TATTOC	S									
x		40. SKIN.	LYMPHATICS	3			-									
X.		41. NEUR	LOGIC (Equ	ilibrium te:	sts under	item 72)										
x		42, PSYCE	HATRIC (Spec	ify any per	raonality (deviation)									
Females	only		((Check horo	done)		-									
		43, PELVI	2 🗆 VA	GINAL	REG	CTAL							(Con	tinue i	'n item 73)	
44. DENTA	AL (Plac	z appropri	ate symbols (above or b	elow nu	mber of	upper a	and low	er teeth,	, respect	ively)				REMARKS AND AD	DITIONAL DENTAL DEFECTS AND
		Restorable Nonrestora		70.00	K.—Miss K.—Repi	sing teet	th,		(6×	8).—Fix					DISEASES	
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									LABORAT	ORY FIN	IDINGS					
45. URINA	LYSIS:	SP. GR.	1.01	12		46	. CHEST	X-RAY	(Place	date. f	ilm nur	nber, re	sull)		47, SEROLOGY (S	pecify test used and result)
ALBUMIN		UGAR	MICROSCO									,				
	1,	TLG	MOT E	TION			MOR	MAL	FIN	DIMG	S				BLOOD TA	ÆN.
	1 3					1										
NEG 48. EKG	I		49. BLOOD		D RH	50	. OTHER	TEST:	5							
NEG			49. BLOOD FACTO		D RH	50	. OTHER	r Testi	5							
NEG				R	D RH	50		r test: OME	5			j				

7	. NO	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:	
	2	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.	
	-	B. INABILITY TO PERFORM CERTAIN MOTIONS	
		C. INABILITY TO ASSUME CERTAIN POSITIONS	
	in.	D. OTHER MEDICAL REASONS (If yes, give reasons)	
	مسده	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUB-	
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)	
	-	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)	
	-	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)	
	ن	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS? (If yes, describe and give age at which occurred)	
	ئ	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATOR- IUMN (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)	
	_	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)	
	١	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS. PHYSICIANS, MEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	
	-	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)	
	-	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)	
	ن	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)	
	-	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)	
AUT	CHORIZE	ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED	IED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURP
		MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE. D NAME OF EXAMINEE	SIGNATURE
011		D HAME OF EXAMINEE	(Com Base XIII)
_	ICIAN'S	SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Ph	ysician shall comment on all positive answers in items 20 thru 39)
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OR		ED NAME OF P.IYSICIAN ON EXAMINER WATSON, JR LT MC 18	Jan 55 SIGNATURE NUMBER OF ATTACHED SHEETS

Standard Form S9
(Rev. Aug. 1250)
PROMULGATED BY
BUREAU OF THE BUDGET
CLECULAR A-24

REPORT OF MEDICAL MISTORY
THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME									2. GRADE A				TION 3. IDENTIFICATION NO.					
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)									E-1.									
						te)		5. PURPOSE OF EXAMINATION 6.								DATE OF EXAMINATION		
O. Loss	1/12	Su tit	(11:	9)	His:				· Enli	ist	77.							
SEX 8	. RACE				GOVT. SERVICE	10. DEPARTMENT.	AGEN	₹ÇY,	OR SERVICE			11. ORGAN	ZAT	101	TINU			
10	Cou		WILIE	NR T	CIVILIAN													
DATE OF BIR	TH	13. PLACE OF	FBIRTH			14. NAME, RELATI												
		Lrooki	aven,	113	.SJ	naron .:	1.00	n	Lofto	0	Pat	har) F	.0		Dr.	64, Sundt, E		
EXAMINING F	ACILITY	OR EXAMINER,	, AND ADDR	ESS			16.	QTH	er informa	TION								
STATEMENT	OF EXAM	inee"s presen	NT HEALTH	WO NI	N WORDS (F0Ü	ow by description of	past	his	ory, if comp	laint (ezist u)							
FAMILY HIST	ORY								19.				ON ((Po	arent, broth	er, sister, other)		
RELATION AGE STATE OF HEALTH					IF DEAD,	CAUSE OF DEATH	AGE A				NO .	Check	cea	ch	item)	RELATION(S)		
THER	45				1		+	DE	ATH ITA	+	-	HAD TUBER	_	_				
OTHER	-		-	_							_	HAD SYPHI				-		
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							1					BEEN INSAM	ΙE	_				
HAVE YOU EV	ER HAD (R HAVE YOU !	NOW (Plac	e checi	k at left of each it	em)												
S NO	(Check	each item)	YES	NO	(Check	each item)	YES	NO	(Ch	ck e	ach i	tem)	YES	S N	0 (Check each item)		
- SCARLI	ET FEVER	, ERYSIPELAS		1 -	GOITER			-	TUMOR, GR	нтио	I, CYST	, CANCER	T	12	"TRICK	" OR LOCKED KNEE		
C DIPHTH	HERIA			-	TUBERCULOSIS			احدن	RUPTURE					6	FOOT T	ROUBLE		
RHEUM		ER			SOAKING SWEATS "(Night sweats)			2	APPENDICIT	ıs				1	NEURIT	is		
-SWOLL	EN OR PA	INFUL JOINTS			ASTHMA			_	PILES OR R	ECTAL	DISEA	SE		10	PARALY	(SIS (Inc. infantile)		
MUMPS					SHORTNESS OF E	REATH			FREQUENT	OR PA	INFUL	URINATION	T	T	EPILEP	SY OR FITS		
WHOOP	ING COU	SH		1,	PAIN OR PRESSUI	RE IN CHEST		0	KIDNEY STO	NE OF	R BLOC	D IN URINE		1	CAR, TI	RAIN, SEA, OR AIR SICKNES!		
FREQUI	ENT OR S	EVERE HEADAC	CHE		CHRONIC COUGH			-	SUGAR OR	LBUM	nin in i	URINE	T	1	FREQUE	INT TROUBLE SLEEPING		
DIZZINI	ESS OR F	AINTING SPELL	LS	0	PALPITATION OR	POUNDING HEART		20	BOILS				T	T	FREQUE	IT OR TERRIFYING NIGHTMARES		
EYE TR	OUBLE			200	HIGH OR LOW B	LOOD PRESSURE		2	VENEREAL D	ISEAS	SE			1	- DEPRES	SION OR EXCESSIVE WORK		
EAR, NO	SE OR T	HROAT TROUB	BLE	1	CRAMPS IN YOU	R LEGS		-	RECENT GAI	N OR	LOSS C	F WEIGHT		-	LOSS O	F MEMORY OR AMNESIA		
RUNNIN	IG EARS				FREQUENT INDIG	ESTION			ARTHRITIS	OR RH	EUMAT	TISM		0	BED WE	TTING		
CHRON	IC OR FR	EQUENT COLDS	s	-	STOMACH, LIVER OR	INTESTINAL TROUBLE		-	BONE, JOINT	, OR (OTHER	DEFORMITY			NERVO	IS TROUBLE OF ANY SORT		
SEVERE	тоотн	OR GUM TROU	IBLE	-	GALL BLADDER TRO	UBLE OR GALL STONES		اسمدن	LAMENESS					1	. ANY DR	UG OR NARCOTIC HABIT		
SINUS1 -سر پ	ΓIS			in	JAUNDICE			- 1	LOSS OF AR	M, LEG	, FING	ER, OR TOE		1	EXCESS	IVE DRINKING HABIT		
KAY FE	VER				ANY REACTION TO S MEDICINE	ERUM, DRUG OR		-	PAINFUL OR "	TRICK"	SHOUL	DER OR ELBOW			_ HOMOS	EXUAL TENDENCIES		
HAVE YOU EV	ER (Ch	eck each ite	em)				22.	FEM	ALES ONLY:	A. HAV	VE YOU	EVER-	B.	CO	MPLETE TH	IE FOLLOWING:		
WORN	GLASSES			-	ATTEMPTED SUIC	:IDE			BEEN PREGI	TANT					AGE AT	ONSET OF MENSTRUATION		
WORN	AN ARTI	FICIAL EYE		2	BEEN A SLEEP WA	ALKER			HAD A VAGI	NAL D	DISCHA	RGE			INTERV	AL BETWEEN PERIODS		
€- "WORN	HEARING	AIDS		20	LIVED WITH ANYONS TUBERCULOSIS	GAH OHW			BEEN TREATER	FOR A	A FEMAL	E DISORDER			DURATI	ON OF PERIODS		
STUTTE	RED OR	STAMMERED		1	COUGHED UP BLO	OOD			HAD PAINFL	L ME	NSTRU	ATION			DATE O	F LAST PERIOD		
		OR BACK SII	IPPORT		BLED EXCESSIVELY TOOTH EXTRACTION	AFTER INJURY OR			HAD IRREGU	JLAR I	MENST.	RUATION	QU	IAN	TITY: N	ORMAL EXCESSIVE SCANT		
WORN	A BRACE	ON BROIL SO		1			1											

CERTIFICATE

STATUS OF DEFENDENTS

I contify that the following statements are true and correct:

- 1. I have been informed and am fully aware that Army regulations prohibit the enlistment of non-prior service personnel who have dependents whose existence would establish an entitlement to increased allowances or allocations of pay.
- 2. I hereby state that I have no persons dependent upon me for support, including, <u>but not limited to</u>, the following:
 - a. Wife and/or children.
- b. Parents dependent upon me for support to the extent that I contribute more than fifty (50) percent of the amount necessary for their support.
- 3. I have been informed and fully am aware that concealment of dependents upon enlistment in the Armod Forces is punishable under Article 83, Uniform Gode of Military Justice, with penalities authorized including dishonorable discharge, forfeiture of all pay due, and confinement for one (1) year.
- 4. I will not attempt to claim additional allowances, or allotments requiring contributions on the part of the United States Government, subsequent to my arrival at my first duty station, based on my present status of dependents.
- 5. I make this cortificate freely and with no mental reservations whatseever, prior to enlisting in the United States army.

(Enlistee Signature)

Aaron Isaac Lofton (Typed Name of Enlistee)

WITNESS (pignature of Cormissioned Officer)

CLYNTON J COLLINS, Capt USAF (Typed Name of Officer)

DATE: 24 January 1955

DATE:	24	January	1955	

In connection with my enlistment in the Regular Army this date, I hereby acknowledge that I completely understanding the following:

That the statement included in my enlistment record which indicates my choice of service does not constitute any guarantee that my entire enlistment will be served in the branch of service, overseas command, or specific assignment that I have chosen, and

That military necessity may make it necessary for the Army to effect my transfer at any time to any other assignment within the continental United States or an overseas command.

That acceptance for enlistment carries no promise, whatsoever, relative to furnishing transportation for dependents to overseas commands or to the furnishing of family quarters either in overseas commands or in the continental United States.

I further certify that entered under item 41 of the enlistment record are all promises made to me other than those listed in items 8, 10, and 11 thereof.

DATE 24 January 1055

Marca Isace Lotton

I, <u>Aeron Isaac Lefton</u>, a citizen of the United States or ______, for the purpose of amplifying the statements made by me in the enhistment record this date, do hereby acknowledge to have voluntarily enlisted this 24th day of January 1955, in the Regular Army of the United States of America. I understand that the period of my enlistment is three (years. I understand that upon separation from my current enlistment, if qualified, I will be transferred to the Army Reserve and required to serve therein for a period which then added to my active service will equal a total of 8 years, unless sooner discharged in accordance with standards prescribed by the Secretary of Defense.

THIS IS 4 PARTHAMY ARMY SECURITY AGENCY RECORD - DO NOT REMOVE FROM 201 FILE

19 Jan 55

SUBJECT: Enlistment and Schooling for Army Security Agency

Chief, Army Security Agency TO: Washington 25, D.C.

- 1. I, the undersigned to voluntarily request enlistment in the Regular Army for assignment to the Army Security Agency and, upon acceptance, do further request enrollment in an Army School for the purpose of pursuing a course of instruction which will qualify me for a job with the Army Security Agency. I thoroughly understand that:
- a. I must attain a minimum percentile score of 31 or higher on the Armed Forces Qualification Tost (AFQT).
- b. Non-Prior-Service personnel, unless possessing a usable skill based on civilian qualifications, will normally be sent, following basic training, to a service or troop school for technical training; however, the individual must qualify for attendance in accordance with current school selection criteria.
- .c. The schooling I am finally selected for will be based upon scores I obtain on a sories of Army aptitude tests to be given me.
- d. In the event my test scores do not meet the prorequisites for technical training, I will be scheduled for schooling or duty in a non-technical field.
- c. Personnel found to be disqualified for duty with the army security Agency, or not possessing nermally accepted aptitude for training in an MOS required by the Money, will be reassigned in accordance with the needs of the Army and required to complete the period for which onlisted.
- f. All personnel assigned to the Army Security Agency must be elegred . in accordance with Sm 380-160-10. Personnel who fail to receive chearance will be reassigned outside the Agency in accordance with the needs of the Army and required to complete the period for which emlisted.
 - g. Continued assignment to the Army Security Agency will be contigent _ upon satisfactory service, maintenance of required standards, and the needs of the Agency.

2. I am qualified by provious service in MOS _____, and desire to serve in this specialty with the Army Security Agency.

WITHESSAD DY:

(Signature of Applicant

AARON ISAAC LOFTON

(Typed or printed name of applicant)

DISTRIBUTION: triginal to Chief, ASA, duplicate to 201 file. CAS Form 34 (23 Oct 53)

Local reproduction is authorized

1. REMARKS (To be initialed by enliatee)			
None/ with	2 \ 		
LALL UNDERSTAND THAT I AM LIABLE TO TRIAL BY COURT MARTIAL FULLS STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS REJECTED BECAUSE OF ANY DISQUALIFICATION KNOWN TO ME AND CONCIME WITH RETURN TRANSPORTATION TO THE PLACE OF ACCEPTANCE.	TO MY QUALIFICAT	IONS FOR ENLISTMENT: IN A	DDITION. I KNOW IF I AM
I DECLARE THAT I AM NOT NOW A MEMBER OF ANY OF THE ARMED FO ANY COMPONENT THEREOF (Regular, Reserve, or National Guard) I AND EXPLAINED BY ME: THAT THE FOREGOING QUESTIONS AND MY ANSWERECTLY RECORDED AND ARE TRUE IN ALL RESPECTS AND THAT I FULLY	N ACTIVE, INACTIV VERS THERETO HAVE	E, RESERVE, OR RETIRED STA BEEN READ TO ME: THAT MY	TUS UNLESS SO INDICATED ANSWERS HAVE BEEN COR-
SIVEN AT (Place of acceptance)		DATE OF ACCEPTANCE	***************************************
Jackson, Mississippi IGNATURE OF WITNESS (First name-Middle initial-Last name)	1	24 January 19	55
IGNATURE OF WITNESS (First name-Middle Initial-Last name)	SIGNATURE OF A	PPLICANT (First name-Mid	die name-Last name)
3.REMARKS (For use by the recruiting officer)	1		432.DATE DO FORM 53 FORWARDED
	X.		24 Jan 55
ERIFIED AT Jackson, Mississippi 87 (Signature of recruiti	(acceptance)	Capt USAF 3370	N OF RECRUITING OFFICER
4. OATH AND CERT!	FICATE OF ENLI	STMENT	
STATE OF Mississippi		***	
Sixte or		33.	6.47
ALLEGIANCE TO THE UNITED STATES OF AMERICA; THAT I WILL SERVE AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITE ING TO REGULATIONS AND THE UNIFORM CODE OF MILITARY JUSTIC 24th DAY OF January 19 55, IN three(3) years UNDER THE CONDITION	THEM HONESTLY AND D STATES AND THE E: AND DO HEREBY THE UNITED STATES	ORDERS OF THE OFFICERS AP ACKNOWLEDGE TO HAVE VOI	HEIR ENEMIES WHOMSOEVER: POINTED OVER ME, ACCORD- LUNYARILY ENLISTED THIS FOR A PERIOD OF
SI	GNATURE3	CACH HILLOC	Och Man
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! CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORM A.D. 1955. ! FURTHER CERTIFY THAT THIS ENLISTEE WAS MINUTE FOUND ENLISTEE ENTIRELY SOBER AND IN FULL POSSESSION OF ALL MESTEE FULFILLS ALL LEGAL REQUIREMENTS, AND THAT IN ENLISTING OBSERVED THE REGULATIONS WHICH GOVERN THE RECRUITING SERVICE, TO THE APPLICANT BEFORE SUBSCRIBING THERETO. CLYNTON J CCLLINS, Capt USAF 3370 SU	LY INSPECTED BY M MENTAL FACULTIES; APPLICANT INTO T	E PREVIOUSLY TO SUBSCRIBE THAT TO THE BEST OF MY J HE SERVICE OF THE UNITED	UDGMENT AND BELIEF EN- STATES I HAVE STRICTLY
TYPED NAME, GRADE, AND ORGANIZATION OF RECRUITING OFFICER		SIGNATURE OF RECOUNTS	A OFFICER
Carefully compare with the name at top of page 1. 37		the identical with that .	
FINGERPRINT	tion of Applicant S - RIGHT HAME)	
(Fingerprint impressions will be made in this space	in the case of	every person enlistin	g or reenlisting)
THUMB 2. INDEX. 3.	MIDDLE	4. RING	5. LITTLE

DEPARTMENT OF DEFENSE INITIAL ENLISTEENT WASHINGTON 25, D. C.

ENLISTMENT RECORD - UNITED STATES ARM

Form Approved Budget Bureau No. 22-R016.3

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1 NOV 37 Eligible for re-entistment			
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Standard Form 330 Premulanted Say 1950 By Bureau of the Budget Circular A-82 Rev.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY) .

CLINICAL RECORD	ADBRE	VIATED CLINICAL I	RECORD	
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IGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZ	ATION
or your hal	MIDDLE NAME	REGIST	TER NO.	WARD NO.

16-61555-1

ABBREVIATED CLINICAL RECORD

Standard Form 539

DOCTOR'S PROGRESS NOTES (Sign all notes) DATE

U. S. GOVERNMENT PRINTING OFFICE: 1955--O-351495 16-56183-1

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