

MISCELLANEOUS INFORMATION AND INDEX

MISCELLANEOUS INFORMATION

HEIGHT 69" INCHES	WEIGHT 165 LBS.	COLOR EYES Brown	COLOR HAIR Brown	DATE 23Dec59						
PHYSICAL PROFILE			ANNUAL ADMINISTRATIVE AUDIT COMPLETED							
DATE	P	U	L	H	E	S	CODE	SIGNATURE	DATE	SIGNATURE AND RANK
23Dec59	1	1	1	1	1	1	A	<i>[Signature]</i>	80 NOV 1960	<i>[Signature]</i> CO
									27 Oct 61	<i>[Signature]</i> Capt. CO
									27 Nov 62	<i>[Signature]</i> 1st Lt. USMC
TOTAL SEA AND FOREIGN DUTY			REENLISTMENT BONUS:							
YEARS: 01 MONTHS: 00			(a) Paid \$ 900.00 reenlistment bonus 23Dec59 for 1st reenlistment.							
DATE LAST RETURNED CONTINENTAL LIMITS OF U.S. 16 Sep 58 FEB 19 Feb 57			(b) Prev pd \$ None total amt of reenl bonuses to include None reenlistment.							
DATES IDENTIFICATION CARDS ISSUED 23Dec59 17 Feb 60			SIGNATURE: <i>[Signature]</i> CO							
DATE ID TAGS ISSUED: 10 May 57			DATE: 23 Dec 59							
BLOOD TYPE: A			Articles UCMJ explained to me this date as required by Article 137, UCMJ.							
GAS MASK SIZE: ML			<i>Roscoe A. White</i> (Signature)							
DEPOSIT RECORD BOOK NO:			Articles UCMJ explained to me this date as required by Article 137, UCMJ.							
CLASS SWIMMER: 2nd			<i>[Signature]</i> (Signature)							

INDEX

STANDARD PAGES	CHECK (✓)	DOCUMENTS INSERTED (Continued)		INITIAL
		INITIAL PAGE	A	
ENLISTMENT CONTRACT NAVMC 118(2)-PD	X			
RECORD OF SERVICE NAVMC 118(3)-PD	X		✓	
FITNESS REPORTS SUBMITTED NAVMC 118(4)-PD				
PROMOTION AND REDUCTION NAVMC 118(5)-PD	X			
TIME LOST; ALLOTMENT; WEAPONS FIRING NAVMC 118(6)-PD	X			
INDIVIDUAL TRAINING RECORD NAVMC 118(7)-PD	X			
OCCUPATIONAL SPECIALTY AND EDUCATION NAVMC 118(8)-PD	X			
COMBAT RECORD—MEDALS NAVMC 118(9)-PD	X			
ADMINISTRATIVE REMARKS NAVMC 118(11)-PD	X			
OFFENSES AND PUNISHMENT NAVMC 118(12)-PD	X			
RECORD OF CONVICTION BY COURT-MARTIAL NAVMC 118(13)-PD				
SUPPLEMENTARY RECORD OF CONVICTION NAVMC 118(13A)-PD				
EMERGENCY DATA DO FORM 93	X			
LEAVE RECORD NAVMC 118(16)-PD	X			
SEA AND AIR TRAVEL NAVMC 118(17)-PD	X		✓	
RECORD OF INDIVIDUAL RIFLE NAVMC 118(20)-SD	X			
DEPENDENT TRAVEL RECORD NAVMC 118(21)-SD	X			
DOCUMENTS INSERTED				
DD 1172				<i>[Signature]</i>
Statement of Understanding of Military Obligation				<i>[Signature]</i>
NAVPERs Form 668				<i>[Signature]</i>
CG Card				<i>[Signature]</i>



SIGNATURE OF MARINE (After photo affixed)
Roscoe A. White
 DATE OF PHOTOGRAPH
 18 December 1959

NAME (Last) WHITE	(First) Roscoe	(Middle) Anthony	SERVICE NO. 1666106
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RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME <u>WHITE Roscoe Anthony</u>		2. PRESENT SERVICE NO. <u>1666106</u>	3. RANK/RATE <u>Gr 1 3/4</u>	4. DATE OF BIRTH <u>10 Nov 35</u>	5. RELIGION <u>Baptist</u>
6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		7. PRIOR MIL. SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>27 Dec 50</u> (DATE LAST ENTRY)	8. FORMER SERVICE NO.		9. SOCIAL SECURITY NO. <u>429-60-3576</u>
FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)		ADDRESS			
10. WIFE OR HUSBAND (If none, so state) <u>Geneva Ruth WHITE</u>		<u>SEE RECORDS</u> <u>Star Route, Indian Wells, 29 Palms, California</u>			
11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)		ADDRESS	MARRIED	SEX	DATE OF BIRTH
<u>Roscoe Anthony WHITE Jr</u>		<u>Same as item 10</u> <u>-do-</u>	YES	NO	
<u>Ricky Don WHITE</u>				X	M
12. FATHER <u>Step-father</u> <u>Robert Daniel Boone ROGERS</u>		ADDRESS			
13. MOTHER <u>Ivya Merle ROGERS</u>		ADDRESS			
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM <u>None</u>		ADDRESS			
14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)		ADDRESS	RELATIONSHIP	DATE OF BIRTH	
<u>None</u>					
15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH <u>None</u>		ADDRESS			
DESIGNATIONS					
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN), NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).	FIRST NAME—MIDDLE NAME—LAST NAME		ADDRESS		RELATIONSHIP
	<u>Robert Daniel Boone ROGERS</u>				<u>Step Father</u>
<u>Ivya Merle ROGERS</u>				<u>Mother</u>	
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	<u>Geneva Ruth WHITE</u>	<u>Same as item 10</u>	<u>Wife</u>	
	%				
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO				
	100%	<u>Geneva Ruth WHITE</u>	<u>Same as item 10</u>	<u>Wife</u>	
19. INSURANCE POLICIES IN FORCE INCLUDING USGU AND NSLI (Agencies to be notified in case of death in active service)					
FULL NAME AND ADDRESS OF COMPANY		ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE		POLICY NO.	
<u>American National Insurance Company</u>		<u>Galveston, Texas</u>		<u>2225569</u>	
20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR <u>Henry 1st Fld Art Bn, Fort S, WTPac, 29 Palms, California</u>				DATE SIGNED <u>25 Apr 61</u>	
21. SIGNATURE OF WITNESS <u>JAMES K. KIEL Cpl 1st USMCR</u>			22. SIGNATURE OF DESIGNATOR <u>Roscoe A. White</u>		

DD FORM 93-1
1 Dec 56

Previous Editions are obsolete.
For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

INSTRUCTIONS

(Items for which no instructions are printed below are self-explanatory)

IF NECESSARY, CONTINUE ANY ITEM IN "REMARKS" BUT SPECIFY THE PARTICULAR ITEM BEING CONTINUED.

All items of this form MUST be completed and MAINTAINED CURRENT by all officers and enlisted personnel in accordance with the following: NAVY—BuPers Manual, Art. B2312; MARINE CORPS—Par. 4019, PRAM; U. S. COAST GUARD—Personnel Manual, Par. 13-B-14.

In the event you, the designator, should die, the persons or agencies named in items 10, 11, 12, 13, 14, and 19 will be notified unless item 15 shall indicate a person or persons NOT to be notified.

Should you become critically or seriously ill, or incapacitated to the extent that you cannot notify them, the persons named in items 10, 11, 12, 13, and 14 will be notified unless item 15 shall indicate a person or persons NOT to be notified.

Payment of any benefits and disposition of remains in case of death shall be in accordance with applicable law.

Item 10.—Enter full name and address of wife or husband. For wife, use given names, for example, "Marion Elizabeth Dawson." If the designator is single, divorced or widowed, so state.

Items 12 and 13.—The term "Father" and/or "Mother" shall be interpreted to include "natural," "step," "adoptive" and person who stood in "loco parentis" to the designator for a period of not less than 1 year at any time prior to designator's entry upon active service.

Item 14.—In the event that there is no other adult next of kin other than those named in items 10, 12 and 14, you may name a friend here. However, if a friend is named, he or she must be so identified.

Item 14a.—Enter under this item, the names of those persons who are in fact actually receiving more than 50 percent of their support from the designator. The information thus furnished shall be used in connection with other determinations of dependency under existing or future laws.

Item 16.—Enter the name, address, and relationship of beneficiary (or beneficiaries) whom you desire to receive the 6 months' death gratuity in the event you are not survived by a spouse or eligible child(ren). The succession of eligible survivor's as set forth in the "Servicemen's and Veterans" Survivor

Benefits Act," P. L. 881-84th Congress, is as follows: (1) Spouse; (2) Children (without regard to their age or marital status) in equal shares; (3) Parents or brothers or sisters (including those of halfblood and those by adoption), when so designated; (4) Parents in equal shares; or (5) Brothers and sisters (including those of halfblood or those by adoption) in equal shares.

NOTE:

The payment to either category (4) or (5) is in the event that a designation is not made under category (3).

The term "parents" includes "natural parents," "stepparents," "adoptive parents" and persons who stood in "loco parentis" to the designator for a period of not less than 1 year at any time prior to the designator's entry upon active service.

Item 17.—Enter name and address of the beneficiary or beneficiaries whom you desire to receive any unpaid pay and allowances (Arrears of Pay) due you at the time of death. There are no restrictions on who may be designated as a beneficiary or beneficiaries to receive unpaid pay and allowances and once a designation has been made it is binding until superseded by the completion of a later DD Form 93-1.

Item 18.—The "Missing Persons Act" provides that pay and allowances continue to accrue to the pay account of any service member for the period he is missing or captured and may be paid to the dependents for support. This item reflects your desires and is used as a guide in the disposition of your pay. Allotments to dependents and insurance companies initiated prior to entering a missing status are continued in effect unless unusual circumstances indicate changes.

Item 21.—The person assigned, by the commanding officer, the responsibility for interviewing the designator will, upon completion of the form, witness the designator's signature and sign in block 21.

DISPOSITION INSTRUCTIONS

U. S. NAVY: Original to BuPers, Washington 25, D. C.

Duplicate—File in Service Record at duty station.
See BuPers Instruction 1085.25 of 27 May 1953.

U. S. MARINE CORPS: See Par. 4019, PRAM.

U. S. COAST GUARD: See Personnel Manual, Par. 13-B-14.

Entry of other useful information in connection with emergency data such as location of will, safety deposit boxes, etc., if applicable, should be made under "Remarks."

REMARKS:

Recipient of personal effects: Geneva Ruth WHITE: Wife
Altermte: Roscoe Anthony WHITE Jr. Son

HQ-1-12, 3rd
MarDiv, FMF

12 Aug 61: Wife and children now residing at:
L.H. Jr.

DEPENDENT TRAVEL RECORD

1. ACTIVITY Married 11 Nov 56, Hugo, Oklahoma

Paid \$ _____ for Dependent Travel. DATE **MAR 15 1961**

FROM (City and State)

I certify that I have not been reimbursed TO (City and State) for dependents travel prior to above date.

DISBURSING OFFICER SYMBOL BY (Signature) *Karel A. White*

6. ACTIVITY

Paid \$ _____ for Dependent Travel. DATE

FROM (City and State)

TO (City and State)

DISBURSING OFFICER SYMBOL BY (Signature)

2. ACTIVITY

Disbursing Office, MCB, 29 Palms, Calif.
DLA \$96.90 Det 21 Feb 61

Paid \$ 9.72 for Dependent Travel. DATE **MAR 15 1961**

FROM (City and State) Paris, Texas
(Camp Pendleton, Calif. (lesser))

TO (City and State) Twentynine Palms, Calif.

DISBURSING OFFICER SYMBOL BY (Signature) *R. E. REATA* By: *[Signature]*

D6816

7. ACTIVITY

Paid \$ _____ for Dependent Travel. DATE

FROM (City and State)

TO (City and State)

DISBURSING OFFICER SYMBOL BY (Signature)

3. ACTIVITY

BASE DISBURSING OFFICE
CAMP PENDLETON, CALIF.

Pd DLA 96.90 Det 7/15/61

Paid \$ 89.16 for Dependent Travel. DATE **8-16-61**

FROM (City and State) 29 Palms Calif.

TO (City and State) Paris Texas

DISBURSING OFFICER SYMBOL BY (Signature) *R. J. ANTHONY*

B5167 *A. J. COAN, AGENT CASHIER*

8. ACTIVITY

Paid \$ _____ for Dependent Travel. DATE

FROM (City and State)

TO (City and State)

DISBURSING OFFICER SYMBOL BY (Signature)

4. ACTIVITY

Paid \$ _____ for Dependent Travel. DATE

FROM (City and State)

TO (City and State)

DISBURSING OFFICER SYMBOL BY (Signature)

9. ACTIVITY

Paid \$ _____ for Dependent Travel. DATE

FROM (City and State)

TO (City and State)

DISBURSING OFFICER SYMBOL BY (Signature)

5. ACTIVITY

Paid \$ _____ for Dependent Travel. DATE

FROM (City and State)

TO (City and State)

DISBURSING OFFICER SYMBOL BY (Signature)

10. ACTIVITY

Paid \$ _____ for Dependent Travel. DATE

FROM (City and State)

TO (City and State)

DISBURSING OFFICER SYMBOL BY (Signature)

NAME (Last) (First) (Middle) SERVICE NO.

WHITE Roscoe A 1666106

SECURITY INVEST. MADE YR MO		TYPE SECURITY INVESTIGATION			CODE		REPORTING UNIT CODE				
0		0					13315				
PAY ENTRY DATE YR MO DA		CIVILIAN EDUCATION			CODE		CODE				
57 02 19		HS 4 Agric									
EXPIRATION ORL SERVICE YR MO DA		CIVILIAN OCCUPATION			CODE		SUBSISTENCE/COMRATS				
65 12 22		Log Truck Driver 736240					<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> S-Subsistence <input type="checkbox"/> C-Commuted Rations				
EXPIRATION ACTIVE SERVICE YR MO DA		MONITORED COMMAND			CODE		PAP LINE CODE				
65 12 22		1st Mar Div 121 3d Mar Div FT 125					0				
CURRENT JOB DESCRIPTION		CURRENT TOUR BEGAN YR MO DA			CODE		SPL/PROF PAY CATEGORY				
ATD Oct 62		Ass't Svrcey Chief					1st MOS 0817				
DATE OF BIRTH YR MO DA		COUNTY HOME OF RECORD			STATE/COUNTRY HOME OF RECORD		INCENTIVE PAY FOR HAZARDOUS DUTY				
35 11 18		Lamar			Texas		0				
DATE OF ENLISTMENT YR MO DA		LENGTH OF CURRENT TERM		RELIGION		CONTRACT/DUTY LIMIT		SECOND ADDITIONAL MOS			
59 12 23		6		Baptist		0		0			
DATE OF PRESENT RANK YR MO DA		PULSES		FIRST ADDITIONAL MOS		SERVICE NO.		COMPONENT/CLASS			
59 05 01 61 12 01		111111 A		3516		1666106		1			
RANK		NAME			SERVICE NO.		COMPONENT/CLASS		PRIMARY MOS		
Sgt E5		WHITE Roscoe Anthony			1666106		1		0848		
RACE		CITIZENSHIP		COUNTRY OF BIRTH		COUNTRY OF BIRTH		COUNTRY OF BIRTH		COUNTRY OF BIRTH	
Caucasian Male		U.S.		U.S.		U.S.		U.S.		U.S.	
ARR U.S./DEPN AUTH YR MO DA		GCT SCORE		RV SCORE		AC SCORE		AR SCORE		PA SCORE	
		119		112		108		104		151	
ARR U.S. OFFICERS-DEPN NOT AUTH (ENL. WITHOUT DEPN) YR MO DA		COMBAT SERVICE CODE		EX-PRISONER OF WAR CODE (AREAS HFLD)		H-Japan-China		L-Europe-China			
58 09 02 62 10 29		<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> 1-World War II <input type="checkbox"/> 2-Korea <input type="checkbox"/> 4-WW II & Korea		<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> A-Japan <input type="checkbox"/> B-Philippines <input type="checkbox"/> C-Europe <input type="checkbox"/> D-So. Pacific <input type="checkbox"/> E-Korea <input type="checkbox"/> F-China <input type="checkbox"/> G-Japan-Korea		I-Philippines-Korea		M-So. Pacific-China		N-So. Pacific-Korea	
ACTIVE DUTY BEGAN YR MO DA		FIRST FOREIGN LANGUAGE		SECOND FOREIGN LANGUAGE		THIRD FOREIGN LANGUAGE		WEIGHT (Inches)			
57 02 19		0		0		0		69			
DATE FORM COMPLETED YR MO DA		RES REPORTING TO AD W/PRIOR ARMED FORCES ACT SERV		ANY PRIOR ACTIVE OR INACTIVE SERVICE IN THE RESERVE FORCES OR OTHER BRANCHES OF THE ARMED FORCES		IF ENLISTED, ANY ACDU IN ARMED FORCES AS AN OFFICER		LAST OVERSEAS TOUR FMFT		HEIGHT (Inches)	
60 11 09		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No		<input checked="" type="checkbox"/> Y-Yes <input type="checkbox"/> N-No		<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No		69	
#1 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH		#2 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH	
Wife		Calif Texas		41		Son		Calif Texas		59	
#3 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH		#4 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH	
Son		Calif Texas		60							
#5 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH		#6 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH	
#7 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH		#8 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH	
#9 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH		#10 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH	

DATE	DIARY NO.	OCCURREN S
20Oct60	181-60	Jd 1 Oct 60 fr E Btry this Bn
60Oct60	185-60	Ch pri MOS--MOS's are now 0847/3516/none
14Dec60	228-60	Son born 24Nov60 present location Texas
5Jan61	4-61	Awd proficiency pay P-1 beginning 1Jan61 for MOS 0847 Auth MCO 7220.12B & BnSO 3-61
8Jan61	5-61	On lv 18Dec60-6Jan61
1Feb61	19461	CORRECTION (UD No 4-61) Awd proficiency pay P-1 beginning 1Jan61 for MOS 0847 Auth MCO 7220.12B & BnSO 3-61 SHOULD BE Awd proficiency pay P-1 beginning 1Jan61 for MOS 0847 Auth MCO 7220.12B & BnSO 3-61 dtd 4Jan61 1Jan61
21Feb61	31-61	Drop tr to ForTrs FMFPac MCB 29 Palms Calif for du auth CMC ltr DFI3-dnz-2 of 9Jan61 DivSO 8-61 & BnSO 12-61 EDA 17Mar61
23Feb61	38-61	Jd fr HqBtry 2ndBn 11thMar(R) 1stMarDiv(R) FMF 22Feb61 Trav Prev awd proficiency Pay P-1 beginning 1Jan61 auth MCO 7220.12A BnSO 3-61 dtd 1Jan61
14Mar61	48-61	Ch Depn location to Calif
15Mar61	49-61	COM-RATS @ \$1.10 per day fr 1345 14Mar61 Rats in kind not furn
22Mar61	54-61	To lv
26Mar61	56-61	Fr lv 22-24Mar61
12Apr61	70-61	Suspend COM-RATS fr 0700 Field Exercises
13Apr61	71-61	Resume credit 1530 COM-RATS prev suspended UD #70-61
18Apr61	74-61	Suspend COM-RATS fr 2130 17Apr61 Field Exercises
10Apr61	68-61	Awd Proficiency Pay P-1 \$30.00 per mo for MOS 0847 beginning 10Apr61 Auth MCO 7220.12B BSO 9-61
13Jun61	112-61	Suspend COM-RATS fr 0900 6Jun61 to 0930 11Jun61 Field Exercises
5Jul61	128-61	Proficiency Pay P-1 terminated on 1Jul61 MOS not critical auth MCO 7220.12C BSO 22-61
17Jul61	136-61	Proficiency Pay P-1 terminated on 1Jul61 SHOULD BE 15Jul61
135-61		
16YJ		
16Jul61	135-61	Drop 15Jul, 1
16Jul61	135-61	Drop 15Jul61 tr to MCB CampDn Calif FRT w/Sep61 ReplBn 3dMarDiv EDA 12Aug61
13Aug61	163-61	Jd fr HqBtry FldArtyGru FMF 29 Palms Calif 16Jul-19Jul61 pro 20Jul-11Aug61 del 12Aug61 trav
29Sep61	185-61	Jd 28Sep61 fr 2d1stCoStagBn MCB CampDn Cal 11Sep61 emb abd USS General M. MITCHELL (TAF-114) at SDiego Calif lep CONUS 11Sep61 arr idsemb Naha Okinawa 27Sep61 TD estab as Oct62 To S&FD 11Sep61
19Dec61	237-61	Ch pri MOS - MOS's are now 0848/3516/none
1		Pro to Sgt E-5 11Dec61 to rk fr 1Dec61 auth ALMAR 28-61
4Jan62	1-62	To TAD 0100 4Jan62 in conn w/Emerg lv CONUS
9Feb62	20-62	Fr TAD 0600 9Feb62 6Jan62 to 30Jan62 on lv CONUS Excess lv 21Jan62 to 30Jan62 10Jan62 Ck P&A 31Jan62 to 5Feb62 awtg Govt Trans 6Feb62 emb abd Govt Acft at Travis AFB Calif 6Feb62 to 8Feb62 enr Okinawa 9Feb62 arr and disemb Kadra AFB Okinawa
OTHER INFORMATION		
13Mar62	36-62	SEE EXCLUSIVE ENTRY
1Jun62	55-62	Drop 29May62 tr to Btry C this Bn for du
30May62	70-62	Jd Hq Btry this Bn for du of 29May62

SECURITY INVEST. MADE YR MO DA			TYPE SECURITY INVESTIGATION		4	CODE		5	REPORTING UNIT CODE		7			8	
PAY ENTRY BASE DATE YR MO DA			CIVILIAN EDUCATION		10	CODE		11	CODE		12			14	
EXPIRATION OBL SERVICE YR MO DA			CIVILIAN OCCUPATION		16	CODE		17	SUBSISTENCE/COMRATS <input type="checkbox"/> - Not Applicable <input type="checkbox"/> S - Subsistence <input type="checkbox"/> C - Commuted Rations		18	RECEIVING BAG <input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No		19	
EXPIRATION ACTIVE SERVICE YR MO DA			MONITORED COMMAND		21	CODE		22	PAP LINE CODE		23	BILLET MOS		24	
			CURRENT JOB DESCRIPTION		25	CODE		26	SPL/PROF PAY CATEGORY		28	CODE		29	
CURRENT TOUR BEGAN YR MO DA					30			31	INCENTIVE PAY FOR HAZARDOUS DUTY		32	CODE		33	
DATE OF BIRTH YR MO DA			COUNTY HOME OF RECORD		34	CODE		35	STATE/COUNTRY HOME OF RECORD		36	CODE		38	
DATE OF ENLISTMENT YR MO DA			LENGTH OF CURRENT TERM		40	RELIGION		41	CODE		42	CONTRACT/DUTY LIMIT		43	
DATE OF PRESENT RANK YR MO DA			PULHES		47	CODE		48	CODE		49	FIRST ADDITIONAL MOS		51	
RANK			NAME		53	SERVICE NO.		54	COMPONENT/CLASS		56	PRIMARY MOS		55	
CODE			RACE/SEX		59	CODE		60	CITIZENSHIP		61	CODE		62	
ARR U.S./DEPN AUTH YR MO DA			(Officers only)		65	GCT SCORE		66	RV SCORE		67	AC SCORE		68	
ARR U.S. (OFFICERS-DEPN NOT AUTH) (ENL-WITHOUT DEPN) YR MO DA			71		COMBAT SERVICE CODE <input type="checkbox"/> - Not Applicable 1 - World War II 2 - Korea 4 - W W II & Korea		EX-PRISONER OF WAR <input type="checkbox"/> - Not Applicable A - Japan B - Philippines C - Europe		CODE (AREAS HELD) D - So. Pacific E - Korea F - China G - Japan - Korea		H - Japan - China I - Philippines - Korea J - Philippines - China K - Europe - Korea		L - Europe - China M - So. Pacific - China N - So. Pacific - Korea		72
ACTIVE DUTY BEGAN YR MO DA			FIRST FOREIGN LANGUAGE		74	CODE		75	SECOND FOREIGN LANGUAGE		76	THIRD FOREIGN LANGUAGE		77	
DATE FORM COMPLETED YR MO DA			81		82		83		84		85		HEIGHT (Inches)		86
			<input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No		<input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No		<input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No		<input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No		<input type="checkbox"/> - Not Applicable <input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No				3
#1 DEPENDENT (Relationship)			STATE/COUNTRY WHERE LOCATED		87	CODE		88	YR OF BIRTH		89	#2 DEPENDENT (Relationship)		91	
#3 DEPENDENT (Relationship)			STATE/COUNTRY WHERE LOCATED		96	CODE		97	YR OF BIRTH		98	#4 DEPENDENT (Relationship)		100	
#5 DEPENDENT (Relationship)			STATE/COUNTRY WHERE LOCATED		105	CODE		106	YR OF BIRTH		107	#6 DEPENDENT (Relationship)		109	
#7 DEPENDENT (Relationship)			STATE/COUNTRY WHERE LOCATED		114	CODE		115	YR OF BIRTH		116	#8 DEPENDENT (Relationship)		118	
#9 DEPENDENT (Relationship)			STATE/COUNTRY WHERE LOCATED		123	CODE		124	YR OF BIRTH		125	#10 DEPENDENT (Relationship)		127	

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS - 608 (Rev. 2-51)

(Check one)
 START CHANGE IN DEPENDENTS

SERVICE NUMBER: 1666106
LAST NAME OF ENLISTED MEMBER: WHITE
(First) Roscoe
(Middle) A.
RATE: Cpl (E-4)

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? YES NO

SHIP OR STATION PREPARING THIS APPLICATION: Headquarters Battery, 2d Battalion, 11th Marines, 1st Marine Division (Reinforced), Fleet Marine Force, Camp Pendleton, California

DATE OF THIS APPLICATION: 14 December 1960
DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 23 December 1959
DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 22 December 1959

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo., Year)	DATE ALLOWANCE CLAIMED FROM
1.	Geneva Ruth WHITE		Wife		Previous Claimed
2.	Roscoe Anthony WHITE JR	-do-	Son		10Aug59
3.	Ricky Don WHITE	-do-	Son		24Nov60
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT: 2&3 Geneva Ruth WHITE
FULL NAME OF CUSTODIAN: Geneva Ruth WHITE
ADDRESS: [Blank]
RELATIONSHIP: Mother

DATE AND PLACE OF PRESENT MARRIAGE: 11Nov56, Hugo, Oklahoma
Have you been previously married? YES NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? YES NO
* If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT

Has your wife been previously married? YES NO
* If yes, GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

DEPENDENCY STATEMENT—(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)
I certify that _____ named above, has been dependent upon me for more than one-half of his or her support since _____ that during such period I have contributed to his or her support an average of \$_____ per month in cash or its equivalent without any consideration in return; that is his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged \$_____ per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged \$_____ per month.
(Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

- d. I am the unmarried widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____
 _____ ON _____ DATE _____
- e. All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.
- f. All children named are the legitimate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.
- NOTE—Section II—In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.
- g. I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.²
- h. I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.
- i. All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.²
- j. I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.
- k. I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331-1337 (formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948) and I have completed eight or more years of active duty as defined in subsection 101 (E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

² For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.

19. REMARKS

20. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to the availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense.

21. DATE OF APPLICATION 12Feb60	22. SIGNATURE OF APPLICANT <i>Roscoe A. White</i>
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NOTE: Penalty for presenting false claims or making false statements in connection with claims: fine of not more than \$10,000 or imprisonment for not more than five years or both, Act 25 June 1948, 18 U.S.C. 287, 1001.

SECTION IV—VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED, AND EXPIRATION DATE OF ELIGIBILITY FOR EACH NAMED PERSON IS VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 23.

23. MAILING ADDRESS OF VERIFYING OFFICER Btry 2dBn 11thMar 1stMarDiv (Rein), FMF	24. TYPED NAME, GRADE AND TITLE D. J. BLAUL ExecO	25. SIGNATURE <i>D. J. Blaul</i>
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SECTION V—AUTHENTICATION BY ISSUING AGENCY

26. ORGANIZATION OF ISSUING OFFICER PROVOST MARSHAL MGB, Camp Pendleton, Calif.	27. TYPED NAME, GRADE AND TITLE G. E. PETRO MAJ USMC	28. SIGNATURE <i>G. E. Petro</i>
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STATEMENT OF UNDERSTANDING OF MILITARY OBLIGATION ASSUMED BY ME UPON MY ENLISTMENT IN THE MARINE CORPS OR MARINE CORPS RESERVE

PLACE USMC RS DALLAS, TEXAS

DATE 18 FEBRUARY 1957

I, Roscoe Anthony WHITE, being an applicant for enlistment in the Marine Corps (Reserve), hereby state that there has been explained to me and that I fully understand that upon my enlistment I shall assume the obligations and responsibilities stated herein:

- a. That upon my enlistment I assume a total of six year military obligation. Any portion of that 6-year period not served on active duty must be served as a member of the Marine Corps Reserve (unless I am sooner discharged by competent authority).
- b. That upon my becoming a member of the Reserve (either by enlistment there in or transfer thereto from the Regular Marine Corps) I will be placed in the Ready Reserve.
- c. That as a member of the Ready Reserve I may be required: (1) to participate in not less than 48 scheduled drill or training periods and to perform not more than 17 days of active duty for training each year, or: (2) perform annually not more than 30 days of active duty for training. If I fail to perform satisfactorily one or the other of the above in any year, I may be ordered, without my consent, to perform additional active duty for training for not more than 45 days.
- d. That, except in time of war or national emergency, I will be transferred to the Standby Reserve if I am not serving on active duty and if my active duty service in the Ready Reserve totals not less than five years; and that, as a member of the Standby Reserve, I will not be subject to the reserve training requirements stated herein.
- e. That, as a member of the Ready Reserve, I will be liable for involuntary call to active duty in time of future national emergency proclaimed by the President of the United States and may be required to serve for not more than 24 months; and that in time of national emergency or war declared by Congress of the United States, I may be required to serve for the duration of that national emergency or war and for six-months thereafter.
- f. That as a member of the Standby Reserve, I will be liable for involuntary call to active duty ONLY in time of war or national emergency declared by the Congress of the United States.

Roscoe Anthony White
(SIGNATURE OF APPLICANT)

WHITE

Roscoe

Anthony

1666106

LEAVE RECORD
(Dates under PERIOD are inclusive)

PERIOD		REMARKS	TYPE	DEDUCTIONS	CHANGE		BALANCE		SIGNATURE OF CERTIFYING OFFICER
From—	To—				Cr.	Dr.	Due	Adv.	
23Dec59	- - -	Record Opened	IE		00	00	20 ^x	00	<i>[Signature]</i> CO
24Dec59	22Jan60	On lv	An			30 ^x		10 ^x	<i>[Signature]</i> Bvdir
23Dec59	30Jun60	Accrued	An		16 ^x		06 ^x		<i>[Signature]</i> Bvdir
18Dec60	6Jan61	on lv	An		00	20 ^x	00	14 ^x	<i>[Signature]</i> CO
22Feb61	13Mar61	On lv	An		00	20 ^x	00	34 ^x	<i>[Signature]</i> CO
22Mar61	24Mar61	On lv	An		00	03 ^x	00	37 ^x	<i>[Signature]</i> CO
1Jul60	30Jun61	AcLv	An		30 ^x	00	00	07 ^x	<i>[Signature]</i> Bvdir
20Jul61	11Aug61	On lv	An			23 ^x	00	30 ^x	<i>[Signature]</i> Bvdir
6Jan62	30Jan62	OnLv	Em		00	25 ^x	00	55 ^x	<i>[Signature]</i> CO
21Jan62	30Jan62	CkExLv	Sp		10 ^x	00	00	45 ^x	<i>[Signature]</i> CO
21Jan62	30Jan62	LvDed(Ex)		1 ^x				46	<i>[Signature]</i> CO
1Jul61	30Jun62	AcLv 30-1	An		30 ^x	00	00	15 ^x	<i>[Signature]</i> Bvdir
1Jul62	1Dec62	Dis	Sp		12	00			
3Nov62	18Nov62	On lv	An		00	16 ^x	00	231	<i>[Signature]</i> Bvdir
1Jul62	4Dec62	Dis	Sp		13 ^x	00	00	218	<i>[Signature]</i> Bvdir
		Adv shifted to excess and checkage made on	CO	Pay Order No.			8-63		<i>[Signature]</i> Bvdir
19Nov62	25Nov62	ON LV				07 ^x		24 ^x	
							Checked	25	
							EX LV		

WHITE
(LAST NAME)
NAVMC 118(16)-PD

Roscoe
(First)

Anthony
(Middle)

1666106
(Service No.)

LEAVE RECORD

PERIOD (Dates are inclusive)		REMARKS	TYPE	DEDUC-TIONS	CHANGE		BALANCE		SIGNATURE OF CERTIFYING OFFICER
FROM	TO				CR.	DR.	DUE	ADV.	
				1				45	
1 JUL 61	30 JUN 62	DCLN (30-1)	DM		27			16	
3 NOV 62	25 NOV 62	DM	DM			23		39	
1 JUL 62	4 DEC 62	DCLN	SP		13			26	
4 DEC 62	- -	EX L1 (DED)	SP	2 1/2				28 1/2	
		EX L1 CKD	SP					29	

NAME (Last) _____ (First) _____ (Middle) _____ SERVICE NO. _____

MISCELLANEOUS INFORMATION AND INDEX

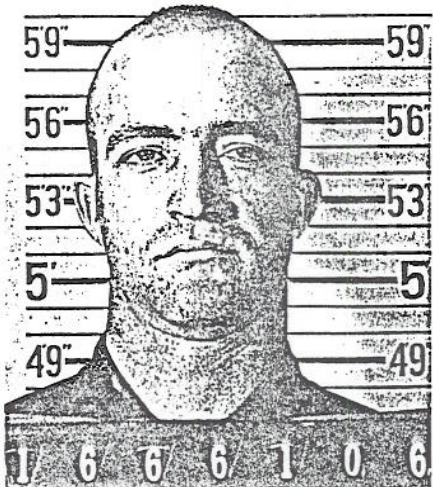
MISCELLANEOUS INFORMATION

SS# 429-60-3576

HEIGHT 69 1/4 INCHES	WEIGHT 148 LBS.	COLOR EYES Blue	COLOR HAIR Brown	DATE 19 Feb 57						
PHYSICAL PROFILE			ANNUAL ADMINISTRATIVE AUDIT COMPLETED							
DATE	P	U	L	H	E	S	CODE	SIGNATURE	DATE	SIGNATURE AND RANK
20 Feb 57	1	1	1	1	1	1	A	<i>[Signature]</i>	16 Oct 58	<i>[Signature]</i> Lt Col USMC
5-6-57	1	1	1	1	1	1	A	<i>[Signature]</i>	15 Feb 57	<i>[Signature]</i> 1st Lt USMC
TOTAL SEA AND FOREIGN DUTY					REENLISTMENT BONUS:					
YEARS:	MONTHS:				(a) Paid \$ <u>None</u> reenlistment bonus for <u> </u> (Date) for <u> </u> (Number) reenlistment.					
DATE LAST RETURNED CONTINENTAL LIMITS OF U. S.	PEBD				(b) Prev pd \$ <u>None</u> total amt of ree'l bonuses to include <u> </u> (Amount) (Number) reenlistment.					
19 Feb 57					SIGNATURE: <i>[Signature]</i>					
DATES IDENTIFICATION CARDS ISSUED					DATE: <u>16 Oct 58</u>					
4 Nov 58 MAY 10 1957					Articles UCMJ explained to me this date as required by Article 137, UCMJ.					
DATE ID TAGS ISSUED: <u>Nov 10 1957</u>					<i>[Signature]</i> Roscoe A. White (Signature)					
BLOOD TYPE: <u>A</u>					<i>[Signature]</i> Roscoe A. White (Signature)					
GAS MASK SIZE: <u>M/L</u>					Articles UCMJ explained to me this date as required by Article 137, UCMJ.					
DEPOSIT RECORD BOOK NO:					<i>[Signature]</i> Roscoe A. White (Signature)					
CLASS SWIMMER: <u>90</u>										

INDEX

STANDARD PAGES	CHECK (✓)	DOCUMENTS INSERTED (Continued)		INITIAL
		INITIAL PAGE	A	
ENLISTMENT CONTRACT NAVMC 118(2)-PD	X			
RECORD OF SERVICE NAVMC 118(3)-PD	X			
FITNESS REPORTS SUBMITTED NAVMC 118(4)-PD				
PROMOTION AND REDUCTION NAVMC 118(5)-PD	X			
TIME LOST; ALLOTMENT; WEAPONS FIRING NAVMC 118(6)-PD	X			
INDIVIDUAL TRAINING RECORD NAVMC 118(7)-PD	X			
OCCUPATIONAL SPECIALTY AND EDUCATION NAVMC 118(8)-PD	X			
COMBAT RECORD—MEDALS NAVMC 118(9)-PD	X			
ADMINISTRATIVE REMARKS NAVMC 118(11)-PD	X			
OFFENSES AND PUNISHMENT NAVMC 118(12)-PD	X			
COURT MEMORANDA NAVMC 118(13)-PD				
EMERGENCY DATA DD FORM 93	X			
LEAVE RECORD NAVMC 118(16)-PD	X			
SEA AND AIR TRAVEL NAVMC 118(17)-PD	X			
RECORD OF INDIVIDUAL RIFLE NAVMC 118(20)-SD				
DEPENDENT TRAVEL RECORD NAVMC 118(21)-SD				
DOCUMENTS INSERTED		INITIAL		
Statement of Mil Obligation		<i>[Signature]</i>		
Draft Statement		<i>[Signature]</i>		
Draft Notification		<i>[Signature]</i>		
Assignment to EAD Orders		<i>[Signature]</i>		
G.C. CARD 528		<i>[Signature]</i>		
DD 1171		<i>[Signature]</i>		
SIGNATURE OF MAKING (EXCEPT PHOTOGRAPHER)		<i>[Signature]</i> Roscoe A. White		
DATE OF PHOTOGRAPH		MAR 2 1957		
NAME (Last)	(First)	(Middle)	SERVICE NO.	
WHITE	Roscoe	Anthony	1666106	



ADMINISTRATIVE REMARKS

INSTRUCTION 11, CODE OF CONDUCT, FOR
MEMBERS OF THE ARMED FORCES OF
THE UNITED STATES COMPLETED ON
15 Aug 58 AS REQUIRED

W. H. Huggler 1st Lt. By direction
15 Aug 58: VMO-2, MAG(HR)(L)-16, 1stMAW
FMF, c/o FPO, SFRAN
Issued Government Operator Permit
#1038 on 23 Sep 57, Expires 23 Sep 59.
Trk to (2) ton, 29 Passenger Bus.
P. G. Dyer
P. G. DYER, Major, USMC

15 Aug 58: VMO-2, MAG(HR)(L)-16, 1stMAW
FMF, c/o FPO, SFRAN
Nominated as Marine of the Month for
the month of June 1958.
P. G. DYER, Major, USMC

22 Aug 58: VMO-2, MAG(HR)(L)-16, 1stMAW, FMF,
c/o FPO, San Francisco, California,
Selected as squadron and MAG-16 Marine of
the Month and nominated for 1stMAW Marine
of the Month for June 1958.
P. G. Dyer
P. G. DYER, Major, USMC CO

19 Feb 57. Assigned to extended active
duty in accordance with MCO 1001.3A
P. G. Dyer CO

27 Oct 58: "E" Btry 2dBn 11thMar(Rein)
1stMarDiv(Rein), FMF CamPen, California
This is to certify that I Cpl.
Roscoe A. WHITE this date did buy
two (2) tropical shirts from
Pvt. Benny D. NORMAN.
Roscoe A. White
ROSCOE A. WHITE

E-2-11 1stMarDiv(Rein) FMF
Joining audit conducted this date and
corrective action taken.
J. C. Williams 1st Lt USMC

23 Oct 59: "E" Btry 2dBn 11thMar
1stMarDiv(Rein), FMF CamPen. Issued
Government Operator's permit #1817
on 23 Sep 59 to expire 22 Sep 61.
Trk to 2 1/2 Ton Bus 37 passenger and
camp hauling vehicles.
S. E. Williams
S. E. WILLIAMS Plt Ldr ByDir

WHITE (LAST NAME) ROSCOE (First) Anthony (Middle) 1666106 (Serial No.)

REPLY CONCERNING MILITARY RECORDS

DATE 12-2-81

RE: White, Ricky A

THE REPLY TO THE INQUIRY WILL BE FOUND IN THE CHECKED ITEM(S). IF YOU WRITE TO US AGAIN ON THIS SUBJECT, PLEASE RETURN YOUR ORIGINAL REQUEST, THIS FORM, AND ANY OTHER FORM YOU COMPLETE.

Copies of requested military personnel medical records are attached. We suggest you make an extra copy and guard against loss or damage. We regret if any photocopies may be of poor quality, but they are the best copies obtainable.

The attached separation document may include the following information: authority for separation, reason for separation, Reenlistment Eligibility Code, and Separation (SPN/SPD) Code. If you require a copy of the separation document that does not contain the above information, you may request a deleted copy from this Center.

The Privacy Act of 1974 does not permit the release of a social security number or other personal information to the public without the authorization of the veteran concerned; therefore, we have deleted personal identifying data relating to other persons.

The Reenlistment Eligibility (RE) Code issued upon release from active duty on _____ is _____.

The reason and authority for separation from active duty/discharge on _____ is _____.

The record of service in the _____ indicates being in a POW status from _____ to _____.

Military personnel, upon discharge from the Armed Forces, are issued discharge certificates. These certificates are prepared in the original only; therefore, copies cannot be furnished. The law does provide that upon presentation of satisfactory proof of loss (such as a signed statement), an honorably discharged veteran or the surviving spouse may be given a "certificate in lieu of lost or destroyed discharge." We are unable to issue a certificate in lieu to anyone other than as provided by law.

The document you have requested, DD Form 214, Report of Separation, was not used until Jan. 1, 1950. However, a similar form was used at the time the person named above was separated. A copy of it is attached.

When the person named above was separated, it was not the practice to issue a document which served as a report of separation.

The original Report of Separation was issued at the time of separation. Another original cannot be issued. The attached copy, however, will serve the same purpose as the original.

No Report of Separation was issued since the person named above had no active service, or less than 90 days of active duty for training.

The service record of the person named above does not contain a copy of a Report of Separation, or its equivalent. Therefore, we are instead furnishing the attached NA Form 13038, Certification of Military Service. This will serve as verification of military service and may be used for any official purpose.

That portion of your request seeking medals/awards has been referred to the office checked below. That office has jurisdiction over the issuance of medals/awards. Any further correspondence on this subject should be addressed to that office.

ARPERCEN, Attn: DARP-PAS-EAW Navy Liaison Office, Room 3475, N-314 9700 Page Blvd., St. Louis, MO 63132

The medical records you request The documents you request pertaining to discharge have been lent to the Veterans Administration and may be obtained from the VA office shown below.

According to the provisions of DoD Directive 5400.11, we cannot release a portion of the medical records you have requested. They contain information that can be interpreted and explained properly only by a physician. If you wish us to send copies to a designated physician, please furnish us with the name and address of that physician. *The request MUST INCLUDE the service person's written consent (signature), authorizing the release of the records to the designated physician.

Ricky White

NCPM N-C
L. Spencer
[Signature]

NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Boulevard
St. Louis, Missouri 63132

REFUND: Mark N/A to the items below which are not applicable.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME WHITE, Roscoe Anthony		2. SERVICE NUMBER 1666106		3a. GRADE OR RANK Sgt (E-5)		3b. DATE OF RANK (Day, Month, Year) 1 Nov 61			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC		5. PLACE OF BIRTH (City and State of Country) Glenwood, Arkansas			6. DATE OF BIRTH 18 Nov 35				
	7a. RACE Caucasian		7b. SEX Male	7c. COLOR HAIR Brown	7d. COLOR EYES Brown	7e. HEIGHT 69"	7f. WEIGHT 195	7g. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7h. MARITAL STATUS Married	
TRANSFER OR DISCHARGE DATA	10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED High School - 4		10b. MAJOR COURSE OR FIELD Agriculture							
	11a. TYPE OF TRANSFER OR DISCHARGE Discharge				11b. STATION OR INSTALLATION AT WHICH EFFECTED MARTD MARTC NAS Dallas, Texas					
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND MARTD MARTC NAS Dallas, Texas							12a. CHARACTER OF SERVICE HONORABLE	12b. TYPE OF OCCASIONAL ISSUE DD 217 MC DD 256 MC	
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER N/A		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE N/A							
	16. DATE INDUCTED N/A									
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED Director, 8th Marine Corps Reserve Recruitment District, New Orleans, Louisiana									
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION DAY MONTH YEAR 18 Feb 63		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:				19b. TERM OF SERVICE (Years) 6		19c. DATE OF ENTRY DAY MONTH YEAR 23 Dec 59	
	20. PRIOR REGULAR ENLISTMENTS One		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Corporal (E-4)			22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Camp Pendleton, California				
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) Paris, Lamar, Texas									
	25a. SPECIALTY NUMBER AND TITLE 0848 - Field Artillery Operations Assistant		25b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER Surveyor (profess & kin) 0-64.10							
	24a. CREDITABLE FOR BASIC PAY PURPOSES			24b. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
	24c. TOTAL ACTIVE SERVICE			24d. FOREIGN AND/OR SEA SERVICE			02	11	11	
	24e. TOTAL ACTIVE SERVICE			24f. FOREIGN AND/OR SEA SERVICE			02	10	04	
	24g. TOTAL ACTIVE SERVICE			24h. FOREIGN AND/OR SEA SERVICE			05	09	15	
	24i. TOTAL ACTIVE SERVICE			24j. FOREIGN AND/OR SEA SERVICE			01	01	19	
	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED 1st Award - Good Conduct Medal - 18Feb60									
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) N/A										
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED										
SCHOOL OR COURSE Artillery Ballistic & Meteorology			DATES (From - To) 1960			MAJOR COURSES Artillery Ballistic & Meteorology			29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED N/A	
VA DATA	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30b. AMOUNT OF ALLOTMENT N/A			30c. MONTH ALLOTMENT DISCONTINUED N/A				
	31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None		31b. VA CLAIM NUMBER N/A			31c. VA CLAIM NUMBER N/A				
AUTHENTICATION	32. REMARKS Recommended for Reenlistment No lump-sum leave settlement due 18 days in an excess leave status Social Security No. 429-60-3576 Speedletter DFB2/2-clw-20 dtd 13Nov62									
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)					34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Roscoe A White</i>				
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER SMITH SWEENEY, 1stLt., USMC, Adjutant					35b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Smith Sweeney</i>					

DD FORM 1 NOV 55 214

REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

2



UNITED STATES MARINE CORPS
ENLISTMENT CONTRACT AND RECORD

NAVIC 118 (2)-PD (REV. 4-51)

1. LAST NAME—FIRST NAME—MIDDLE NAME WHITE, Roscoe Anthony			2. RACE Caucasian	3. SERVICE NO. 1666106	4. COMPONENT USMC
5. DATE OF BIRTH		6. PLACE OF BIRTH (City) (State or country)		7. RELIGION	8. CITIZENSHIP
DAY 18	MONTH Nov	YEAR 35	Glenwood Arkansas	Baptist	U. S.
9. SEX Male					

10. HOME OF RECORD AT TIME OF ENLISTMENT

STREET AND NUMBER OR R. F. D. NUMBER ()	CITY OR TOWN Paris	COUNTY OR PARISH Lamar	STATE OR COUNTRY Texas
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11. PLACE AT WHICH ENLISTED (City and State) Camp Pendleton, California	12. EFFECTIVE DATE OF ENLISTMENT	13. CONTRACT LIMITATION (if any)
	DAY MONTH YEAR 23 December 59	None

ENTRIES AS TO PREVIOUS SERVICE

14. DATE ENLISTED	15. DATE DISCHARGED	16. REASON	17. TIME LOST		18. BRANCH OF SERVICE	19. SERVICE NO.	20. TYPE OF DISCHARGE
			DAYS	CAUSE			
19Feb57	22Dec59	CofG	00		USMCR(C)	1666106	HONORABLE

21. RANK TO WHICH APPOINTED OR REAPPOINTED
Corporal (E-4)

22. ~~XXXXXX~~ **Retained at: "E" Btry 2d Bn 11th Mar 1st Mar Div (Rein), FMF Camp Pendleton, California**

23. I certify that I have carefully examined the above named applicant and find that in my opinion he is physically and mentally qualified for enlistment under existing regulations.

24. For and in consideration of the pay or wages due in the grades which may from time to time be assigned me during the continuance of my service, I do hereby acknowledge to have voluntarily enlisted as a private in the United States Marine Corps (~~XXXXXX~~), and I agree to and with D. J. BLAUT of the United States Marine Corps (~~XXXXXX~~) as follows:
(Name of recruiting officer)

25. To enter the service of the United States Marine Corps and to report to such post or station of the Marine Corps as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

26. I oblige and subject myself to serve unless sooner discharged by proper authority

WORD Six	YEARS	FIGURE 6	YEARS
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(Word and figure to be in applicant's handwriting.)

27. In the event of war or national emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of that war or national emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment.

28. I am of legal age to enlist; I have never been found guilty of a crime except as stated by me to the recruiting officer; I have never deserted from any of the Armed Forces of the United States, and have never been discharged therefrom for any reason other than recorded herein.

29. I understand that upon enlistment in the Marine Corps Reserve, or upon transfer or assignment thereto, I may not be ordered to active duty without my consent except in time of war, or when in the opinion of the President a national emergency exists, or when otherwise prescribed by law, and that I may be required to perform active duty during such periods.

30. I HAVE HAD THIS CONTRACT FULLY EXPLAINED TO ME. I UNDERSTAND IT, AND CERTIFY THAT NO PROMISE OF ANY KIND HAS BEEN MADE TO ME CONCERNING ASSIGNMENT TO DUTY, OR PROMOTION DURING MY ENLISTMENT.

31. Oath of Enlistment: I 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 I do further swear (or affirm) that all statements made by me, as now given in this record, are correct.

SIGNATURE Roscoe Anthony White
(First name) (Middle name) (Last name)

Subscribed and sworn to before me this 23rd day of December, A. D. 1959

SIGNATURE AND RANK OF RECRUITING OFFICER Daniel J. Blaut **1st Lt USMC**