

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			(Amount) (Date) (Number)							
FEED 17 Feb 57			(b) Prev pd \$ None total amt of reenl bonuses to include None reenlistment.							
DATES IDENTIFICATION CARDS ISSUED 23 Dec 59			(Amount) (Number)							
17 Feb 60										
DATE ID TAGS ISSUED: 10 May 57			SIGNATURE: <i>[Signature]</i> CO							
BLOOD TYPE: A			DATE: 23 Dec 59							
GAS MASK SIZE: ML			Articles UCMJ explained to me this date as required by Article 137, UCMJ.							
DEPOSIT RECORD BOOK NO:			<i>Roscoe A. White</i> (Signature)							
CLASS SWIMMER: 2nd										
			Articles UCMJ explained to me this date as required by Article 137, UCMJ.							

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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**TIME LOST, ALLOTMENTS, WEAPONS FIRING RECORD, MISCELLANEOUS MARKSMANSHIP**

TIME LOST (Inclusive dates)			
FROM—	TO—	NUMBER OF DAYS	CAUSE (Confinement, sick-misconduct, AWOL)

Time lost, sick-misconduct verified from Health Record

USMC, Certifying Officer.

ALLOTMENTS						
PURPOSE	FIRST CHECKAGE (Month—Year)	NUMBER MONTHS	AMOUNT	ALLOTTEE	LAST CHECKAGE (Month—Year)	REASON FOR STOPPAGE
Q	6/59	Ind		Geneva R. WHITE	Jun60	NewAllotReg
Q	7/60	Ind		Geneva R. WHITE		
L	3/62	10		American National Red Cross	12/62	

WEAPONS FIRING RECORD						
RANGE	DATE	COURSE	WEAPON	FINAL QUALIFICATION	SIGNATURE OF CERTIFYING OFFICER	
Range 116 CPen	24 Jul 59	"A"	M-1	226 EX	/s/ R. C. Bratton Bvdir	
Range 116 CamPen	10 Jun 60	"A"	M-1	218 SS	/s/ [Signature] Bvdir	
MGB, 29 Palms, Calif.	16 Jun 61	"A"	M-1	227 EX	/s/ [Signature] Bvdir	
Camp Hansen, Okla.	20 Jul 62	"A"	M-1	220 EX	/s/ [Signature] Bvdir	

MISCELLANEOUS MARKSMANSHIP	
(Show Navy gunnery record, prizes awarded, credits for distinguished rifleman, etc.)	

NAME (Last) WHITE (First) Roscoe (Middle) Anthony SERVICE NO. 1666106

NAVMC 111(6) - PD (REV. 7-54) (REPLACES NAVMC 111(6) - PD AND NAVMC 111(14) - PD WHICH WILL NOT BE USED)





### 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> <small>(DATE LAST ENTRY)</small>	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
<u>Roscoe Anthony WHITE Jr</u> <u>Ricky Don WHITE</u>		<u>Same as item 10</u> <u>-do-</u>		YES	NO
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.	PERCENT OF PAY EACH MO	FIRST NAME—MIDDLE NAME—LAST NAME		ADDRESS	RELATIONSHIP
	<u>100%</u>	<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	FIRST NAME—MIDDLE NAME—LAST NAME		ADDRESS	RELATIONSHIP
	<u>100%</u>	<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**

<p>1. ACTIVITY Married 11 Nov 56, Hugo, Oklahoma</p>		<p>6. ACTIVITY</p>	
<p>Paid \$ _____ for Dependent Travel. DATE <b>MAR 15 1961</b></p> <p>FROM (City and State)</p>		<p>Paid \$ _____ for Dependent Travel. DATE</p> <p>FROM (City and State)</p>	
<p>I certify that I have not been reimbursed TO (City and State) for dependents travel prior to above date.</p>		<p>TO (City and State)</p>	
<p>DISBURSING OFFICER SYMBOL</p>	<p>BY (Signature) <i>Karel A. White</i></p>	<p>DISBURSING OFFICER SYMBOL</p>	<p>BY (Signature)</p>
<p>2. ACTIVITY</p> <p>Disbursing Office, MCB, 29 Palms, Calif. DLA \$96.90 Det 21 Feb 61</p> <p>Paid \$ <u>9.72</u> for Dependent Travel. DATE <b>MAR 15 1961</b></p> <p>FROM (City and State) Paris, Texas (Camp Pendleton, Calif. (lesser))</p> <p>TO (City and State) Twentynine Palms, Calif.</p> <p>DISBURSING OFFICER SYMBOL <b>D6816</b></p> <p>BY (Signature) <i>R. E. REATA</i> By: _____</p>		<p>7. ACTIVITY</p>	
<p>3. ACTIVITY</p> <p>BASE DISBURSING OFFICE CAMP PENDLETON, CALIF.</p> <p>Pd DLA 96.90 Det 7/15/61</p> <p>Paid \$ <u>89.16</u> for Dependent Travel. DATE <b>8-16-61</b></p> <p>FROM (City and State) 29 Palms Calif.</p> <p>TO (City and State) Paris Texas</p> <p>DISBURSING OFFICER SYMBOL <b>B5167</b></p> <p>BY (Signature) <i>R. J. ANTHONY</i> A. J. COAN, AGENT CASHIER</p>		<p>8. ACTIVITY</p>	
<p>4. ACTIVITY</p>		<p>9. ACTIVITY</p>	
<p>Paid \$ _____ for Dependent Travel. DATE</p> <p>FROM (City and State)</p>		<p>Paid \$ _____ for Dependent Travel. DATE</p> <p>FROM (City and State)</p>	
<p>TO (City and State)</p>		<p>TO (City and State)</p>	
<p>DISBURSING OFFICER SYMBOL</p>	<p>BY (Signature)</p>	<p>DISBURSING OFFICER SYMBOL</p>	<p>BY (Signature)</p>
<p>5. ACTIVITY</p>		<p>10. ACTIVITY</p>	
<p>Paid \$ _____ for Dependent Travel. DATE</p> <p>FROM (City and State)</p>		<p>Paid \$ _____ for Dependent Travel. DATE</p> <p>FROM (City and State)</p>	
<p>TO (City and State)</p>		<p>TO (City and State)</p>	
<p>DISBURSING OFFICER SYMBOL</p>	<p>BY (Signature)</p>	<p>DISBURSING OFFICER SYMBOL</p>	<p>BY (Signature)</p>
<p>NAME (Last)</p> <p><b>WHITE</b></p>	<p>(First)</p> <p><b>Roscoe</b></p>	<p>(Middle)</p> <p><b>A</b></p>	<p>SERVICE NO.</p> <p><b>1666106</b></p>



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		<del>1st Mar Div 121</del> 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					<del>1st MOS 0817</del>		
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		RANK		NAME	
59 05 01		111111		3516		Sgt E5		WHITE Roscoe Anthony	
DATE OF BIRTH YR MO DA		GCT SCORE		RV SCORE		AC SCORE		AR SCORE	
35 11 18		119		112		108		104	
ARR U.S. / DEPN AUTH YR MO DA		COMBAT SERVICE CODE		EX-PRISONER OF WAR CODE (AREAS HFLD)		H - Japan - China		L - Europe - China	
58 09 02		<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	
62 10 29						J - Philippines - 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 ADJ 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 ACQU IN ARMED FORCES AS AN OFFICER		LAST OVERSEAS TOUR FMPT	
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	
#1 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH		#2 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED	
Wife		Calif Texas		41		Son		Calif Texas	
#3 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH		#4 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED	
Son		Calif Texas		60					
#5 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH		#6 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED	
#7 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH		#8 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED	
#9 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED		YR OF BIRTH		#10 DEPENDENT (Relationship)		STATE/COUNTRY WHERE LOCATED	



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	19-61	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 1tr 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 2dter1CoStagBn MCB CampDn Cal 11Sep61 emb abd USS General M. MITCHELL (TAF-114) at SDiego Calif rep 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 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		CODE		REPORTING UNIT CODE		
PAY ENTRY BASE DATE YR MO DA			CIVILIAN EDUCATION		CODE		CODE		
EXPIRATION OBL SERVICE YR MO DA			CIVILIAN OCCUPATION		CODE		SUBSISTENCE/COMRATS <input type="checkbox"/> Not Applicable <input type="checkbox"/> Subsistence <input type="checkbox"/> Commuted Rations		RECEIVING BAG <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
EXPIRATION ACTIVE SERVICE YR MO DA			MONITORED COMMAND		CODE		PAP LINE CODE		BILLET MOS
CURRENT JOB DESCRIPTION					CODE		SPL/PROF PAY CATEGORY		CODE
CURRENT TOUR BEGAN YR MO DA							INCENTIVE PAY FOR HAZARDOUS DUTY		CODE
DATE OF BIRTH YR MO DA			COUNTY HOME OF RECORD		CODE		STATE/COUNTRY HOME OF RECORD		
DATE OF ENLISTMENT YR MO DA			LENGTH OF CURRENT TERM		RELIGION		CODE		CONTRACT/DUTY LIMIT
DATE OF PRESENT RANK YR MO DA			PULHES		CODE		CODE		FIRST ADDITIONAL MOS
RANK			NAME		SERVICE NO.		COMPONENT/CLASS		PRIMARY MOS
CODE			RACE/SEX		CODE		CITIZENSHIP		CODE
ARR U.S./DEPN AUTH YR MO DA			(Officers only)		GCT SCORE		RV SCORE		AC SCORE
ARR U.S. (OFFICERS-DEPN NOT AUTH) (ENL-WITHOUT DEPN) YR MO DA			COMBAT SERVICE CODE <input type="checkbox"/> Not Applicable <input type="checkbox"/> 1-World War II <input type="checkbox"/> 2-Korea <input type="checkbox"/> 4-WW II & Korea		EX-PRISONER OF WAR <input type="checkbox"/> Not Applicable <input type="checkbox"/> A-Japan <input type="checkbox"/> B-Philippines <input type="checkbox"/> 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
ACTIVE DUTY BEGAN YR MO DA			FIRST FOREIGN LANGUAGE		CODE		SECOND FOREIGN LANGUAGE		CODE
DATE FORM COMPLETED YR MO DA			ALL REPORTING TO EAG W/PRIOR ARMED FORCES ACT SERVE <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No		ANY PRIOR ACTIVE OR INACTIVE SERVICE IN THE RESERVE FORCES OR OTHER BRANCHES OF THE ARMED FORCES? <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No		IF ENLISTED, ANY ACQU IN ARMED FORCES AS AN OFFICER? <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No		LAST OVERSEAS TOUR PMPT <input type="checkbox"/> Not Applicable <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
#1 DEPENDENT (Relationship)			STATE/COUNTRY WHERE LOCATED		CODE		YR OF BIRTH		#2 DEPENDENT (Relationship)
#3 DEPENDENT (Relationship)			STATE/COUNTRY WHERE LOCATED		CODE		YR OF BIRTH		#4 DEPENDENT (Relationship)
#5 DEPENDENT (Relationship)			STATE/COUNTRY WHERE LOCATED		CODE		YR OF BIRTH		#6 DEPENDENT (Relationship)
#7 DEPENDENT (Relationship)			STATE/COUNTRY WHERE LOCATED		CODE		YR OF BIRTH		#8 DEPENDENT (Relationship)
#9 DEPENDENT (Relationship)			STATE/COUNTRY WHERE LOCATED		CODE		YR OF BIRTH		#10 DEPENDENT (Relationship)







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

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

SHIP OR STATION PREPARING THIS APPLICATION

Headquarters Battery, 2d Battalion, 11th Marines  
 1st Marine Division (Reinforced), Fleet Marine Force  
 Camp Pendleton, California

	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  
 FULL NAME OF CUSTODIAN: Geneva Ruth WHITE  
 ADDRESS: \_\_\_\_\_  
 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



# APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGES CARD

*Form Approved,  
Budget Bureau No. 22-R174.*

## SECTION I—IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME—FIRST NAME—MIDDLE INITIAL OF APPLICANT <i>(uniformed services or civilian sponsor, if applicable)</i> <b>WHITE, Roscoe A</b>		2. MAILING ADDRESS <i>(No., Street, City and State) (Omit if sponsor is deceased)</i> <b>700 Stage Coach Lane Fallbrook, California</b>		3. TELEPHONE NUMBER HOME: <b>None</b> OFFICE: <b>None</b>	
4. STATUS <input checked="" type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> DECEASED AD <input type="checkbox"/> DECEASED RETIRED <input type="checkbox"/> OTHER <i>(Specify)</i>		5. GRADE—RATE—RANK <b>Cpl (E-4)</b>	6. BRANCH OF SERVICE <b>USMC</b>		7. SERVICE NUMBER <b>1666106</b>
8. DATE OF <i>(expiration of service or contract)</i> OR <i>(death)</i> <i>(if applicable)</i> <b>22Dec65</b>		9. REASON FOR APPLICATION <i>(Check applicable box)</i> <input type="checkbox"/> ORIGINAL CARD(S) <input checked="" type="checkbox"/> EXPIRATION OF CARD(S) <input type="checkbox"/> REPLACE LOST CARD(S) <input type="checkbox"/> DAMAGED CARD(S) <input type="checkbox"/> CORRECT AN ERROR, ETC. <i>(Explain circumstances surrounding loss or damage in item 19 Remarks)</i>			

## SECTION II—PERSONS FOR WHOM AUTHORIZATION IS REQUESTED *(include yourself when applicable)*

SECTION II—PERSONS FOR WHOM AUTHORIZATION IS REQUESTED <i>(include yourself when applicable)</i>						FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME—FIRST NAME—MIDDLE INITIAL <b>WHITE, Geneva R</b>	b. RELATIONSHIP <b>Wife</b>	c. COLOR EYES <b>Grey</b>	d. COLOR HAIR <b>Brown</b>	e. PRIVILEGE AUTHORIZED <sup>1</sup> <b>Unlimited</b>	f. CARD NO. ISSUED <b>1,905,503</b>	<b>MC(C)MC(US)</b>	<b>22Dec1965</b>
g. ADDRESS <b>700 Stage Coach Lane Fallbrook, California</b>	h. DATE OF BIRTH <b>14Jun41</b>	i. HEIGHT <b>5'2"</b>	j. WEIGHT <b>107</b>	k. EXPIRATION DATE <b>22Dec1965</b>	l. DATE ISSUED <b>17Feb1960</b>		
11a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED <sup>1</sup>	f. CARD NO. ISSUED		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED		
12a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED <sup>1</sup>	f. CARD NO. ISSUED		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED		
13a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED <sup>1</sup>	f. CARD NO. ISSUED		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED		
14a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED <sup>1</sup>	f. CARD NO. ISSUED		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED		
15a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED <sup>1</sup>	f. CARD NO. ISSUED		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED		
16a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED <sup>1</sup>	f. CARD NO. ISSUED		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED		

17. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
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## SECTION III—STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

18. I STATE: *(Check appropriate box or boxes and complete entries as applicable)*

a.  Lawful marriage to the spouse named took place at Hugo, Oklahoma on 11Nov56 PLACE DATE

b.  The lawful husband named is in fact dependent upon me for over one-half of his support.

c.  I am the unremarried widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at \_\_\_\_\_ on \_\_\_\_\_ PLACE DATE

<sup>1</sup> Abbreviated Privileges, i. e.: C—Commissary; T—Theater; EU—Exchange Unlimited; EL—Exchange Limited; MC(C)—Medical Care in Civilian Facilities; MC(US)—Medical Care in Uniformed Services Facilities



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 \_\_\_\_\_

PLACE 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.<sup>2</sup>

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.<sup>2</sup>

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 section 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:

<sup>2</sup> 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

Roscoe A. White

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

D. J. Blaul

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

G. E. Petro



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 <sup>x</sup>	00	<i>[Signature]</i> CO
24Dec59	22Jan60	On lv	An			30 <sup>x</sup>		10 <sup>x</sup>	<i>[Signature]</i> Bvdir
23Dec59	30Jun60	Accrued	An		16 <sup>x</sup>		06 <sup>x</sup>		<i>[Signature]</i> Bvdir
18Dec60	6Jan61	on lv	An		00	20 <sup>x</sup>	00	14 <sup>x</sup>	<i>[Signature]</i> CO
22Feb61	13Mar61	On lv	An		00	20 <sup>x</sup>	00	34 <sup>x</sup>	<i>[Signature]</i> CO
22Mar61	24Mar61	On lv	An		00	03 <sup>x</sup>	00	37 <sup>x</sup>	<i>[Signature]</i> CO
1Jul60	30Jun61	AcLv	An		30 <sup>x</sup>	00	00	07 <sup>x</sup>	<i>[Signature]</i> Bvdir
20Jul61	11Aug61	On lv	An			23 <sup>x</sup>	00	30 <sup>x</sup>	<i>[Signature]</i> Bvdir
6Jan62	30Jan62	OnLv	Em		00	25 <sup>x</sup>	00	55 <sup>x</sup>	<i>[Signature]</i> CO
21Jan62	30Jan62	CkExLv	Sp		10 <sup>x</sup>	00	00	45 <sup>x</sup>	<i>[Signature]</i> CO
21Jan62	30Jan62	LvDed(Ex)		1 <sup>x</sup>				46	<i>[Signature]</i> CO
1Jul61	30Jun62	AcLv 30-1	An		30 <sup>x</sup>	00	00	15 <sup>x</sup>	<i>[Signature]</i> Bvdir
<del>1Jul62</del>	<del>1Dec62</del>	<del>Dis</del>	<del>Sp</del>		<del>12</del>	<del>00</del>			
3Nov62	18Nov62	On lv	An		00	16 <sup>x</sup>	00	231	<i>[Signature]</i> Bvdir
1Jul62	4Dec62	Dis	Sp		13 <sup>x</sup>	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 <sup>x</sup>		24 <sup>x</sup>	
								25	
								25	

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	DCL (30-1)	DM		29			16	
3 NOV 62	25 NOV 62	DM	DM			23		39	
1 JUL 62	4 DEC 62	DCL	SP		13			26	
4 DEC 62	- -	EX L (DED)	SP	2 1/2				28 1/2	
		EX L (CKD)	SP					29	

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



MISCELLANEOUS INFORMATION AND INDEX

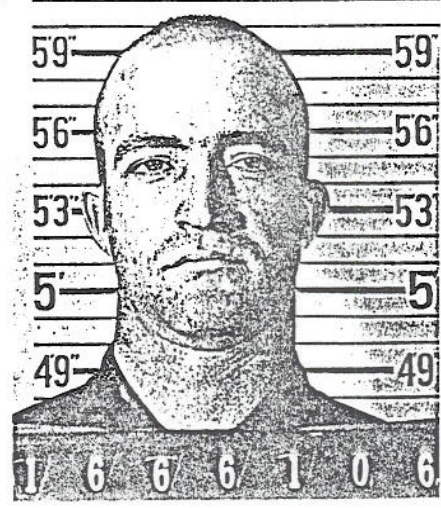
MISCELLANEOUS INFORMATION

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 reenl bonuses to include <u>        </u> (Amount) (Number) reenlistment.					
19 Feb 57					SIGNATURE: <i>[Signature]</i> DATE: <u>16 Oct 58</u>					
DATES IDENTIFICATION CARDS ISSUED					Articles UCMJ explained to me this date as required by Article 137, UCMJ.					
4 Nov 58 MAY 10 1957					<i>[Signature]</i> Roscoe A. White (Signature)					
DATE ID TAGS ISSUED: <u>Nov 10 1957</u>					Articles UCMJ explained to me this date as required by Article 137, UCMJ.					
BLOOD TYPE: <u>A</u>					<i>[Signature]</i> Roscoe A. White (Signature)					
GAS MASK SIZE: <u>M/L</u>										
DEPOSIT RECORD BOOK NO:										
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>		
<del>Draft Statement</del>		<i>[Signature]</i>		
<del>Draft Notification</del>		<i>[Signature]</i>		
Assignment to EAD Orders		<i>[Signature]</i>		
G.C. CARD 528		<i>[Signature]</i>		
DD 1171		<i>[Signature]</i>		
SIGNATURE (Last/First/Middle Initial)		DATE OF PHOTOGRAPH		
<i>[Signature]</i> Roscoe A. White		MAR 2 1957		
NAME (Last)	(First)	(Middle)	SERVICE NO.	
WHITE	Roscoe	Anthony	1666106	













**ADMINISTRATIVE REMARKS**

INSTRUCTION IN CODE OF CONDUCT FOR  
MEMBERS OF THE ARMED FORCES OF  
THE UNITED STATES COMPLETED ON  
17 Nov 57 AS REQUIRED

*W. H. Huggins* 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*  
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 ROSCOE Anthony 1666106  
(LAST NAME) (First) (Middle) (Serial No.)







### LEAVE RECORD

(Dates under PERIOD are inclusive)

PERIOD		REMARKS	TYPE	CHANGE		BALANCE		SIGNATURE OF CERTIFYING OFFICER
From—	To—			Cr.	Dr.	Due	Adv.	
<sup>19</sup> 20Feb57	- - - -	Card Opened	IE	00	00	00	00	<i>[Signature]</i>
29Jun57	30Jun57	On Lv	An	00	02	00	02	<i>[Signature]</i>
20Feb57	30Jun57	Ac. Lv	An	11	00	09	00	<i>[Signature]</i>
1Jul57	18Jul57	On Lv	An	00	18	00	09	<i>[Signature]</i>
1Jul57	30Jun58	Accrued	An	30		21		<i>[Signature]</i>
7Sep58	27Sep58	On Lv	Em	00	21	00	00	<i>[Signature]</i> CO
1Jul58	30Jun59	Accrued	An	30	00	30	00	<i>[Signature]</i> CO
13Aug59	6Sep59	On	An	00	25	05	00	<i>[Signature]</i> By Ck
1Jul59	22Dec59	Discharge	Sp	14 <sup>1</sup> / <sub>2</sub>		19 <sup>1</sup> / <sub>2</sub>		<i>[Signature]</i> CO
22Dec59	- - -	Trans to new SRB	Sp		20			<i>[Signature]</i> CO

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

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

10. HOME OF RECORD AT TIME OF ENLISTMENT

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

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			
<b>19Feb57</b>	<b>22Dec59</b>	<b>CofG</b>	<b>00</b>		<b>USMCR(C)</b>	<b>1666106</b>	<b>HONORABLE</b>

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

22. ~~REMARKS~~ **Retained at: "E" Btry 2d Bn 11th Mar 1st Mardiv (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 (~~XXXX~~), and I agree to and with D. J. BLAUT of the United States Marine Corps (~~XXXX~~) 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 <b>Six</b>	YEARS	FIGURE <b>6</b>	YEARS
--------------------	-------	--------------------	-------

(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