

## Agency Information

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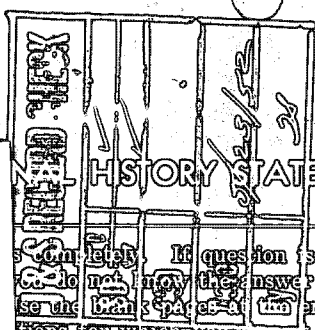
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ENCLOSURE

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HISTORY STATEMENT

63912

Complete. If question is not applicable write "NA." Write  
"do not know" if answer cannot be obtained from  
search. Leave space at end of this form for extra details on  
points for which you do not have sufficient room.

carefully; illegible or incomplete forms will not receive consid-

DO YOU UNDERSTAND THE INSTRUCTIONS? (Yes or No)

26

A. FULL NAME Mr. [redacted] Telephone [redacted]  
Office [redacted]  
Ext. [redacted]  
Home [redacted]

PRESENT ADDRESS [redacted] (City) (State) (Country)

PERMANENT ADDRESS [redacted] GAITHERSBURG, MD (City) (State) (Country)

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

NA UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? NONE

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

NONE (Where?)

C. DATE OF BIRTH 5-29-16 PLACE OF BIRTH [redacted]

D. PRESENT CITIZENSHIP NATIVE BY BIRTH? YES BY MARRIAGE? NA

BY NATURALIZATION CERTIFICATE NO. NA ISSUED NA BY NA

AT NA (City) NA (State) NA (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? NO (Yes or No) NA (Country)

HELD BETWEEN WHAT DATES? NA TO NA ANY OTHER NATIONALITY? NO (Country)

GIVE PARTICULARS NONE

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

B. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? BORN IN U.S.A.

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

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

## SEC. 2. PHYSICAL DESCRIPTION

AGE 36 SEX MALE HEIGHT 5'-7" WEIGHT 175  
EYES BROWN HAIR BLACK COMPLEXION BROWN SCARS LEFT FOREHEAD  
BUILD NEAT OTHER DISTINGUISHING FEATURES MUSTACHE

## SEC. 3. MARITAL STATUS

A. SINGLE NA MARRIED MARRIED DIVORCED NO WIDOWED NA

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS NA

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

NAME OF SPOUSE NA

PLACE AND DATE OF MARRIAGE ROCKVILLE, MARYLAND

His (or Her) ADDRESS BEFORE MARRIAGE NA

LIVING OR DECEASED LIVING DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS NA

DATE OF BIRTH 1-18-13 PLACE OF BIRTH NA

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

CITIZENSHIP NA WHEN ACQUIRED? NA WHERE? NA

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

EMPLOYERS OR BUSINESS ADDRESS 1411 C ST. S.W. WASHINGTON, D.C.

MILITARY SERVICE FROM 12-2-43 TO 4-2-44 BRANCH OF SERVICE ARMY

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

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

SEC.

MD.  
MD.

D.O.B.

D.O.B.

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

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

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

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

JUDD MINOR (BRO. IN-LAW) NATIVE 1757-3-3 ST NW.  
WHITE HOUSE

MAE L. PETERSON (NCE. TALLEY)  
FEDERAL HOUSING. WASH. D.C.

SEC. 7 CONTINUED HALF SISTERS AND BROS.

ESTELLE MINOR AGE 48  
1260 PEN. ST. NE

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

RICHARD TALLEY AGE 59  
606 KENILWORTH. AVE N.E

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

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

(14) 4

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

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

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

NAME: [redacted] RELATIONSHIP: WIFE  
ADDRESS: [redacted] WASHINGTON D.C.  
(City) (State) (Country)

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

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

NO

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

SIGNED AT: [redacted]

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

U. S. GOVERNMENT PRINTING OFFICE : 10 - 42350-1

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

1. NAME: [redacted] RELATIONSHIP: SON AGE 12  
CITIZENSHIP: YES ADDRESS: [redacted]  
(City) (State) (Country)

2. NAME: [redacted] RELATIONSHIP: SON AGE 10  
CITIZENSHIP: YES ADDRESS: 712 St. S.W. WASH. DC.  
(St. and Number) (City) (State) (Country)

3. NAME: JACQUELYN PARKS RELATIONSHIP: GOD CHILD AGE 11  
CITIZENSHIP: YES ADDRESS: 712 St. S.W. WASH. DC.  
(St. and Number) (City) (State) (Country)

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

FULL NAME: RICHARD MAURICE TALLEY  
(First) (Middle) (Last)

LIVING OR DECEASED: LIVING DATE OF DECEASE: CAUSE:

PRESENT, OR LAST, ADDRESS: 4415 ILLINOIS AVE. N.W. WASH. DC.  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH: Oct 1876 PLACE OF BIRTH: BOYDS, MARYLAND, MONTG.  
(City) (State) (Country)

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

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

OCCUPATION: NONE LAST EMPLOYER: OLD FORT HOME  
ROCKVILLE, MD

EMPLOYER'S OR OWN BUSINESS ADDRESS: ROCKVILLE, MARYLAND  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM: NONE TO: BRANCH OF SERVICE: NA  
(Date) (Date)

COUNTRY: NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN: NA

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

FULL NAME: LAURA ETHEL TALLEY  
(First) (Middle) (Last)

LIVING OR DECEASED: LIVING DATE OF DECEASE: CAUSE:

PRESENT, OR LAST, ADDRESS: RED #3 GAITHERSBURG MD MONTGOMERY  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH: 11-7-92 PLACE OF BIRTH: RED #3 GAITHERSBURG MD  
(City) (State) (Country)

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

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

OCCUPATION DOMESTIC LAST EMPLOYER [REDACTED]  
EMPLOYERS OR OWN BUSINESS ADDRESS [REDACTED]  
MILITARY SERVICE FROM NONE TO [REDACTED] BRANCH OF SERVICE NA  
COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
NA

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

[REDACTED]

Sec. 8. FATHER-IN-LAW

FULL NAME [REDACTED]  
LIVING OR DECEASED LIVING DATE OF DECEASE [REDACTED] CAUSE [REDACTED]  
PRESENT, OR LAST, ADDRESS ROCKVILLE, MARYLAND  
DATE OF BIRTH 10-2-35 PLACE OF BIRTH SENECA, MARYLAND  
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA  
CITIZENSHIP NATIVE WHEN ACQUIRED? NA WHERE? NA  
OCCUPATION RUNS A SMALL STORE LAST EMPLOYER ?

10-42535-1

1. (Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: \_\_\_\_\_

2. (Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: \_\_\_\_\_

3. (Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: \_\_\_\_\_

4. (Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: \_\_\_\_\_

Sec. 25. MISCELLANEOUS

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

IF "YES," EXPLAIN: NA

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

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

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

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

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

IF YES, INDICATE KIND OF LICENSE AND STATE NR

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

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

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

NONE

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

NO

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

YES. I HAVE A 90% DISABILITY FROM THE ARMY  
THIS WAS AN INJURY OF THE LEFT FOOT PRIOR TO ENTERING  
THE SERVICE. THE ARMY AGGRAVATED THIS INJURY.

10-02507-4

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

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

REMARKS: NONE

SELECTIVE SERVICE BOARD NUMBER UNKNOWN ADDRESS ROCKVILLE, MD

IF DEFERRED GIVE REASON DRAFTED

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS NONE

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

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

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

ADDRESS 1414 C. St. S.W. WASH. DC.  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS GOVERNMENT AGENCY NAME OF SUPERVISOR OLGA NOVACEK

TITLE OF JOB PLACEMENT OFFICER SALARY \$ GS-9 PER \_\_\_\_\_

YOUR DUTIES Recd and classify general and confidential correspondence and memoranda, in accordance with Bureau instructions regarding the GS classification system. Forwarded memoranda to Bureau and other offices. Searched, indexed, and classified for number of copies. Maintained file of correspondence.

REASONS FOR LEAVING INTERESTED IN HIGHER GRADE

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

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

ADDRESS 1414 C. St. S.W. WASH. DC.  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS GOVERNMENT AGENCY NAME OF SUPERVISOR E.C. WAGNER

TITLE OF JOB ADM. OFFICER SALARY \$ GS-12 PER \_\_\_\_\_

YOUR DUTIES Collected and delivered telegrams, documents and papers in the absence of the GS-4 mail clerk. Took charge of mail room for the entire Bureau.

REASONS FOR LEAVING Higher job in same Bureau

10-02507-4

FROM 1-15-40 TO 1-2-42 CLASSIFICATION GRADE C.U-2  
 EMPLOYING FIRM OR AGENCY PLANT AND OPERATION  
 ADDRESS 14 TC St. S.W. WASH. DC.  
 KIND OF BUSINESS GOVERNMENT AGENCY NAME OF SUPERVISOR SAMUEL L. GARDNER  
 TITLE OF JOB CHIEF SALARY \$ ? PER ?  
 YOUR DUTIES Wing center. Pack and mail government supplies to field offices of the U.S. DA. Take inventory annually of stock  
 REASONS FOR LEAVING TRANSFERRED TO HIGHER JOB

FROM 12-15-38 TO 1-14-40 CLASSIFICATION GRADE FOREMAN  
 EMPLOYING FIRM OR AGENCY C. C. McDEVITT (FARM)  
 ADDRESS Red Hill Road, Silver Spring MD  
 KIND OF BUSINESS FARM NAME OF SUPERVISOR I WAS MY OWN  
 TITLE OF JOB FOREMAN (SELF) SALARY \$ 540 PER ANNUAL + LIVING ALLOWANCE  
 YOUR DUTIES In charge of a 395 acre farm, to cultivate shade and raise grain, hogs, chickens, cows & horses. To operate with profits. Operate with County agents, glass products, packing, handling feed fertilizer and farm equipment.  
 REASONS FOR LEAVING TO ENTER GOVERNMENT SERVICE

FROM \_\_\_\_\_ TO \_\_\_\_\_ CLASSIFICATION GRADE \_\_\_\_\_  
 EMPLOYING FIRM OR AGENCY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 KIND OF BUSINESS \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_  
 TITLE OF JOB \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_  
 YOUR DUTIES \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

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

NO

#### SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE FRENCH SPEAK \_\_\_\_\_ READ SLIGHT WRITE \_\_\_\_\_

LANGUAGE \_\_\_\_\_ SPEAK \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_

LANGUAGE \_\_\_\_\_ SPEAK \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_

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

BOWLING AVE. 105

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

SINCE 7-29-44 TO PRESENT AS A PERSONNEL FILE CLERK I HAVE HANDLED CONFIDENTIAL AND STAFF MATERIAL FOR THE FOREST SERVICE.

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILETH, COMPTOMETER, KEY PUNCH, TURRET LATH, SCIENTIFIC OR PROFESSIONAL DEVICES:

NONE

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 25 SHORTHAND \_\_\_\_\_

## Sec. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR CLERK

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

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY ☒   
FREQUENTLY \_\_\_\_\_, CONSTANTLY \_\_\_\_\_

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

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

## Sec. 13. EDUCATION

ELEMENTARY SCHOOL QUINCE ORCHARD ADDRESS REDEN GATHERSBURG, MD  
(City) (State) (County)

DATES ATTENDED 1922 - GRADUATED 1928

HIGH SCHOOL 1928 ADDRESS \_\_\_\_\_  
(City) (State) (County)

DATES ATTENDED 1928 GRADUATED 1932

COLLEGE NONE ADDRESS NA  
(City) (State) (County)

MAJOR AND SPECIALTY NONE YEARS COMPLETED NA

DATES ATTENDED NA DEGREE NA

COLLEGE NA ADDRESS NA  
(City) (State) (County)

MAJOR AND SPECIALTY NA YEARS COMPLETED NA

DATES ATTENDED NA DEGREE NA

CHIEF UNDERGRADUATE COLLEGE SUBJECTS NA

CHIEF GRADUATE COLLEGE SUBJECTS NA

10-62820-1

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

1. ELIZABETH CLARK BUS. ADD. 1414 1/2 St. SW. WASH. DC.  
RES. ADD. 1414 1/2 St. NW. WASH. DC.  
U.S. DEPT. OF AGR.

2. SETH JACKSON BUS. ADD. 1414 1/2 St. SW. WASH. DC.  
RES. ADD. 1414 1/2 St. NW. WASH. DC.  
U.S. DEPT. OF AGR.

3. ERWIN C. WAGNER BUS. ADD. 1414 1/2 St. SW. WASH. DC.  
RES. ADD. 1414 1/2 St. NW. WASH. DC.  
U.S. DEPT. OF AGR.

4. ANNA GREER BUS. ADD. 1414 1/2 St. SW. WASH. DC.  
RES. ADD. 1414 1/2 St. SE. WASH. DC.

5. COLWELL BEERS BUS. ADD. C.T.A. WASH. DC.  
RES. ADD. 4104-70 1/2 Ave. LANDOVER HILLS MD.

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

1. REGINALD PURYEAR BUS. ADD. 1414 1/2 St. SW. WASH. DC.  
RES. ADD. 2605 MYNLE AVE. WASH. DC.

2. WALTER PAGE BUS. ADD. THE PENTAGON WASH. DC.  
RES. ADD. 1414 1/2 St. NW. WASH. DC.

3. WALTER WASHINGTON BUS. ADD. NATIONAL CAPITAL WASH. DC.  
RES. ADD. 740 1/2 St. NW. WASH. DC.  
U.S. DEPT. OF AGR.

4. EDA LLOYD BUS. ADD. 1414 1/2 St. SW. WASH. DC.  
RES. ADD. 1414 1/2 St. SE. WASH. DC.

5. ROBERT SNOWDEN BUS. ADD. 246 N. WASH. DRIVE, ROCKVILLE MD.  
RES. ADD. SHINE MD.

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

1. JOHN H. ROBINSON BUS. ADD. THE PENTAGON WASH. DC.  
RES. ADD. 329 1/2 St. SW. WASH. DC.

2. MELVIN L. HEGGANS BUS. ADD. METROPOLITAN POLICE WASH. DC.  
RES. ADD. 740 1/2 St. NW. WASH. DC.

3. JOSEPH HUTCHINSON BUS. ADD. 1414 1/2 St. SW. WASH. DC.  
RES. ADD. 1414 1/2 St. SE. WASH. DC.

## Sec. 21. FINANCIAL BACKGROUND

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

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

(12)

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

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

1. NAME FILE FURNITURE ADDRESS 717 S. M. WASH. DC.  
(St. and Number) (City) (State) (Country)  
2. NAME BELL CLOTHING ADDRESS 911 S. M. WASH. DC.  
(St. and Number) (City) (State) (Country)  
3. NAME ACRL CREDIT UNION ADDRESS 1416 S. M. WASH. DC.  
(St. and Number) (City) (State) (Country)

## SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM

FROM

FROM

FROM

FROM

FROM

FROM

FROM

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

A. FROM NONE TO NR

FROM

FROM

FROM

FROM

## SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN; OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. AMERICAN LEGION JAMES E. WALKER POST NO. 26 WASH. DC.  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: YEARLY RENEWAL SINCE 1945

2. AGRICULTURE ECONOMIC SOCIETY 1416 S. M. WASH. DC.  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1947 TO PRESENT

3. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

10-0233-1

## SEC. 9. MOTHER-IN-LAW

FULL NAME \_\_\_\_\_

LIVING OR DECEASED LIVING DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS \_\_\_\_\_

DATE OF BIRTH ? PLACE OF BIRTH SENECA, MARYLAND

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

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

OCCUPATION DOMESTIC LAST EMPLOYER DAVIS WORK

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

1. NAME NONE RELATIONSHIP NR AGE \_\_\_\_\_

CITIZENSHIP NR ADDRESS NR  
(St. and Number) (City) (State) (Country)

2. NAME NONE RELATIONSHIP NR AGE \_\_\_\_\_

CITIZENSHIP NR ADDRESS NR  
(St. and Number) (City) (State) (Country)

3. NAME NONE RELATIONSHIP NR AGE \_\_\_\_\_

CITIZENSHIP NR ADDRESS NR  
(St. and Number) (City) (State) (Country)

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

1. NAME JAMES LEWIS RELATIONSHIP BRO. IN LAW AGE 44

CITIZENSHIP NATIVE ADDRESS 4215 TILLINGDALE AVE. NW WASH. DC.  
(St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN) GENERAL ACCOUNTING OFFICE DC.

2. NAME ANNA E. LEWIS RELATIONSHIP SISTER AGE \_\_\_\_\_

CITIZENSHIP NATIVE ADDRESS 4215 TILLINGDALE AVE. NW WASH. DC.  
(St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN) GENERAL ACCOUNTING OFFICE DC.

3. NAME MAE L. PETERSON RELATIONSHIP SISTER AGE 24

CITIZENSHIP NATIVE ADDRESS 2010 KENYON ST. BOSTON MA  
(St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN) FEDERAL HOUSING

(5)

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