

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.  
PAGE 583

4

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>RAPER MALLIE CHRISTOPHER</b>			2. SERVICE NUMBER <b>AF14846904</b>		3. SOCIAL SECURITY NUMBER <b>██████ 3540</b>				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>				5a. GRADE, RATE OR RANK <b>SGT</b>	b. PAY GRADE <b>E4</b>	6. DATE OF RANK DAY: <b>1</b> MONTH: <b>Oct</b> YEAR: <b>67</b>			
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Wilson, N.C.</b>			9. DATE OF BIRTH DAY: <b>29</b> MONTH: <b>Jul</b> YEAR: <b>46</b>				
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>NA</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>NA</b>			c. DATE INDUCTED DAY: MONTH: YEAR: <b>NA</b>			
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>Release from active duty</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>McChord AFB Tacoma Washington</b>					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>Sec B, Chap 3, AFM 39-10, SDN 411</b>					d. EFFECTIVE DATE DAY: <b>15</b> MONTH: <b>Dec</b> YEAR: <b>67</b>				
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>31stScty Pol Sq PACAF</b>			13 a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>NA</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>AFRes</b>						15. REENLISTMENT CODE <b>12</b>			
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY: <b>9</b> MONTH: <b>Jun</b> YEAR: <b>70</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER <b>AFQT-8B (50-III)</b>				b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY DAY: <b>10</b> MONTH: <b>Jun</b> YEAR: <b>64</b>		
	18. PRIOR REGULAR ENLISTMENTS <b>None</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>Airman Basic</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Raleigh, N.C.</b>					
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>Rt#2 Box 130A Lucama, Wilson Co, N.C. 27851</b>		22. STATEMENT OF SERVICE							
	23a. SPECIALTY NUMBER & TITLE <b>81150A-Scty Pol</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Unknown</b>		a. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD		YEARS: <b>03</b> MONTHS: <b>06</b> DAYS: <b>06</b>	
					(2) OTHER SERVICE		YEARS: <b>00</b> MONTHS: <b>00</b> DAYS: <b>00</b>			
					(3) TOTAL (Line (1) plus Line (2))		YEARS: <b>03</b> MONTHS: <b>06</b> DAYS: <b>06</b>			
					b. TOTAL ACTIVE SERVICE		YEARS: <b>03</b> MONTHS: <b>06</b> DAYS: <b>06</b>			
				c. FOREIGN AND/OR SEA SERVICE		YEARS: <b>01</b> MONTHS: <b>00</b> DAYS: <b>04</b>				
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>SAEMR SOG-23, 1965/ NDSM/ VSM/ AFGCM (10Jun64-9Jun67), AFM 900-3/ RVCM.</b>										
25. EDUCATION AND TRAINING COMPLETED <b>Basic Mil Tng ABM 00010-2/ 64. Air Policeman Crse 77130/ 64.</b>										
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>No Time Lost</b>			b. DAYS ACCRUED LEAVE PAID <b>15</b>		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT \$ <b>NA</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
				28. VA CLAIM NUMBER <b>C- NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				
AUTHENTICATION	30. REMARKS <b>High School Graduated. Blood Group: O Neg. AQE Scores: M-55, A-55, G-70, E-55, Apr 64. ODSO: 14 Dec 67. National Agency Check completed 29 Jun 64, filed 4th Dist OSI.</b>									
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Box 302 Hamlin, Lincoln Co, West Virginia 25523</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Mallie C. Raper</i>				
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>WILLIAM SIADAK, SMSGT, USAF SEPARATION CENTER CERTIFYING OFFICIAL</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>William Siadak</i>					

