
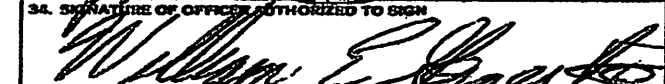


**THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>SMITH STEPHEN WRAY</b>		2. SERVICE NUMBER <b>AF14846329</b>		3. SOCIAL SECURITY NUMBER <b>237   68   3393</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REG AF</b>		5a. GRADE, RATE OR RANK <b>SGT</b>	5b. PAY GRADE <b>E-4</b>	6. DATE OF RANK <b>1</b>	MONTH <b>Feb</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>PORTSMOUTH, VIRGINIA</b>		9. DATE OF BIRTH <b>20</b>	MONTH <b>Dec</b>	YEAR <b>43</b>
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>31   71   43   206</b>		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>#71, ELIZABETH CITY, NORTH CAROLINA</b>			10c. DATE INDUCTED <b>N/A</b>	
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>		11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>DYESS AFB, TEXAS</b>				
TRANSFER OR DISCHARGE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>96 SECURITY POLICE SQ (SAC)</b>		13c. CHARACTER OF SERVICE <b>HONORABLE</b>		14. EFFECTIVE DATE <b>11</b>	MONTH <b>Mar</b>	YEAR <b>68</b>
	12. REASON AND AUTHORITY <b>CHAP 3, SECT A, AFM 39-10 SDN 203 EXPIRATION TERM OF SERVICE</b>		15. REENLISTMENT CODE <b>RE-12</b>				
	14. DISTRICT, AREA COMMAND OR COMPS TO WHICH RESERVIST TRANSFERRED <b>AIR FORCE RESERVE</b>		15. TYPE OF CERTIFICATE ISSUED <b>N/A</b>				
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION <b>11 Mar 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: 7B 78 II</b>		18. TERM OF SERVICE (Years) <b>FOUR</b>		19. DATE OF ENTRY <b>12 Mar 64</b>
	18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB(E-1)</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>RALPHIGH, NORTH CAROLINA</b>		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>1102 W. EHRLINGHAUS ST. ELIZABETH CITY, PASQUOTANK, NORTH CAROLINA</b>		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
	23a. SPECIALTY NUMBER & TITLE <b>81150A SECURITY POLICEMAN</b>		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>PATROLMAN 22-66.23</b>		c. CREDITABLE FOR BASIC PAY PURPOSES		
			d. TOTAL ACTIVE SERVICE		<b>04</b>	<b>00</b>	<b>00</b>
			e. FOREIGN AND/OR SEA SERVICE		<b>00</b>	<b>09</b>	<b>04</b>
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>SABER, SOG-37, 836AD, 1964 AFOVA, SOGB-3, 19 Nov 64. AFQM(9Dec65, 25Sep66) SOG-1009, DAF. NDSM, AFM 900-3, RVGM, AFM 900-3. VSM, AFM 900-3, IBSS. AFQM(12:ar64-11mar67) AFM 900-3.</b>						
25. EDUCATION AND TRAINING COMPLETED <b>HIGH SCHOOL - GRADUATED AIR POLICE/AIR POLICE SUPVR, 77150, COMPL 65</b>							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO TIME LOST</b>		26b. DAYS ACCRUED LEAVE PAID <b>60 DAYS</b>		27. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. AMOUNT OF ALLOTMENT <b>N/A</b>
			29. VA CLAIM NUMBER <b>N/A</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$0.000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		
REMARKS	30. REMARKS <b>BLOOD GP 4A1 NEG AGE-F: MECH-75, ADMIN-50, GEN-65, ELECT-55, Feb 64 ODSD: 6 Sep 66, NAC 1 Apr 64, 4th DIST OSI, BOLLING AFB, WASHINGTON D.C.</b>						
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>1502 W. EHRLINGHAUS ST. ELIZABETH CITY, NORTH CAROLINA 27909</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 		
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>WILLIAM E GREENBERT III, 2LT, USAF Chief, Career Control Section</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 		

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

PLANT		CULTURE		DISEASE		SYMPTOMS		TREATMENT	
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

PLANT		CULTURE		DISEASE		SYMPTOMS		TREATMENT	
1	2	3	4	5	6	7	8	9	10
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31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

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41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100