

Carter, James E.

USE FOR ENLISTMENTS AS FOLLOWS:

Guide No.

**FOR 3 YRS. IN** 1939  
1943 | **FOR 1 YR. IN** 1937  
1941

(1) NAME (Print full name, LAST NAME FIRST)

New York, New York

(2) ADDRESS (House Number & Street)

(City)

(State)

(3) Re-Enlisted

19

for (3) (1) Yrs. In Company

Med Det.

By

(Name of Officer)

(4)

OCCUPATION

AGE

WHERE BORN

HEIGHT

COLOR OF

City or County

State

Feet

Inches

Eyes

Hair

Complexion

(5) Prior Service

(See instructions for form)

(6) Prior N.C.O. Grades

, R.S.O.

dated

19

, R.S.O.

dated

19

. W.C.F.?

Prior N.C.O. Grades

, R.S.O.

dated

19

, R.S.O.

dated

19

. W.C.F.?

(7)

Appointed

Reduced

Transferred

To

Date

P.P.

R.S.O.

Appointed

Reduced

Transferred

To

Date

P.P.

R.S.O.

Appointed

Reduced

Transferred

To

Date

P.P.

R.S.O.

Appointed

Reduced

Transferred

To

Date

P.P.

R.S.O.

Appointed

Reduced

Transferred

To

Date

P.P.

R.S.O.

(8) Commissioned

Rank

Date

P.P.

S.O.

A.G.O., N.Y.

(9) Discharge

DROPPED

Date

3-9-42

Authority

A.G.O. S.O. 55

