531

NA NOT APPLICABLE SY

CHARACTER OF SEPARATION: (UNDER HONORABLE GENERAL CONDITIONS)

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: ARMY

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
BALDWIN KEITH WILSON	RA 17 083 929	PFC(T) 6MAR52	RA USASCD

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
3060	COOK 2-05.01	3	JUNE	52	DISCHARGE

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
ETS AR 615-360	CAMP SAN LUIS OBISPO CALIFORNIA

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
18	OCT	30	CHICO CALIF	MALE	CAU	BROWN	BLUE	68"	190

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
	X	NA	NA	NA		

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES	NO	COMPONENT AND BRANCH OR CLASS	CONSTANT DISTRICT OR AREA COMMAND
	X	NA	NA

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [X] ENLISTED [ ] RECALLED [ ] COMMISSIONED [ ] RECALLED FROM INACTIVE DUTY — 3 YEARS (INVOLUNTARY EXTENSION 1 YEAR - PL 624)

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: PVT

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 20 | MONTH JAN | YEAR 48 | PLACE (City and State) FT F E WARREN WYO

20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State): BOX 133 PINEDALE WYOMING

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (NA) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD			
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	4	0	0
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	0	0	0
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	4	0	0

25. ENLISTMENT ALLOWANCE PAID OR EXTENSION OF ENLISTMENT, IF ANY: DAY NA | MONTH | YEAR | AMOUNT

26. FOREIGN AND/OR SEA SERVICE: YEARS 2 | MONTHS 11 | DAYS 28

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED:
OCCUPATION MEDAL (JAPAN)
KOREAN SERVICE MEDAL W/1 BRONZE SERVICE STAR

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
837 SIG RAD REL CO	NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE	NA	NA	NONE

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: If premium is not paid when due, or within thirty-one days thereafter, insurance will lapse. Make checks or money orders payable to the Treasurer of the United States. Forward payments for National Service Life Insurance to the Collections Unit, Veterans Administration District Office having jurisdiction of area in which you maintain your mailing address for insurance purposes. Forward payments for United States Government Life Insurance to Collections Division, Veterans Administration, Washington 25, D. C. When making insurance payments be sure to give full name and mailing address for insurance purposes, service number and policy number(s), if known.

32. KIND OF INSURANCE (amount and premium due each month)	U. S. G. L.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
5,000 (9.55)	NONE	JAN 50	SURRENDER OF POLICY

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
351.88	91.26	G A SEAMANDS MAJOR FC 215-204

AUTHENTICATION

38. REMARKS (Continue on reverse)
136 DAYS LOST UNDER SECTION 6(a) APPENDIX 2b MCM 1951
BLOOD GROUP O NO PERM RANK

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: [signature]

NAME, GRADE AND TITLE (Typed): HORACE H CROW JR 1ST LT INF ACTG ASST ADJ GENERAL

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)
COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: NONE | CLAIM NUMBER: NA

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
1945	1948	3-13.920 HARVEST HAND CP SPEC	MRS HAGENSTEIN PINEDALE WYOMING

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
[X] YES [ ] NO	SINGLE	8	0	0	NONE	ELEMENTARY

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)	48. SIGNATURE OF PERSON BEING SEPARATED
PINEDALE SUBLETTE CO WYOMING	Keith W. Baldwin

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

DD FORM 1 JAN 50 214 — INDIVIDUAL'S COPY (TO BE DELIVERED TO THE INDIVIDUAL BEING SEPARATED)