

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

|                            |                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                                                                                                                 |                            |                                                                                                                                                              |                                                                                         |                                                                                                                                                          |  |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PERSONAL DATA              | 1. LAST NAME FIRST NAME MIDDLE NAME<br><b>McPHERSON, MARVIN DAVID</b>                                                                                                                                                                                                          |  |  |  | 2. SERVICE NUMBER<br><b>NA</b>                                                                                                                                                                  |                            | 3. SOCIAL SECURITY NUMBER<br><b>NA</b>                                                                                                                       |                                                                                         |                                                                                                                                                          |  |
|                            | 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS<br><b>ARMY RA TC</b>                                                                                                                                                                                                              |  |  |  | 5a. GRADE, RATE OR RANK<br><b>SGT</b>                                                                                                                                                           | 6. PAY GRADE<br><b>E-5</b> | 6. DATE OF RANK<br><b>16 Mar 71</b>                                                                                                                          | 7. U. S. CITIZEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                                                          |  |
|                            | 8. PLACE OF BIRTH (City and State or Country)<br><b>Boaz, Alabama</b>                                                                                                                                                                                                          |  |  |  | 9. DATE OF BIRTH<br><b>16 Mar 71</b>                                                                                                                                                            |                            | 10. SELECTIVE SERVICE NUMBER<br><b>1 48 50 267</b>                                                                                                           |                                                                                         |                                                                                                                                                          |  |
| SELECTIVE SERVICE DATA     | 11a. TYPE OF TRANSFER OR DISCHARGE<br><b>Discharge</b>                                                                                                                                                                                                                         |  |  |  | 11b. STATION OR INSTALLATION AT WHICH EFFECTED<br><b>Fort Rucker, Alabama</b>                                                                                                                   |                            |                                                                                                                                                              |                                                                                         | 12. DATE INDUCTED<br><b>11 Jun 72</b>                                                                                                                    |  |
|                            | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>AR 635-200 SFN 215 To Accept Appointment as WO</b>                                                                                                                                                                            |  |  |  | 13a. CHARACTER OF SERVICE<br><b>HONORABLE</b>                                                                                                                                                   |                            | 13b. TYPE OF CERTIFICATE ISSUED<br><b>DD Form 256a</b>                                                                                                       |                                                                                         |                                                                                                                                                          |  |
|                            | 14. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED<br><b>NA</b>                                                                                                                                                                                                 |  |  |  | 15. REENLISTMENT CODE<br><b>NA</b>                                                                                                                                                              |                            |                                                                                                                                                              |                                                                                         | 16. TERMINAL DATE OF RESERVE / UMT&S OBLIGATION<br><b>NA</b>                                                                                             |  |
| TRANSFER OR DISCHARGE DATA | 17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION<br>a. SOURCE OF ENTRY:<br><input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED<br><input checked="" type="checkbox"/> OTHER <b>NA</b> |  |  |  | 18. TERM OF SERVICE (Years)<br><b>NA</b>                                                                                                                                                        |                            | 19. DATE OF ENTRY<br><b>22 Apr 70</b>                                                                                                                        |                                                                                         |                                                                                                                                                          |  |
|                            | 20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)<br><b>Montgomery, Alabama</b>                                                                                                                                                                                  |  |  |  | 21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)<br><b>RT5 Boaz, Alabama 35957</b>                                                       |                            | 22. STATEMENT OF SERVICE                                                                                                                                     |                                                                                         |                                                                                                                                                          |  |
|                            | 23a. SPECIALTY NUMBER & TITLE<br><b>09W00 WOC Trainee</b>                                                                                                                                                                                                                      |  |  |  | 23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER<br><b>None</b>                                                                                                                               |                            | 24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br><b>ADGM GCM</b>                                      |                                                                                         |                                                                                                                                                          |  |
| SERVICE DATA               | 25. EDUCATION AND TRAINING COMPLETED<br><b>USAPH 18 Weeks 1971 WORMAC 72-13 Ph 1 &amp; 2 ATP 21-114</b><br><b>UNAAVMS 20 Weeks 24 Days 1971 WORMAC 72-13 Ph 3 &amp; 4 Code of Cond CBR Tag</b>                                                                                 |  |  |  | 26a. NON-PAY PERIODS TIME LOST (Preceding Two Years)<br><b>None</b>                                                                                                                             |                            | 26b. DAYS ACCRUED LEAVE PAID<br><b>0 Days See 30</b>                                                                                                         |                                                                                         | 27a. INSURANCE IN FORCE (NSLI or USGLI)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                           |  |
|                            | 28. VA CLAIM NUMBER<br><b>NA</b>                                                                                                                                                                                                                                               |  |  |  | 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE<br><input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE |                            | 30. REMARKS<br><b>Civilian Education: 2 years College</b><br><b>Blood Group: 7 O+</b><br><b>Item 26b: 7 Days leave balance carried forward to new status</b> |                                                                                         | 31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)<br><b>RT5 Boaz, Alabama 35957</b> |  |
|                            | 32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED<br><b>Marvin D. McPherson</b>                                                                                                                                                                                          |  |  |  | 33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER<br><b>C.M. BODIFORD, CW2, USA, ASST AG</b>                                                                                               |                            | 34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br><b>Im Bodiford</b>                                                                                            |                                                                                         | 35. AUTHENTICATION<br><b>DD FORM 214 JUL 70</b>                                                                                                          |  |

PREVIOUS EDITION OF THIS FORM IS TO BE USED.

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE