

38918

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.m
VOL. 70 PAGE 1425

1. LAST NAME - FIRST NAME - MIDDLE NAME MALLEY MICHAEL JAMES		2. SERVICE NUMBER RA 19 845 994		3. SOCIAL SECURITY NUMBER 544 50 6223	
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-RA- AGC		5a. GRADE, RATE OR RANK SP5 (P)	5b. PAY GRADE E-5	5c. DATE OF RANK 1 Apr 67	5d. DATE OF BIRTH 28 Feb 46
7. U. S. CITIZEN ☒ YES ☐ NO		8. PLACE OF BIRTH (City and State or Country) Portland Oregon		9. DATE OF BIRTH 28 Feb 46	
10a. SELECTIVE SERVICE NUMBER 35 18 46 55		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Local Board No. 18 Klamath Falls Oregon 97601		10c. DATE INDUCTED NA	
11a. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See Item #16)		11b. STATION OR INSTALLATION AT WHICH EFFECTED Ft Lewis Washington		11c. EFFECTIVE DATE 12 Sep 68	
12. REASON AND AUTHORITY Sec VIII Chap 5 AR 635-200 SPN 413 School Release		13a. CHARACTER OF SERVICE HONORABLE		13b. TYPE OF CERTIFICATE ISSUED NONE	
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CONTROL GROUP (REINFORCEMENT) USAAC ST LOUIS MISSOURI		15. REENLISTMENT CODE RE- 2		16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION 18 Oct 71	
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION ☒ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED		18. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E-1		19. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Portland Oregon	
20. PRIOR REGULAR ENLISTMENTS NONE		21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1410 Lookout Ave Klamath Falls Oregon 97601		22. STATEMENT OF SERVICE	
23a. SPECIALTY NUMBER & TITLE 71H30 Pers Mgmt Spec		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM SPS M-14 VSM VCM 1 O/S Bar	
25. EDUCATION AND TRAINING COMPLETED USASCPH Ft Ben Harrison Ind - 4 wks - Pay Spec		26a. NON-PAY PERIODS: TIME LOST (Preceding Two Years) NONE		26b. DAYS ACCRUED LEAVE PAID (USLI or USGLI) 36	
27a. VA CLAIM NUMBER NA		27b. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE ☒ \$10,000 ☐ \$5,000 ☐ NONE		28. MONTH ALLOTMENT DISCONTINUED NA	
29. REMARKS YRS CIVILIAN EDUCATION: 12 Blood Group: A Item 6 SP5 (P) E5 Aptd 1 Apr 68					
31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as Item 21		32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Michael Malley</i>			
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER M C CATES 2LT AGC ASST ADJUTANT		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>MC Cates</i>			

DD FORM 214

PREVIOUS EDITIONS OF THIS FORM
ARE OBSOLETE EFFECTIVE 1 JAN 67.

* GPO : 1966 O - 233-125

ARMED FORCES OF THE UNITED STATES
TRANSFER OR DISCHARGE

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STATE OF OREGON, } ss.
County of Klamath }Filed for record at request of:
JAMES MICHAEL MALLEYon this 24th day of February A. D. 1970
at 2:23 o'clock P. M. and duly
recorded in Vol. M-70 of Discharges.
Page 1425By *Wm D. Milne*
County Clerk
By *Harold Drazil*
Deputy.

Fee, None.