

PHYSICAL EXAMINATION

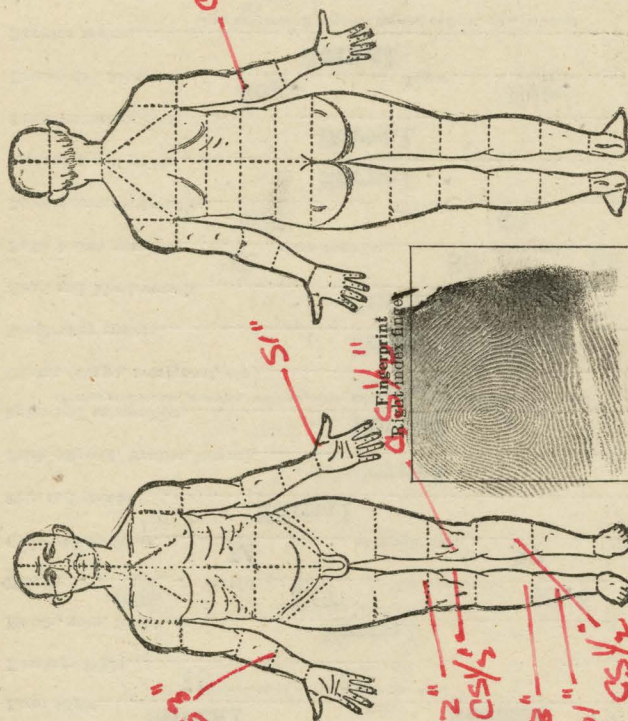
To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

BROWN 993 18 76
(Surname) (Number)
Jesse Leroy
(Christian name(s))
Enlisted }
Appointed }
Promoted }
Rank }
Rate } AS V-5, USNR Previous service NONE
U.S.N. U.S.M.C. U.S.A.
Born: Place Hattiesburg, Miss. Date 13 Oct. 26
Nationality Negro Religion Protestant
(Denomination)
Next of kin or friend Jesse Leroy BROWN

Complexion Dark Hair Brown General appearance Good
Head and face Normal
Eyes Brown
(Color, condition of lids, anatomical or other defect)
Vision: Right 20 /20, corrected to /20. Color perception N.
Left 20 /20, corrected to /20.
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)
Hearing: Right 15 /15. Left 15 /15.
Mouth, nose, throat Normal
(Condition of septum, tonsils, etc.)
Height 69 1/2 Weight 147 Temperature 98.6
Chest at expiration 34 at inspiration 37
Skin and glands Normal
Neck (thyroid, trachea, larynx) Normal
Spine and extremities Normal
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)
Thorax (shape, movement, etc.) Normal
Respiratory system Normal
Heart and blood vessels Normal
Pulse before exercise 72 after exercise 88 after rest 62
Blood pressure: Systolic 108 Diastolic 58
Abdomen and pelvis Normal
Genito-urinary system Normal
Urinalysis: Albumen Neg. Sugar Neg.
Nervous system Normal
(Any evidence of disease, mental defects, etc., reflexes)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above
(Underheight, underweight, defective vision, etc.)
W. C. D.

Hattiesburg, Miss. 13 Oct. 26
Place Date

I certify that I have personally made this physical examination.
R.R.LEWIS, Lt. Comdr., (MC), USN
(Signature) Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place _____
Date _____

Termination by reason of _____
(Promotion, resignation, expiration of enlistment, physical disability, etc.)

All physical defects, however slight _____

(Signature) _____
GPO 16-9917 Senior Medical Examiner.

PHYSICAL EXAMINATION

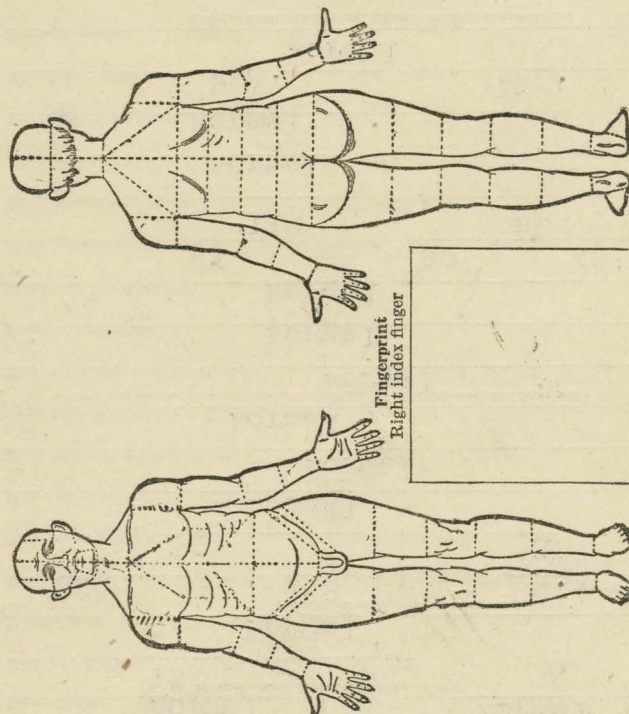
To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

BROWN **993-18-76**
(Surname) (Number)
Jessie Leroy
(Christian name(s))
Enlisted } **AS V-5 USNR** **8 July 1946**
Appointed } **None**
Promoted } **U.S.N. U.S.M.C. U.S.A.**
Rank } **Hattisburg, Miss** **13-Oct. 26**
Rate } **Negro** **Protestant**
Born: Place (Denomination)
Nationality Religion
Next of kin or friend

Complexion **Dark** Hair **Brown** General appearance **Good**
Head and face **Normal**
Eyes **Brown**
(Color, condition of lids, anatomical or other defect)
Vision: Right **20**/20, corrected to **--**/20. Color perception **--**
Left **20**/20, corrected to **--**/20.
Ears: Right **Normal** Left **Normal**
(Condition of drum, discharge, etc.)
Hearing: Right **15**/15. Left **15**/15.
Mouth, nose, throat **Normal**
(Condition of septum, tonsils, etc.)
Height **69 1/2** Weight **142** Temperature **98.4**
Chest at expiration **34**, at inspiration **37**
Skin and glands **Normal**
Neck (thyroid, trachea, larynx) **Normal**
Spine and extremities **Normal**
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)
Thorax (shape, movement, etc.) **Normal**
Respiratory system **Normal**
Heart and blood vessels **Normal**
Pulse before exercise **54**, after exercise **90**, after rest **45's**
Blood pressure: Systolic **118** Diastolic **90**
Abdomen and pelvis **Normal**
Genito-urinary system **Normal**
Urinalysis: Albumen **Neg.** Sugar **Neg.**
Nervous system **Normal**
(Any evidence of disease, mental defects, etc., reflexes)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above
(Underheight, underweight, defective vision, etc.)

None
Place **NAS Glenview, Ill** Date **3-17-47**

I certify that I have personally made this physical examination.
(Signature) **G. B. RIBBLE, Capt. (MC) USN**
Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place _____
Date _____

Termination by reason of _____
(Promotion, resignation, expiration of enlistment, physical disability, etc.)

All physical defects, however slight _____

(Signature) _____
Senior Medical Examiner.

PHYSICAL EXAMINATION

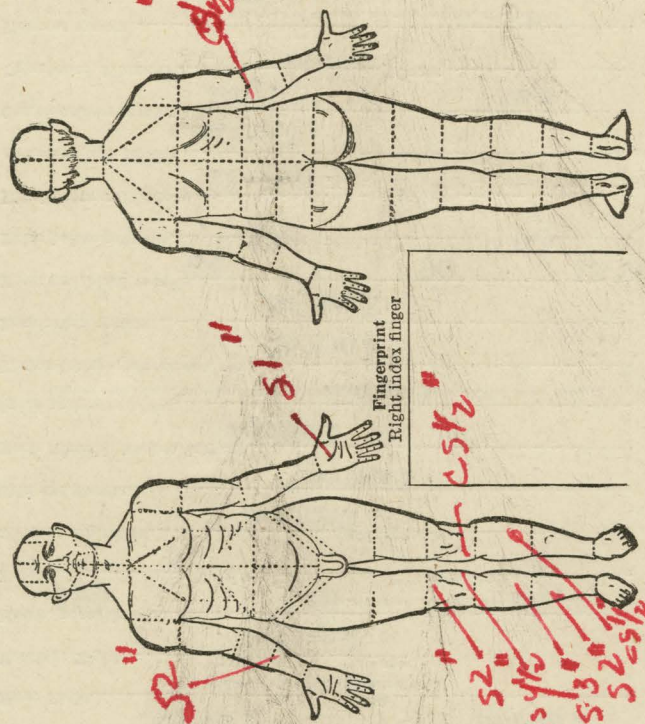
To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

BROWN **993-18-76**
Jessie Leroy (Number)
 (Christian name(s)) **8 July 1946**
 Enlisted } **AS V-5 USNR** Date **None**
 Appointed }
 Promoted }
 Rank }
 Rate }
Hattisburg, Miss U.S. **13 Oct. 26** U.S.
 Born: Place **Negro** Date **Protestant**
 Nationality Religion (Denomination)
 Next of kin or friend

Dark **Brown** **Good**
 Complexion Hair General appearance
Normal
 Head and face
Brown
 Eyes Color, condition of lids, anatomical or other defect
 Vision: Right **20** /20, corrected to **20** /20. Color perception **--**
 Left **20** /20, corrected to **20** /20.
Normal **Normal**
 Ears: Right **15** (Condition of drum, discharge, etc.) Left **15**
 Hearing: Right **15** /15. Left **15** /15.
Normal
 Mouth, nose, throat **98.4**
 (Condition of septum, tonsils, etc.)
 Height **69 1/2** Weight **142** Temperature **37**
 Chest at expiration **34** at inspiration **37**
Normal
 Skin and glands **Normal**
 Neck (thyroid, trachea, larynx) **Normal**
 Spine and extremities **Normal**
 (Bones and joints, muscles, tendons, deformities, fractures, flat foot, etc.)
 Thorax (shape, movement, etc.) **Normal**
 Respiratory system **Normal**
 Heart and blood vessels **54** **90** **45's**
 Pulse before exercise **118** after exercise **90**
 Blood pressure: Systolic Diastolic
Normal
 Abdomen and pelvis **Normal**
 Genito-urinary system **Neg.** **Neg.**
 Urinalysis: Albumen **Normal** Sugar
 Nervous system (Any evidence of disease, mental defects, etc., reflexes)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above
(Underheight, underweight, defective vision, etc.)

None
 Place **NAS Glenview, Ill.** Date **3-17-47**
 I certify that I have personally made this physical examination.
 (Signature) **G. B. RIBBLE, Capt. (MC) USA**
 Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place
 Date
 Termination by reason of (Promotion, resignation, expiration of enlistment, physical disability, etc.)
 All physical defects, however slight
 (Signature)
 Senior Medical Examiner.

NAVJAG H-2 (1943) **DUPLICATE**

PHYSICAL EXAMINATION

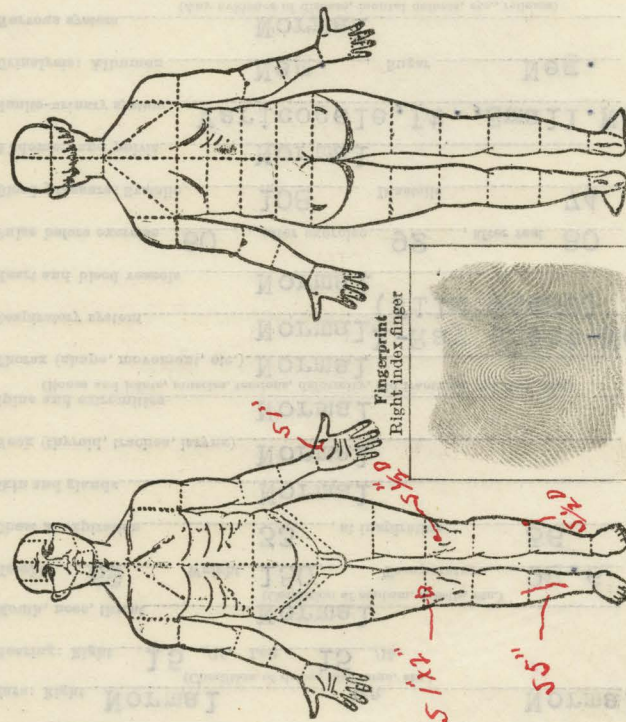
To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

BROWN 993 18 76
(Surname) (Serial number)
Jesse Leroy
(Christian name(s))
Enlisted **NAS, Ottumwa, Ia.** Date **4-10-47**
Appointed **A.S.** Previous service **7 Months**
Promoted **U.S.N. U.S.M.C. U.S.A.**
Rank **Rate**
Born: Place **Hattiesburg, Miss.** Date **10-13-26**
Nationality **Negro** Religion **Prot.** (Denomination)
Next of kin or friend **(F) John Brown**
Rt #1, Hattiesburg, Miss.

Complexion **Negro** Hair **Negro** General appearance **Negro**
Head and face **Normal**
Brown **Normal**
Eyes (Color, condition of lids, anatomical or other defect)
Vision: Right **20** /20, corrected to - /20. Color perception **Normal**
Left **20** /20, corrected to - /20.
Ears: Right **Normal** Left **Normal**
(Condition of drum, discharge, etc.)
Hearing: Right **15** /15. Left **15** /15.
Mouth, nose, throat **Normal**
(Condition of septum, tonsils, etc.)
Height **69** Weight **150** Temperature **98.6**
Chest at expiration **33**, at inspiration **36**
Skin and glands **Normal**
Neck (thyroid, trachea, larynx) **Normal**
Spine and extremities **Normal**
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)
Thorax (shape, movement, etc.) **Normal**
Respiratory system **Normal** X-Ray chest **Neg.**
(film #4489)
Heart and blood vessels **Normal**
Pulse before exercise **60**, after exercise **92**, after rest **80**
Blood pressure: Systolic **108** Diastolic **74**
Abdomen and pelvis **Normal**
Genito-urinary system **Varicocele, Lt., Small. NCD**
Urinalysis: Albumen **Neg.** Sugar **Neg.**
Nervous system **Normal**
(Any evidence of disease, mental defects, etc., reflexes)

MARKS, 'SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above (Underheight, underweight, defective vision, etc.)

None.

Place **NAS, Ottumwa, Iowa** Date **4-10-47**

I certify that I have personally made this physical examination.

(Signature) **S. J. OKULICZ, LCDR (MC) USN**
Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place **USNPFES, NAS, OTTUMWA, IOWA**

Date **15 April 1947**

Termination by reason of **Appointment to**
(Promotion, resignation, expiration of enlistment, physical disability, etc.)
Midshipman USN.

All physical defects, however slight
Varicocele, Lt. Small. NCD

(Signature) **S. J. OKULICZ, LCDR (MC) USN**
Senior Medical Examiner.

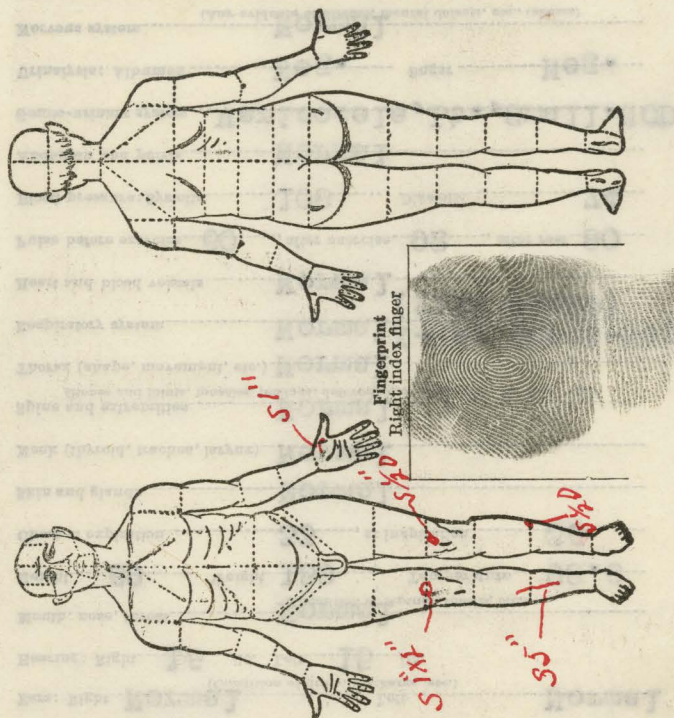
DUPLICATE **PHYSICAL EXAMINATION**

To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

B R O W N (Surname) **993 18 76** (Serial number)
Jesse Leroy (Christian name(s))
 Enlisted **NAS, Ottumwa, Ia.** Date **4-10-47**
 Appointed **A.S.** Previous service **7 Months**
 Rank **A.S.** U.S.N. U.S.M.C. U.S.A.
 Date **10-13-26**
 Born: Place **Hattiesburg, Miss.** Date **10-13-26**
 Nationality **Negro** Religion **Prot.** (Denomination)
 Next of kin or friend **(F) John Brown**
Rt #1, Hattiesburg, Miss.
 Complexion **Negro** Hair **Negro** General appearance **Negro**
 Head and face **Normal**
 Eyes **Brown** **Normal** (Color, condition of lids, anatomical or other defect)
 Vision: Right **20** /20, corrected to **-** /20. Color perception **Normal**
 Left **20** /20, corrected to **-** /20.
 Ears: Right **Normal** Left **Normal** (Condition of drum, discharge, etc.)
 Hearing: Right **15** /15. Left **15** /15.
 Mouth, nose, throat **Normal** (Condition of septum, tonsils, etc.)
 Height **69** Weight **150** Temperature **98.6**
 Chest at expiration **33** , at inspiration **36**
 Skin and glands **Normal**
 Neck (thyroid, trachea, larynx) **Normal**
 Spine and extremities **Normal** (Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)
 Thorax (shape, movement, etc.) **Normal**
 Respiratory system **Normal** X-Ray chest-Neg. (film #4489)
 Heart and blood vessels **Normal**
 Pulse before exercise **60** , after exercise **92** , after rest **80**
 Blood pressure: Systolic **108** Diastolic **74**
 Abdomen and pelvis **Normal**
 Genito-urinary system **Varicocele, Lt., Small. NCD**
 Urinalysis: Albumen **Neg.** Sugar **Neg.**
 Nervous system **Normal** (Any evidence of disease, mental defects, etc., reflexes)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above (Underheight, underweight, defective vision, etc.)

None.

Place **NAS, Ottumwa, Iowa** Date **4-10-47**

I certify that I have personally made this physical examination.

(Signature) **S. J. OKULICZ, LCDR (MC) USN**
 Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place _____

Date _____

Termination by reason of _____ (Promotion, resignation, expiration of enlistment, physical disability, etc.)

All physical defects, however slight _____

(Signature) _____
 Senior Medical Examiner.

PHYSICAL EXAMINATION

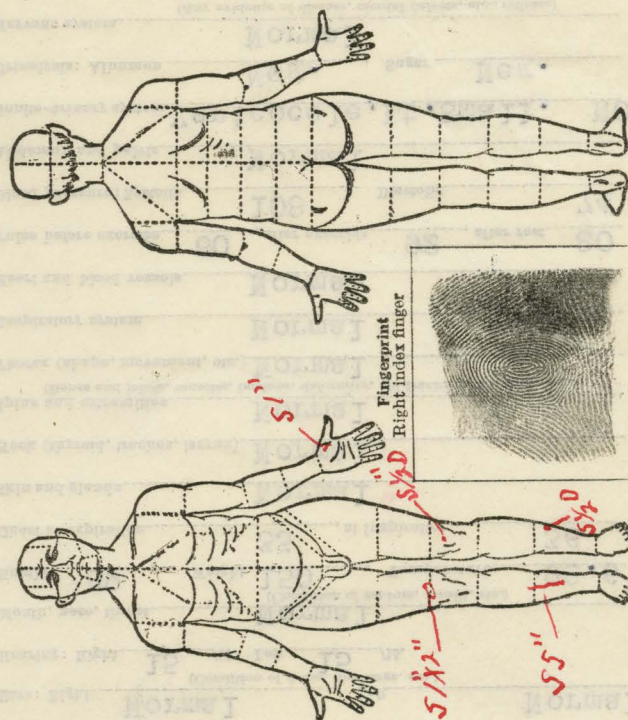
To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

BROWN C504477
(Surname) (Serial number)
Jesse Leroy
(Christian name(s))
NAS, Ottumwa, Ia Date 4-15-47
Midshipman Previous service 8 Months.
Born: Place Hattiesburg, Miss. Date 10-13-26
Nationality Negro Religion Prot.
(Denomination)
Next of kin or friend (F) John Brown
Rt. #1, Hattiesburg, Miss.

Complexion Negro Hair Negro General appearance Negro
Head and face Normal
Eyes Brown Normal
(Color, condition of lids, anatomical or other defect)
Vision: Right 20/20, corrected to - /20. Color perception Normal
Left 20/20, corrected to - /20.
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)
Hearing: Right 15 /15. Left 15 /15.
Mouth, nose, throat Normal
(Condition of septum, tonsils, etc.)
Height 69 Weight 150 Temperature 98.6
Chest at expiration 33, at inspiration 36
Skin and glands Normal
Neck (thyroid, trachea, larynx) Normal
Spine and extremities Normal
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)
Thorax (shape, movement, etc.) Normal
Respiratory system Normal
Heart and blood vessels Normal
Pulse before exercise 60, after exercise 92, after rest 80
Blood pressure: Systolic 108 Diastolic 74
Abdomen and pelvis Normal
Genito-urinary system Varicocele, Lt. Small. NCD
Urinalysis: Albumen Neg. Sugar Neg.
Nervous system Normal
(Any evidence of disease, mental defects, etc., reflexes)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above
(Underheight, underweight, defective vision, etc.)

Varicocele, Lt. Small. NCD

Place NAS, OTTUMWA, IOWA Date 4-15-47

I certify that I have personally made this physical examination.

(Signature) S. J. OKULICZ, LCDR (MC) USN
Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place U.S.S. LEYTE (CV32)

Date 14 April, 1949

Termination by reason of Appointment to the
(Promotion, resignation, expiration of enlistment, physical disability, etc.)
grade of Ensign. USN.

All physical defects, however slight 3rd Degree pes planus, NCD: Slight deviation, septum, Lt. NCD: Small, varicocele, Left. NCD.

(Signature) D. G. DANE, LTJG. MC. USN.

Senior Medical Examiner.

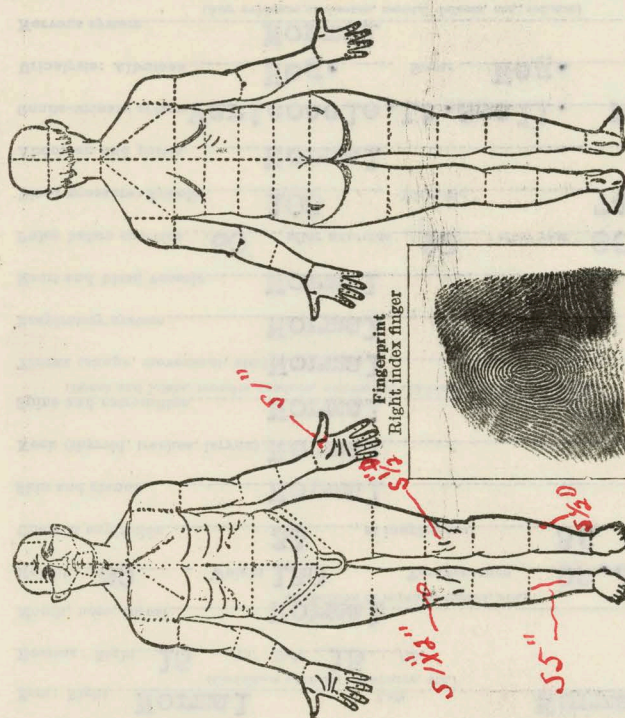
PHYSICAL EXAMINATION

To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

BROWN (Surname) **C504477** (Serial number)
Jesse Leroy (Christian name(s))
 Appointed **NAS, Ottumwa, Ia.** Date **4-15-47**
 Rank **Midshipman** Previous service **8 Months.**
 Rate **U.S. Navy Reserve**
 Born: Place **Hattiesburg, Miss.** Date **10-13-26**
 Nationality **Negro** Religion **Prot.** (Denomination)
 Next of kin or friend **(F) John Brown**
Rt. #1, Hattiesburg, Miss.
 Complexion **Negro** Hair **Negro** General appearance **Negro**
 Head and face **Normal**
 Eyes **Brown** **Normal** (Color, condition of lids, anatomical or other defect)
 Vision: Right **20** /20, corrected to **-** /20. Color perception **Normal**
 Left **20** /20, corrected to **-** /20.
 Ears: Right **Normal** Left **Normal** (Condition of drum, discharge, etc.)
 Hearing: Right **15** /15. Left **15** /15.
 Mouth, nose, throat **Normal** (Condition of septum, tonsils, etc.)
 Height **69** Weight **150** Temperature **98.6**
 Chest at expiration **33** , at inspiration **36**
 Skin and glands **Normal**
 Neck (thyroid, trachea, larynx) **Normal**
 Spine and extremities **Normal** (Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)
 Thorax (shape, movement, etc.) **Normal**
 Respiratory system **Normal**
 Heart and blood vessels **Normal**
 Pulse before exercise **60** , after exercise **92** , after rest **80**
 Blood pressure: Systolic **108** Diastolic **74**
 Abdomen and pelvis **Normal**
 Genito-urinary system **Varicocele, Lt. Small. NCD**
 Urinalysis: Albumen **Neg.** Sugar **Neg.**
 Nervous system **Normal** (Any evidence of disease, mental defects, etc., reflexes)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above (Underheight, underweight, defective vision, etc.)

Varicocele, Lt. Small. NCD

Place **NAS, OTTUMWA, IOWA** Date **4-15-47**

I certify that I have personally made this physical examination.

(Signature) **S. J. OKULICZ, LCDR (MC) USN**
 Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place _____

Date _____

Termination by reason of _____ (Promotion, resignation, expiration of enlistment, physical disability, etc.)

All physical defects, however slight _____

(Signature) _____ Senior Medical Examiner.

PHYSICAL EXAMINATION

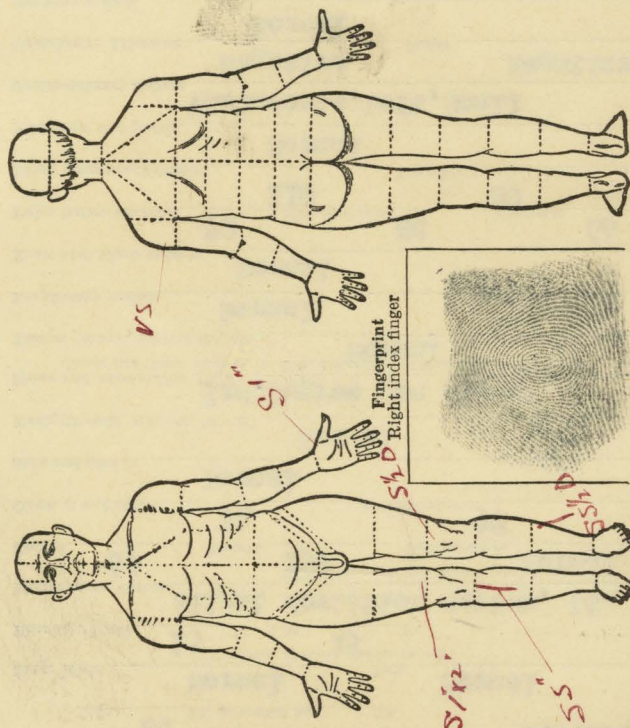
To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

BROWN **504477**
(Surname) (Serial number)
Jesse Leroy
(Christian name(s))
USS LEYTE CV32 **4-15-49**
Appointed Date
Ens. USN **2 yr. 8 mos.**
Rank Previous service
Hattiesburg, Miss **10-13-26**
Born: Place Date
Negro US **Prot.**
Nationality Religion (Denomination)
Next of kin or friend **(F) John Brown**
Rt. # 1, Hattiesburg, Miss.

Complexion **Black** Hair **Black** General appearance **Good**
Head and face **Normal**
Eyes **Brown Normal**
(Color, condition of lids, anatomical or other defect)
Vision: Right **20** /20, corrected to /20, Color perception **Normal**
Left **20** /20, corrected to /20, **A.O. 1940**
Ears: Right **Normal** Left **Normal**
(Condition of drum, discharge, etc.)
Hearing: Right **15** /15, Left **15** /15.
Mouth, nose, throat **Slight deviation septum, Lt.**
(Condition of septum, tonsils, etc.)
Height **69** Weight **157** Temperature **Normal**
Chest at expiration **34**, at inspiration **37**
Skin and glands **Normal**
Neck (thyroid, trachea, larynx) **Normal**
Spine and extremities **3rd. Degree pes planus**
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)
Thorax (shape, movement, etc.) **Normal**
Respiratory system **Normal**
Heart and blood vessels **Normal**
Pulse before exercise **72**, after exercise **88**, after rest **66**
Blood pressure: Systolic **110** Diastolic **80**
Abdomen and pelvis **Normal**
Genito-urinary system **Varicocele, Left, Small**
Urinalysis: Albumen **Negative** Sugar **Negative**
Nervous system **Normal**
(Any evidence of disease, mental defects, etc., reflexes)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above
(Underheight, underweight, defective vision, etc.)

None

Place **USS LEYTE (CV32)** Date **4-14-49**

I certify that I have personally made this physical examination.

D. G. DOANE, LTJG. MCN USN.
(Signature)

Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place _____

Date _____

Termination by reason of _____
(Promotion, resignation, expiration of enlistment, physical disability, etc.)

All physical defects, however slight _____

(Signature) _____

16-9917

Senior Medical Examiner.

PHYSICAL EXAMINATION

To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

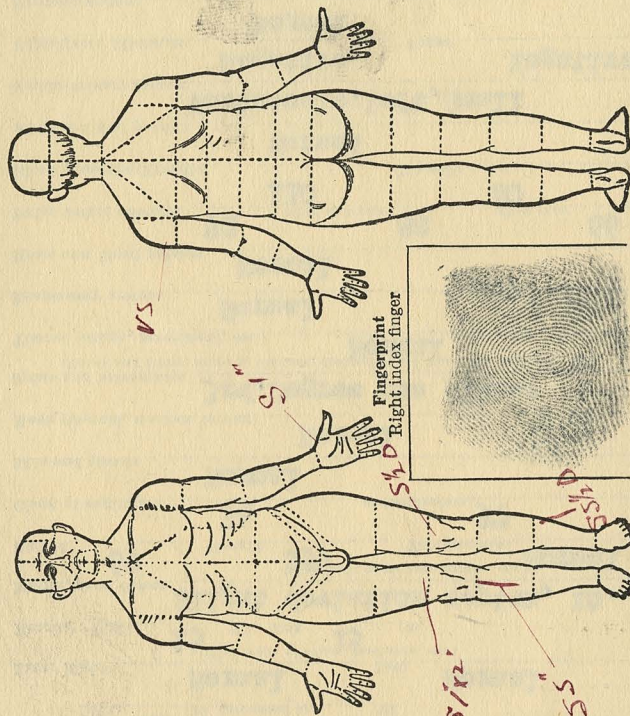
APR 25 RECD

BROWN **C-504477**
(Surname) (Serial number)
Jesse Leroy
(Christian name(s))
USS LEYTE CV32 Date **4-15-49**
Ens. USN Previous service **2 yr. 8 mos.**
Rate } U.S.N. U.S.M.C. U.S.A.
Hattiesburg, Miss Date **10-13-26**
Born: Place
Nationality **Negro US** Religion **Prot.**
(Denomination)
Next of kin or friend **(F) John Brown**
Rt. # 1, Hattiesburg, Miss.

Complexion **Black** Hair **Black** General appearance **Good**
Head and face **Normal**
Eyes **Brown Normal**
Vision: Right **20** Color, condition of lids, anatomical or other defect) **Normal**
/20, corrected to /20. Color perception **A.O. 1940**
Left **20** /20, corrected to /20.
Ears: Right **Normal** Left **Normal**
(Condition of drum, discharge, etc.)
Hearing: Right **15** /15. Left **15** /15.
Mouth, nose, throat **Slight deviation septum, Lt.**
Height **69** Weight **157** Condition of septum, tonsils, etc. **Normal**
Chest at expiration **34** at inspiration **37**
Skin and glands **Normal**
Neck (thyroid, trachea, larynx) **Normal**
Spine and extremities **3rd. Degree pes planus**
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)
Thorax (shape, movement, etc.) **Normal**
Respiratory system **Normal**
Heart and blood vessels **Normal**
Pulse before exercise **72** after exercise **88** after rest **66**
Blood pressure: Systolic **110** Diastolic **80**
Abdomen and pelvis **Normal**
Genito-urinary system **Varicocele, Left, Small**
Urinalysis: Albumen **Negative** Sugar **Negative**
Nervous system **Normal**
(Any evidence of disease, mental defects, etc., reflexes)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above
(Underheight, underweight, defective vision, etc.)

None

Place **USS LEYTE (CV32)** Date **4-14-49**

I certify that I have personally made this physical examination.

(Signature) **D. G. DOANE, LTJG. MCW USN.**
Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place _____

Date _____

Termination by reason of _____
(Promotion, resignation, expiration of enlistment, physical disability, etc.)

All physical defects, however slight _____

(Signature) _____
Senior Medical Examiner.

MEDICAL HISTORY

BROWN

(Surname)

Jesse

Leroy

(Christian name(s))

Born: Place Hattiesburg, Miss. Date 13 Oct. 1926

STATE NAME OF PLACE DATE EACH NEW ENTRY

8 July 1946

Examined this date and found physically qualified and aeronautically adapted for duty involving flying as a Student Naval Aviator.

NOTE: ~~No~~ facilities available.

R.R. LEWIS, Lt. Comdr. (MC), USN

MEDICAL HISTORY

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

MEDICAL HISTORY

MEDICAL HISTORY

BROWN

Jessie L.
(Surname)

(Christian name(s))

Born: Place **Hattiesburg, Miss.** Date **10-13-26**

STATE NAME OF PLACE DATE EACH NEW ENTRY

NAS Glenview, Ill. 3-17-47

Examined this date and found
physically qualified and aeronaut-
ically adapted for special active
duty as a student aviator.

G. B. Ribble
G. B. RIBBLE
Captain(MC)USN

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY