



Request For Michigan National Guard Records

Archive Records
MICHIGAN NATIONAL GUARD JOINT
FORCE HEADQUARTERS
3411 N. MARTIN LUTHER KING BLVD
LANSING, MI 48906-2934

Phone: (517)481-8331 Fax: (517)481-8363

RESTRICTIONS ON RELEASE OF INFORMATION: Information from records of retired/discharged military personnel are released subject to restrictions imposed by military departments consistent with provisions in the Freedom of Information Act of 1967 (Revised 1974) and the Privacy Act of 1974.

PLEASE PROVIDE ALL INFORMATION. INCOMPLETE FORMS WILL BE RETURNED.

SECTION 1 – SOLDIER INFORMATION (Required to Locate Records)

PLEASE PRINT:

NAME (Last, First, MI): Adams, Charles, William

SSN/SERVICE NUMBER(S): 371-20-6582

DATE OF BIRTH: 1927-10-27

MICHIGAN NATIONAL GUARD MEMBERSHIP: ☒ ARMY ☐ AIR ☐ OFFICER ☐ ENLISTED

APPROXIMATE DATES OF SERVICE FROM: 1950

TO: 1954

IS THE INDIVIDUAL DECEASED: ☒ YES ☐ NO

IS THE INDIVIDUAL RETIRED: ☒ YES ☐ NO

SECTION II – REQUESTED INFORMATION

☒ NGB 22 and/or DD 214, also includes all pertinent service records including NGB 23B discharge orders and any other required forms for proof of service.

☒ Medical Records

☒ Other: Information requested for genealogical purposes.

SECTION III – REQUESTOR INFORMATION

☐ Individual ☒ Family Member

☐ Official Business ☐ Recruiter

(586) 480-8386

Phone Number:

Kristine Margaret Adams-Walters

Name:

N/A

FAX:

11200 Lesure Dr.

Street Address

saaraah51@yahoo.com

E-Mail:

Sterling Heights, MI 48312

City, State, Zip

Please send records by US Mail

I understand by checking this box ☒ and typing my initials here KMAW that my digital signature in the signature field below is legally binding and certifies that I am indeed the person requesting the records or an authorized representative thereof and I declare under penalty of perjury that the foregoing is true and correct.

Kristine Margaret Adams-Walters

Signature

2020-11-14

Date

Note: Family members do not have access to spouse, sibling, or parental records without permission from said family member and subsequent filling out of the above form and proof of identity. Additionally in the case of a death of a service member or incapacitation proof of death or power of attorney will be required to obtain the records of said individual. RECORDS ARE PROTECTED UNDER THE FEDERAL PRIVACY ACT.

RECEIVED

NOV 16 2020

LOT #7
Box #3

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND

STATE OF MICHIGAN

LF 000536

CF 343760

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1492943

TYPE/PRINT
BY
PERMANENT
BLACK INK

DECEDENT

PAROIS

INFIRMANT

LOCATION

CAUSE OF DEATH

CERTIFIER

MEDICAL EXAMINER

BY 400

1. DECEDENT'S NAME (First, Middle, Last) CHARLES W. ADAMS, SR.		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) May 11, 1999
4a. AGE - Last Birthday (Years) 71	4b. UNDER 1 YEAR MONTHS DAYS 71	4c. UNDER 1 DAY HOURS MINUTES 10:27	5. DATE OF BIRTH (Month, Day, Year) October 27, 1927
6. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) St. Joseph Mercy-Oakland		7b. IF INSP. OR HST. Assistant On (Enter, Room, Dock (Specify)) Inpatient	7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH Pontiac
8. SOCIAL SECURITY NUMBER 371-20-6582		9. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Welder	
10. CURRENT RESIDENCE - State Michigan		10. STREET AND NUMBER 22 Carlton Court	
11. COUNTY Oakland		12. LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF Pontiac <input type="checkbox"/> TWP. OF	
13. ZIP CODE 48341		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
15. BIRTHPLACE (City and State or Foreign Country) Unknown		16. SURVIVING SPOUSE (If refer, give name, date of first marriage) Yes	
17. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chinese, other Hispanic, Afro-American, Arab, English, French, German, etc. (Specify below) American		18. RACE - American Indian, Black, White, etc. If Asian, give nationality (e.g., Chinese, Japanese, Asian Indian, etc. (Specify below)) White	
19. FATHER'S NAME (First, Middle, Last) Unknown		20. MOTHER'S NAME (First, Middle, Surname before last married) Unknown	
21. INFORMANT'S NAME (Type/Print) William Knoll		22. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 1191 Crestview, Bloomfield, MI. 48302	
23. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Cremation		24. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Suburban Crematory	
25. SIGNATURE OF FUNERAL HOME LICENSEE 		26. LICENSE NUMBER (Of Licensee) 6931	
27. NAME AND ADDRESS OF FACILITY Godhardt-Tomlinson Funeral Home 2904 Orchard Lake Rd., Keego Harbor, MI. 48320		28. WAS AN AUTOPSY PERFORMED (Yes or No) No	
29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or No) No		30. DATE SIGNED (Mo., Day, Yr.) May 13, 1999	
31. CASE NUMBER 033855		32. TIME OF DEATH 10:43 A.M.	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Roman Franklin, M.D., 900 Woodward Ave., Ste. 202, Pontiac, MI. 48341		34. DATE FILED (Month, Day, Year) MAY 13 1999	
35. ACT. SUICIDE, HOMICIDE, NATURAL OR PENDING INVEST (Specify) No		36. DATE OF INJURY (Mo., Day, Yr.) May 11, 1999	
37. TIME OF INJURY 10:27		38. DESCRIBE HOW INJURY OCCURRED Prostate cancer	
39. INJURY AT WORK (Specify Yes or No) No		40. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Prostate cancer	
41. LOCATION - Street or R.F.D. No. City, Village or Twp. State 22 Carlton Court, Pontiac, MI. 48341		42. DATE OF DEATH (Month, Day, Year) May 11, 1999	
43. REGISTERED SIGNATURE 		44. DATE OF DEATH (Month, Day, Year) May 11, 1999	

1139190



WARNING:

ANY REPRODUCTION IS PROHIBITED BY LAW.
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH
COLORED BACKGROUND AND TACTILE Holographic
SEALS IN UPPER CORNERS.
NOT VALID IF PHOTOCOPIED.

APR 27 2020

DATE

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF
SAID COUNTY OF OAKLAND DO HEREBY CERTIFY THAT
THE FOREGOING IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT ON
FILE IN MY OFFICE.Lisa Brown
LISA BROWN
County Clerk and Register of Deeds

By: Deputy Clerk

ANY ALTERATION OR FRAUDULENT VOID THIS CERTIFICATE



NATIONAL GUARD BUREAU
REPORT OF SEPARATION AND RECORD OF SERVICE IN THE ~~ARMY~~ NATIONAL GUARD OF THE
UNITED STATES AND THE ~~ARMY~~ NATIONAL GUARD OF MICHIGAN

TYPE OF DISCHARGE HONORABLE
(No erasures or alterations in this entry valid)

1. NAME (Last, first, middle initial) ADAMS, CHARLES W				2. SERVICE NO. 13 167 041	3. GRADE Pfc	4. ARM OR SERVICE Infantry	5. TERM OF ENLISTMENT Three (3) yrs			
6. ORGANIZATION Co M 125th Infantry HOME STATION Pontiac, Michigan				7. DATE OF DISCHARGE 1 January 1953		8. PLACE OF DISCHARGE Pontiac, Michigan				
9. PERMANENT ADDRESS FOR MAILING PURPOSES 8700 Clarridge., Clarkston, Michigan				10. DATE OF BIRTH 27 October 1927		11. PLACE OF BIRTH Crystal Lake, Ill				
12. CIVILIAN OCCUPATION (Include name and address of present employer, or if unemployed, the last employer) Factory Worker										
13. RACE WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>				14. MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		15. U. S. CITIZEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
16. COLOR EYES Blue		17. COLOR HAIR Blonde		18. HEIGHT 5 FT. 5 1/2 IN.		19. WEIGHT 138 LBS.				
20. NO. DEPENDENTS Two (2)										
MILITARY HISTORY										
21. DATE AND PLACE OF ENLISTMENT 8 August 1952 at Pontiac, Michigan				22. MILITARY OCCUPATIONAL SPECIALTY AND NUMBER None						
23. MILITARY QUALIFICATION AND DATE (i. e., Infantry, Aviation, Marksmanship Badges, etc.) Qualified as Marksman with Pistol Cal .45 score 233 Aug 1952 Qualified as Marksman with Rifle Cal 30 score 130 Aug 1952										
24. DECORATIONS, CITATIONS, MEDALS, BADGES, COMMENDATIONS, AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (This period of service) None										
25. PRIOR SERVICE (Branch of service, inclusive dates, and primary duty with MOS) 12 Mar 48 to 5 Jun 48 RA										
26. RETIREMENT CREDITS EARNED (This period of service)										
FIRST YEAR			SECOND YEAR			THIRD YEAR			TOTAL POINTS THIS SERVICE	
FROM—	TO—	POINTS	FROM—	TO—	POINTS	FROM—	TO—	POINTS		
8Aug52	1Jan53	37							37	
27. LENGTH THIS SERVICE			28. TOTAL SERVICE FOR PAY PURPOSES			29. LATEST IMMUNIZATION DATES			30. HIGHEST GRADE HELD	
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	SMALLPOX	TYPHOID	TETANUS		
0	4	23	0	7	16	7Aug52	27Aug52	25Oct52	Pfc	
31. SERVICE SCHOOLS ATTENDED AND DATES None								32. EDUCATION (Years)		
								GRAMMAR	HIGH SCHOOL	COLLEGE
								5	0	0
33. REASON AND AUTHORITY FOR DISCHARGE Acct Rej of Enlmt by NGB par 24 SO 257 Mich Mil Est dtd 23 Dec 52										
34. REMARKS (This space for completion of above items or entry of other items specified in NG directives) This EM is not re-enlisting and therefor will no longer be a member of the Michigan National Guard										
35. SIGNATURE OF PERSON BEING DISCHARGED (Full name) CHARLES WILLIAM ADAMS					36. SIGNATURE OF OFFICER AUTHORIZED TO SIGN (Type name, grade, and organization) William T. Hollis WILLIAM T HOLLIS Capt Inf Co M 125th Infantry					

AG MICH-201-Adams, Charles W. (Enl-MNG) 3rd Ind,
(22 December 1952)
SUBJECT: Rejection of Enlistment

Maj Holmes/bb

AGO Mich., Box 210, Lansing 1, Michigan, 6 January 1953

TO: CHIEF, National Guard Bureau, Rm 3D-221, The Pentagon, Washington 25, D. C.
ATTN: Chief, Personnel Branch, Army Division

1. Basic communication noted and complied with.

2. Private First Class Charles W. Adams, 13 167 041 was honorably discharged from his unit effective 1 January 1953 per paragraph 24, Special Order 257, Michigan Military Establishment dated 23 December 1952 on account of having been rejected for enlistment by NGB by reason of history of CDD 5 June 1948.

FOR THE ADJUTANT GENERAL OF MICHIGAN:

GILBERT G. HOLMES
Major, AGC, Michigan NG
Chief, Administrative Services



DEPARTMENTS OF THE ARMY AND THE AIR FORCE

NATIONAL GUARD BUREAU

WASHINGTON 25, D. C.

S: 12 January 1953

Date: 22 December 1952

NG-ARPE 201 ADAMS, Charles William Pvt
(Enl NG/ MICH .SN- 13 167 041
(Unit - Co H 135th Inf

SUBJECT: Rejection of Enlistment

TO: The Adjutant General, Michigan

1. The application for enlistment in the National Guard of the above identified individual is rejected by the National Guard Bureau for the following reasons:

XX Found to be physically disqualified by reason of history
of GDD 5 June 1948, for chronic peptic ulcer of stomach.

 Not eligible for enlistment by reason of

2. It is requested that the applicant be promptly discharged and that this bureau be notified of the date of discharge within 21 days by indorsement hereon.

FOR THE CHIEF, NATIONAL GUARD BUREAU:

Carey Jarman

CAREY JARMAN
Colonel, NGB
Chief, Army Personnel Branch
National Guard Bureau

AG MICH-201-Adams, Charles W. (Enl-MMG) 1st Ind.
(22 December 1952)
SUBJECT: Rejection of Enlistment

Maj Holmes/bb

AGO Mich., Box 210, Lansing 1, Michigan, 29 December 1952, S-19 January 1953

TO: CO, Co M, 125th Inf., Pontiac Armory, Water & Mill Streets, Pontiac, Michigan

1. Inviting attention to basic communication and attached Special Orders pertaining to Private First Class Charles W. Adams, 13 167 041.

2. Request subject enlisted man be discharged from your organization effective 1 January 1953 and the discharge records be completed and submitted to this office by indorsement hereon.

3. Please give this your prompt attention as this is a National Guard Bureau discharge and this office also has a suspense date to meet.

FOR THE ADJUTANT GENERAL OF MICHIGAN:

GILBERT G. HOLMES
Major, AGC, Michigan NG
Chief, Administrative Services

1 Incl:

Par 24, SO 257 (Co M, 125th Inf.)
Par 24, SO 257 (Charles W. Adams)

2nd Ind.

CO Co M 125 Inf Mich NG Pontiac Mich 1 Jan 53

TO: AGO Mich P.O.Box 210 Lansing 1, Mich

Basic communication complied with

7 Incl:
FM Disch records

WILLIAM T HOLLES
Capt Inf Mich NG
Commanding

SO 257 (1952)

Rank, Name & SN	Residence (Mich)	Unit Atch to For Future Asg
SFC JIM P [REDACTED]	236 Palmer NE Grand Rapids	Hq Co 126 Inf
SFC GILBERT L [REDACTED]	738 Black St Flint	Co F 125 Inf
PVT-2 GORDON G [REDACTED]	1331 N Woodward Ave Birmingham	Svc Btry 177 FA Bn

NGB Form 24 and allied papers will be ind and transmitted to the CG Hq & Hq Det Mich NG Box 210 Lansing. C of address will be rept by the above named EM to the CG Hq & Hq Det Mich NG.

22. CVOAG dates as indicated below auth the unit comd concerned to HD the fol named EM fr their units eff on dates confirmed UP par 72 NGR 25 and upon recm of Bd of Review by reason of enl in armed forces:

Grade, Name SN & Unit	Residence (Mich)	Eff Date	Enl In
PVT-2 JAMES P [REDACTED] Tk Co(90mm Gun) 126 Inf	Rt#2, South Haven	10 Dec 52	RA
PVT-2 CLEMONS S [REDACTED] Hq Co 425 Inf	1930 Chene, Detroit	15 Dec 52	Reg AF
PVT-2 FRANK R [REDACTED] Co L 125 Inf	1107 Beers St Port Huron	8 Dec 52	Reg AF
PVT-2 JOHN W [REDACTED] Med Co 425 Inf	13230 Birwood St Detroit	8 Dec 52	Reg AF
PVT-2 FRANCIS R [REDACTED] 46 Sig Co	19555 Hickory St Milan	15 Dec 52	Reg AF
PVT-2 GERALD L [REDACTED] Hq Co 126 Inf	900 Harding NW Grand Rapids	5 Dec 52	Reg AF

23. UP par 80 NGR 25 the CO Svc Co 125 Inf is dir to HD PVT-1 OTTO WILLIAMS 27014175 fr his unit eff 1 Jan 53. EM rejected for enl by NGB by reason of history of rejection of SSVG on 25 Mar 44. Home address: 519 Floral Park, Flint.

24. UP par 80 NGR 25 the CO Co M 125 Inf is dir to HD PFC CHARLES W ADAMS 13167041 fr his unit eff 1 Jan 53. EM rejected for enl by NGB by reason of history of CDD 5 Jun 48. Home address: 8700 Clarridge, Clarkston.

25. Par 19 SO 214 Mil Estab cs pert to HD M SGT DANIEL W GOODMAN 27025568 fr Co B 126 Inf is revoked.

26. SMOP 1 SO 244 Mil Estab cs pert to ofl trips for purpose of performing comd insp by LT COL RONALD [REDACTED] GS (Arty) Hq 46 Inf Div of Hq & Hq Btry 177 FA Bn, Detroit, 12 Dec 52 is deleted and amended to include "Co H 425 Inf, Detroit, 8 Dec 52," and as pert to 2 LT LOREN K WOODWORTH ADC (Inf) to insp Co A 425 Inf as reads "19 Dec 52," is amended to read "18 Dec 52."

27. CAPT ROBERT J [REDACTED] AGC OTAG WP Battle Creek fr Lansing o/a 23 Dec 52 for purpose of ofl NG dy. Upon compl of ofl dy will rtn to proper sta same date. SOV. TDN. STR.

28. CVOAG 22 Dec 52 auth WOJG RUPERT J [REDACTED] OUSP&DO to proceed to Detroit to Bay City fr Lansing o/a 22 Dec 52 for purpose of prop audit and inventory and upon compl of ofl dy to rtn to proper sta o/a 26 Dec 52. SOV. TDN. STR.

29. CVOAG 22 Dec 52 auth 2 LT ARTHUR J [REDACTED] (Civ Status) acct clk OUSP&DO to proceed by Govt veh o/a 22 Dec 52 fr Lansing to South Haven and rtn o/a 24 Dec 52 for purpose of prop audit. PD. TDN. 2132060 18-2120 P1212-02 S 20-065.

30. CVOAG 22 Dec 52 auth 2 LT LELAND A [REDACTED] (Civ Status) acct clk OUSP&DO to proceed by Govt veh o/a 22 Dec 52 fr Lansing to Detroit and rtn o/a 24 Dec 52 for purpose of prop audit. PD. TDN. 2132060 18-2120 P1212-02 S 20-065.

31. CVOAG 22 Dec 52 auth CPL ROBERT A [REDACTED] (Civ Status) acct clk OUSP&DO to proceed by Govt veh o/a 22 Dec 52 fr Lansing to Cp Grayling and rtn for purpose of prop audit. PD. TDN. 2132060 18-2120 P1212-02 S 20-065.

1 DEC 51

NATIONAL GUARD BUREAU
ENLISTMENT RECORD

NATIONAL GUARD OF
Michigan

1. NAME (Last, first, middle) Adams, Charles William		2. SERIAL NO. 13 167 041		3. RACE CAU	
4. HOME ADDRESS (Number, street, or rural route) 8700 Clarridge		5. CITY, TOWN, OR POST OFFICE Clarkston		6. STATE Michigan	
7. ENLISTED AT Pontiac, Michigan		8. FOR (Company, regiment, and arm or service) Company M 125th Infantry		9. DATE 8 Aug 52	
				10. GRADE Pvt-1	
				11. TO SERVE (Number of years) Three (3) <i>CWA</i>	

DECLARATION OF APPLICANT

12. PRIOR SERVICE (Give complete chronological statement of all prior service creditable for longevity only. See Section 3-A, Pay Readjustment Act 1948, as amended)

DATE OF ENL., IND., OR COMM.	DATE OF DISCHARGE OR RELEASE	COM-PONENT	OFF., W. O. OR ENL.	SERIAL OR SERVICE NO.	TYPE DISCH.	REASON FOR DISCHARGE OR RELEASE	TIME LOST	DOCUMENT VERIFIED FROM	VERIFIED BY
12Mar48	5Jun48	RA	Enl	13167041	Hon	AR 615-361 dtd 14May47	none	WD AGO Form 53	W.F.H.

"I have read paragraph 2, NGB Circular No. 28, 22 Dec 1948, and certify that I *(have never)* engaged in disloyal or subversive activities as defined therein." *CWA*

NUMBER OF MONTHS FEDERAL SERVICE (Less time lost) 2		NUMBER OF MONTHS NONFEDERAL SERVICE (Less time lost) 0	
13. PLACE OF BIRTH Crystal Lk, Ill		14. DATE OF BIRTH 27 Oct 1927	
15. AGE 24		16. ARE YOU A CITIZEN OF THE UNITED STATES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FILED DECLARATION	
17. CIVILIAN TRADE OR OCCUPATION Factory Worker		18. HOW LONG EMPLOYED? 4 years	
19. WEEKLY WAGES \$76.00		20. MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> DIVORCED	
21. INDICATE SSN AND TITLE OF SPECIAL MILITARY QUALIFICATIONS None		22. STATE NUMBER AND RELATIONSHIP OF DEPENDENTS, IF ANY Two (2) Wife and one child	
23. WERE YOU EVER CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, GIVE DATE OF ANY OFFENSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24. ARE YOU NOW DRAWING COMPENSATION OR DISABILITY ALLOWANCE FOR PHYSICAL DISABILITY FROM THE FEDERAL GOVT.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. EDUCATION (Circle highest grade completed) GRAMMAR SCHOOL HIGH SCHOOL COLLEGE 1 2 3 4 6 7 8 1 2 3 4 1 2 3 4		26. HAVE YOU EVER BEEN DISCHARGED UNDER OTHER THAN HONORABLE CONDITIONS FROM THE UNITED STATES MILITARY OR NAVAL SERVICE, THE MARINE CORPS, COAST GUARD, OR NATIONAL GUARD IN AN ACTIVE, INACTIVE, OR RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. HAVE YOU EVER PREVIOUSLY BEEN REJECTED FOR ENLISTMENT OR INDUCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF SO, GIVE DATE, PLACE, AND CAUSE OF REJECTION			
28. HAVE YOU EVER USED COCAINE, HEROIN, MORPHINE, MARIHUANA, OR ANY HABIT-FORMING DRUG OR NARCOTIC; SINCE CHILDHOOD, WET THE BED WHILE ASLEEP; HAD GONORRHEA, SORE ON PENIS, CONVULSIONS OR FITS, OR SPELLS OF UNCONSCIOUSNESS; RAISED OR SPAT UP BLOOD; HAD ANY ILLNESS, DISEASE, OR INJURY THAT REQUIRED TREATMENT AT A HOSPITAL OR ASYLUM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF ANSWER TO ANY PART OF THE FOREGOING IS YES, GIVE DATES AND AILMENT TO WHICH ANSWER REFERS 1943 Appendectomy 1946 Hospitalized peptic ulcer 1947 Hospitalized for throat infec			
29. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU NOW SOUND AND WELL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF NOT, GIVE DETAILS			
30. ARE YOU NOW A MEMBER OF THE ARMY, NAVY, MARINE CORPS, NATIONAL GUARD, OR COAST GUARD IN AN ACTIVE, INACTIVE, RESERVE, OR RETIRED STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, GIVE DETAILS			
31. DO YOU KNOW THAT IF YOU SECURE YOUR ENLISTMENT BY MEANS OF ANY FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS TO YOUR QUALIFICATIONS FOR ENLISTMENT YOU ARE LIABLE TO TRIAL BY COURT MARTIAL FOR FRAUDULENT ENLISTMENT? <input checked="" type="checkbox"/> YES			

I DECLARE THAT THE FOREGOING QUESTIONS AND MY ANSWERS TO THEM HAVE BEEN READ TO ME; THAT MY ANSWERS HAVE BEEN CORRECTLY ENTERED ON THIS ENLISTMENT RECORD AND ARE TRUE IN ALL RESPECTS; AND THAT I FULLY UNDERSTAND THE CONDITIONS UNDER WHICH I AM ENLISTING.

I CERTIFY THAT APPLICANT AGREES THAT ANSWERS TO THE ABOVE ARE CORRECT AND THAT I HAVE PERSONALLY VERIFIED ENTRIES UNDER ITEM 12 WHERE INDICATED BY MY INITIALS.

GIVEN AT Pontiac, Michigan

THIS 8th DAY OF August, 1952

WITNESS *William J. Hollis Capt. Co M 125th*
(TO BE WITNESSED BY ENLISTING OFFICER) (GRADE AND UNIT)

Charles William Adams
(SIGNATURE OF APPLICANT)

PHYSICAL EXAMINATION AT PLACE OF ENLISTMENT

32. EYES Blue	33. HAIR Blonde	34. COMPLEXION Light	35. HEIGHT (In inches) 65 1/4	36. WEIGHT 138	37. GIRTH OF CHEST AT NIPPLES ³⁶ AT EXPIRATION ³⁴ AT INSPIRATION ^{36 3/4}
38. GENERAL EXAMINATION (Physique, skin, head, chest, abdomen, extremities, etc.) Normal					
39. GENERAL SURGICAL CONDITIONS (Including hernia, hemorrhoids, varicose veins, and state of abdominal walls and kidneys) Normal			40. ORGANS OF LOCOMOTION (Including bones, muscles, and tendons) Normal		
41. GENITO-URINARY SYSTEM Normal		42. VISION RIGHT 20/ ⁸⁰ LEFT 20/ ⁸⁰ CORRECTED TO RIGHT 20/ ²⁰ LEFT 20/ ³⁰		43. EYE ABNORMALITIES None	
44. HEARING RIGHT 15/ ¹⁵ LEFT 15/ ¹⁵		45. EAR, NOSE, AND THROAT CONDITIONS Normal		46. MOUTH AND GUMS Normal	
47. LUNGS Normal		48. TEETH (Strike out missing, encircle those that may be restored) R 7 6 5 4 3 2 1 1 3 2 1 6 7 8 L X X X 13 12 11 10 9 9 10 11 12 13 X 15 16		49. CARDIO-VASCULAR SYSTEM Normal	
50. NEURO-PSYCHIATRIC EXAM. Normal		51. BLOOD PRESSURE SYSTOLIC ¹²⁴ DIASTOLIC ⁸⁴		52. PULSE RATE SITTING ⁸³ IMMEDIATELY AFTER EXERCISE ¹¹¹ TWO MINUTES AFTER EXERCISE ⁸⁵	
53. URINALYSIS SP. GR. ^{1.016} ALBUMIN ^{neg} SUGAR ^{neg}		54. CHEST X-RAY Not Required		55. SEROLOGY Not Required	
56. IMMUNIZATIONS started 8Aug52					

REMARKS (NOTE TO MEDICAL OFFICER: Explain here any abnormalities indicated above. Also, any discharge or rejection for physical reasons, and history of medical attention mentioned under items 12, 27, 28, and present condition pertaining thereto.)

No history of peptic ulcer symptoms in five (5) years

I CERTIFY THAT I HAVE CAREFULLY EXAMINED THE APPLICANT AND HAVE CORRECTLY RECORDED THE RESULTS OF THE EXAMINATION; AND THAT TO THE BEST OF MY JUDGMENT AND BELIEF, HE IS ☒ QUALIFIED ☐ DISQUALIFIED FOR SERVICE IN THE ARMY OF THE UNITED STATES. IF DISQUALIFIED, STATE REASON.

Pontiac, Michigan

8 August 1952

(PLACE)

(DATE)

E.C. COLLINS Maj MC (Res)
(SIGNATURE OF MEDICAL OFFICER)

OATH AND CERTIFICATE OF ENLISTMENT

STATE MICHIGAN	CITY, TOWN, OR COUNTY Pontiac (Oakland County)
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I, Charles William Adams, A CITIZEN OF THE UNITED STATES, DO HEREBY ACKNOWLEDGE TO HAVE VOLUNTARILY ENLISTED THIS 8 DAY OF August, 19 52 AS A SOLDIER IN THE NATIONAL GUARD OF THE UNITED STATES AND OF Michigan FOR THE PERIOD OF 3 YEARS UNDER THE CONDITIONS PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED BY PROPER AUTHORITY, AND I DO SOLEMNLY SWEAR (or affirm) THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE UNITED STATES OF AMERICA AND THE State of Michigan; THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER; AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES, AND OF THE GOVERNOR OF Michigan, AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO REGULATIONS AND THE UNIFORM CODE OF MILITARY JUSTICE.

Charles William Adams
(SIGNATURE)

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS 8 DAY OF August, A. D. 19 52 I FURTHER CERTIFY THAT THIS SOLDIER WAS MINUTELY INSPECTED BY ME PRIOR TO HIS SUBSCRIPTION TO THE OATH; THAT I FOUND HIM ENTIRELY SOBER AND IN FULL POSSESSION OF ALL HIS MENTAL FACULTIES; THAT TO THE BEST OF MY JUDGMENT AND BELIEF HE FULFILLS ALL LEGAL REQUIREMENTS, AND THAT IN ENLISTING HIM INTO THE NATIONAL GUARD OF Michigan AND THE NATIONAL GUARD OF THE UNITED STATES I HAVE STRICTLY OBSERVED THE REGULATIONS GOVERNING SUCH ENLISTMENTS. I FURTHER CERTIFY THAT THE ABOVE OATH, AS FILLED IN, WAS READ TO THE APPLICANT BEFORE HIS SUBSCRIPTION THERETO.

William T. Hallie
(SIGNATURE OF OFFICER ADMINISTERING OATH)

NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

FULL NAME OF NEAREST RELATIVE Sara Johnson Wells	RELATIONSHIP Mother	ADDRESS 5129 Remont Rd Pontiac, Michigan
FULL NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY Francis B Adams	RELATIONSHIP Wife	ADDRESS 8700 Clarridge Clarkston, Michigan

DESIGNATION OF BENEFICIARY

FULL NAME OF BENEFICIARY Francis B Adams	RELATIONSHIP Wife	ADDRESS 8700 Clarridge Clarkston, Michigan
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Charles William Adams
(SIGNATURE OF ENLISTED MAN)

William T. Hallie
(SIGNATURE OF WITNESSING OFFICER)

NATIONAL GUARD BUREAU
SERVICE AND QUALIFICATION RECORD

NGB Form 21 to be attached

SECTION 1—ENLISTMENT RECORD

NAME (Last, first, middle initial) Adams, Charles W WE-3		SERIAL NO. 13 167 041	RELIGIOUS PREFERENCE (If voluntarily given) Protestant
ENLISTED IN (Unit) Company M 125th Infantry		AT (City and State) Pontiac, Michigan	DATE 8 Aug 52
CHANGES	BENEFICIARY	RELATIONSHIP	PERSON TO BE NOTIFIED IN EMERGENCY
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	

SECTION 2—SCHOOLS ATTENDED

	YRS. COMP.	GRAD.		NAME OF INSTITUTION	MAJOR SUBJECT	DEGREE AND DATE	SERVICE SCHOOLS ARM OR SERVICE	NO. OF DAYS	TYPE OF COURSE	SSN	YR. GRAD. AND RATING
		Y	N								
GRAMMAR	5		x	Brooklyn Sch	Gen	none 1943					
HIGH SCHOOL											
COLLEGE											

SECTION 3—CIVILIAN OCCUPATION

MAIN OCCUPATION	Machine Welder
DESCRIPTION OF DUTIES	Works with a welder (Spot welder) Fender skirts for Pontiac Motor Div GM Corp located at Pontiac, Michigan

SECTION 4—QUALIFICATION IN ARMS

WEAPON	COURSE	QUALIFIED	SCORE	DATE
Pistol Cal .45 M1911A1	Record	Marksman	233	Aug 1952
US Rifle Cal .30 M1	Record	Marksman	130	Aug 1952

SECTION 5—RECORD OF TRIALS BY COURTS MARTIAL

CM.	AW	19	CM.	AW	19
SYNOPSIS OF SPECIFICATIONS	NO	DATE OF OFFENSE	SYNOPSIS OF SPECIFICATIONS	NO	DATE OF OFFENSE
SENTENCE		19	SENTENCE		19
SENTENCE AS APPROVED			SENTENCE AS APPROVED		
APPROVED FINAL AUTHORITY		19	APPROVED FINAL AUTHORITY		19
RELEASED FROM CONFINEMENT		19	RELEASED FROM CONFINEMENT		19

SECTION 6—MEDALS, DECORATIONS, AND CITATIONS

MEDALS, ETC	AUTHORITY	PLACE AND DATE PRESENTED	DATE EFFECTIVE

SECTION 7—APPOINTMENTS, PROMOTIONS, OR REDUCTIONS

GRADE	DATE	AUTHORITY	GRADE	DATE	AUTHORITY
Pvt-2	15 Sep 1952	par4 AGO Memo 48 1952			
Pfc	20 Sep 1952	O#4 Co M 125 Inf 1952			

SECTION 8—DUTY FOR WHICH ADDITIONAL PAY IS AUTHORIZED

QUALIFICATION OR DUTY	AUTHORITY	SCORE OR RATING	DATE EFFECTIVE	DATE DISCONTINUED

SECTION 9—REMARKS—ADMINISTRATIVE

DATE	REMARK	DATE	REMARK
1Dec52	UCMJ		

SECTION 10—REMARKS—FINANCIAL

DATE	DESCRIPTION AND AMOUNT DUE UNITED STATES OR SOLDIER	ROLL ON WHICH PAID	DATE	DESCRIPTION AND AMOUNT DUE UNITED STATES OR SOLDIER	ROLL ON WHICH PAID

SECTION 11—RETIREMENT CREDITS

DRILL OR PERIOD OF EQUIVALENT INSTRUCTION			ACTIVE FEDERAL SERVICE (Including Field Training)			MEMBER OF NATIONAL GUARD			ANNUAL TOTALS		
INCLUSIVE DATES		POINTS	INCLUSIVE DATES		POINTS	INCLUSIVE DATES		POINTS	INCLUSIVE DATES		POINTS
8Aug52 ⁴	1Jan53	17	16Aug52	30Aug52	15	8Aug52	1Jan53	5	8Aug52	1Jan53	37

SECTION 12—INDORSEMENTS

1ST INDORSEMENT

DATE THIS IND.	FROM (<i>Unit and station</i>)	TO (<i>Unit and station to which soldier is transferred</i>)	
EDCMR	PER (<i>Authority</i>)	CHARACTER	EFFICIENCY RATING

I HAVE PERSONALLY VERIFIED THE ABOVE ENTRIES AND HAVE CHECKED ALL ENTRIES MADE AT THIS HQ IN THIS RECORD

TYPED OR PRINTED NAME, GRADE, AND UNIT

SIGNATURE

2D INDORSEMENT

DATE THIS IND.	FROM (<i>Unit and station</i>)	TO (<i>Unit and station to which soldier is transferred</i>)	
EDCMR	PER (<i>Authority</i>)	CHARACTER	EFFICIENCY RATING

I HAVE PERSONALLY VERIFIED THE ABOVE ENTRIES AND HAVE CHECKED ALL ENTRIES MADE AT THIS HQ IN THIS RECORD

TYPED OR PRINTED NAME, GRADE, AND UNIT

SIGNATURE

3D INDORSEMENT

DATE THIS IND.	FROM (<i>Unit and station</i>)	TO (<i>Unit and station to which soldier is transferred</i>)	
EDCMR	PER (<i>Authority</i>)	CHARACTER	EFFICIENCY RATING

I HAVE PERSONALLY VERIFIED THE ABOVE ENTRIES AND HAVE CHECKED ALL ENTRIES MADE AT THIS HQ IN THIS RECORD

TYPED OR PRINTED NAME, GRADE, AND UNIT

SIGNATURE

SECTION 13—REPORT OF SEPARATION

TO: THE ADJUTANT GENERAL, STATE OF Michigan 1 Jan 1953

THIS SOLDIER WAS SEPARATED FROM NG SERVICE BY REASON OF Rej of Enlmt by NGB par 24 ON 1 Jan 1953

AT Pontiac, Mich SO 257 Mich Mil Est 1952 ALLIED PAPERS AS REQUIRED BY NGB 25 ARE ATTACHED.

ADDRESS AT TIME OF SEPARATION 8700 Clarridge, Clarkston, Mich TYPE OF DISCHARGE HON CHARACTER Excellent

WILLIAM T HOLLIS Capt Inf Co M 125 Inf William T. Hollis

TYPED OR PRINTED NAME, GRADE AND UNIT SIGNATURE OF COMMANDING OFFICER

201
NGB FORM 1 DEC 51 21

NATIONAL GUARD BUREAU
ENLISTMENT RECORD

NATIONAL GUARD OF
Michigan

1. NAME (Last, first, middle) Adams, Charles William		2. SERIAL NO. 13 167 041	3. RACE CAU
4. HOME ADDRESS (Number, street, or rural route) 8700 Clarridge		5. CITY, TOWN, OR POST OFFICE Clarkston	6. STATE Michigan
7. ENLISTED AT Pontiac, Michigan	8. FOR (Company, regiment, and arm or service) Company M 125th Infantry	9. DATE 8 Aug 52	10. GRADE Pvt-1
		11. TO SERVE (Number of years) Three (3) <i>CMA</i>	

DECLARATION OF APPLICANT

12. PRIOR SERVICE (Give complete chronological statement of all prior service creditable for longevity only. See Section 3-A, Pay Readjustment Act 1948, as amended)

DATE OF ENL., IND., OR COMM.	DATE OF DISCHARGE OR RELEASE	COM-PONENT	OFF. W. O. OR ENL.	SERIAL OR SERVICE NO.	TYPE DISCH.	REASON FOR DISCHARGE OR RELEASE	TIME LOST	DOCUMENT VERIFIED FROM	VERI-FIED BY
12Mar48	5Jun48	RA	Enl	13167041	Hon	AR 615-361 dtd 14May47	none	WD AGO Form 53	<i>W.H.</i>

"I have read paragraph 2, NGB Circular No. 28, 22 Dec 1948, and certify that I *have* (have never) engaged in disloyal or subversive activities as defined therein." *CMA*

NUMBER OF MONTHS FEDERAL SERVICE (Less time lost) 2		NUMBER OF MONTHS NONFEDERAL SERVICE (Less time lost) 0	
13. PLACE OF BIRTH Crystal Lk, Ill	14. DATE OF BIRTH 27 Oct 1927	15. AGE 24	16. ARE YOU A CITIZEN OF THE UNITED STATES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FILED DECLARATION
17. CIVILIAN TRADE OR OCCUPATION Factory Worker	18. HOW LONG EMPLOYED? 4 years	19. WEEKLY WAGES \$76.00	20. MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> DIVORCED
21. INDICATE SSN AND TITLE OF SPECIAL MILITARY QUALIFICATIONS None		22. STATE NUMBER AND RELATIONSHIP OF DEPENDENTS, IF ANY Two (2) wife and one child	
23. WERE YOU EVER CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, GIVE DATE OF ANY OFFENSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24. ARE YOU NOW DRAWING COMPENSATION OR DISABILITY ALLOWANCE FOR PHYSICAL DISABILITY FROM THE FEDERAL GOVT.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. EDUCATION (Circle highest grade completed) GRAMMAR SCHOOL HIGH SCHOOL COLLEGE 1 2 3 4 6 7 8 1 2 3 4 1 2 3 4		26. HAVE YOU EVER BEEN DISCHARGED UNDER OTHER THAN HONORABLE CONDITIONS FROM THE UNITED STATES MILITARY OR NAVAL SERVICE, THE MARINE CORPS, COAST GUARD, OR NATIONAL GUARD IN AN ACTIVE, INACTIVE, OR RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. HAVE YOU EVER PREVIOUSLY BEEN REJECTED FOR ENLISTMENT OR INDUCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF SO, GIVE DATE, PLACE, AND CAUSE OF REJECTION			
28. HAVE YOU EVER USED COCAINE, HEROIN, MORPHINE, MARIHUANA, OR ANY HABIT-FORMING DRUG OR NARCOTIC; SINCE CHILDHOOD, WET THE BED WHILE ASLEEP; HAD GONORRHEA, SORE ON PENIS, CONVULSIONS OR FITS, OR SPELLS OF UNCONSCIOUSNESS; RAISED OR SPAT UP BLOOD; HAD ANY ILLNESS, DISEASE, OR INJURY THAT REQUIRED TREATMENT AT A HOSPITAL OR ASYLUM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF ANSWER TO ANY PART OF THE FOREGOING IS YES, GIVE DATES AND AILMENT TO WHICH ANSWER REFERS 1943 Appendectomy 1946 Hospitalized peptic ulcer 1947 Hospitalized for throat infec			
29. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU NOW SOUND AND WELL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF NOT, GIVE DETAILS			
30. ARE YOU NOW A MEMBER OF THE ARMY, NAVY, MARINE CORPS, NATIONAL GUARD, OR COAST GUARD IN AN ACTIVE, INACTIVE, RESERVE, OR RETIRED STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, GIVE DETAILS			
31. DO YOU KNOW THAT IF YOU SECURE YOUR ENLISTMENT BY MEANS OF ANY FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS TO YOUR QUALIFICATIONS FOR ENLISTMENT YOU ARE LIABLE TO TRIAL BY COURT MARTIAL FOR FRAUDULENT ENLISTMENT? <input checked="" type="checkbox"/> YES			

I DECLARE THAT THE FOREGOING QUESTIONS AND MY ANSWERS TO THEM HAVE BEEN READ TO ME; THAT MY ANSWERS HAVE BEEN CORRECTLY ENTERED ON THIS ENLISTMENT RECORD AND ARE TRUE IN ALL RESPECTS; AND THAT I FULLY UNDERSTAND THE CONDITIONS UNDER WHICH I AM ENLISTING.

I CERTIFY THAT APPLICANT AGREES THAT ANSWERS TO THE ABOVE ARE CORRECT AND THAT I HAVE PERSONALLY VERIFIED ENTRIES UNDER ITEM 12 WHERE INDICATED BY MY INITIALS.

GIVEN AT **Pontiac, Michigan**

THIS **8th** DAY OF **August**, 19 **52**

WITNESS *William T. Hollis - Capt. Co M 125th*
(TO BE WITNESSED BY ENLISTING OFFICER) (GRADE AND UNIT)

Charles William Adams
(SIGNATURE OF APPLICANT)

PHYSICAL EXAMINATION AT PLACE OF ENLISTMENT

32. EYES Blue	33. HAIR Blonde	34. COMPLEXION Light	35. HEIGHT (In inches) 65 1/4	36. WEIGHT 138	37. GIRTH OF CHEST AT NIPPLES 36 AT EXPIRATION 34 AT INSPIRATION 36 3/4
38. GENERAL EXAMINATION (Physique, skin, head, chest, abdomen, extremities, etc.) Normal					
39. GENERAL SURGICAL CONDITIONS (Including hernia, hemorrhoids, varicose veins, and state of abdominal walls and kidneys) Normal				40. ORGANS OF LOCOMOTION (Including bones, muscles, and tendons) Normal	
41. GENITO-URINARY SYSTEM Normal		42. VISION RIGHT 20/ 80 LEFT 20/ 80 CORRECTED TO RIGHT 20/ 20 LEFT 20/ 30		43. EYE ABNORMALITIES None	
44. HEARING RIGHT 15/ 15 LEFT 15/ 15		45. EAR, NOSE, AND THROAT CONDITIONS Normal		46. MOUTH AND GUMS Normal	
47. LUNGS Normal		48. TEETH (Strike out missing, encircle those that may be restored) R 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 L X X X X X X X X X X X X X X X X		49. CARDIO-VASCULAR SYSTEM Normal	
50. NEURO-PSYCHIATRIC EXAM. Normal		51. BLOOD PRESSURE SYSTOLIC 124 DIASTOLIC 84		52. PULSE RATE SITTING 83 IMMEDIATELY AFTER EXERCISE 111 TWO MINUTES AFTER EXERCISE 85	
53. URINALYSIS SP. GR. 1.016 ALBUMIN neg SUGAR neg		54. CHEST X-RAY Not Required		55. SEROLOGY Not Required	
56. IMMUNIZATIONS started 8Aug52					

REMARKS (NOTE TO MEDICAL OFFICER: Explain here any abnormalities indicated above. Also, any discharge or rejection for physical reasons, and history of medical attention mentioned under items 12, 27, 28, and present condition pertaining thereto.)

No history of peptic ulcer symptoms in five (5) years

I CERTIFY THAT I HAVE CAREFULLY EXAMINED THE APPLICANT AND HAVE CORRECTLY RECORDED THE RESULTS OF THE EXAMINATION; AND THAT TO THE BEST OF MY JUDGMENT AND BELIEF, HE IS ☒ QUALIFIED ☐ DISQUALIFIED FOR SERVICE IN THE ARMY OF THE UNITED STATES. IF DISQUALIFIED, STATE REASON:

Pontiac, Michigan **8 August 1952** **E.C. COLLINS Maj MC (Res)**
(PLACE) (DATE) (SIGNATURE OF MEDICAL OFFICER)

OATH AND CERTIFICATE OF ENLISTMENT

STATE **MICHIGAN** CITY, TOWN, OR COUNTY **Pontiac (Oakland County)**

I, **Charles William Adams**, A CITIZEN OF THE UNITED STATES, DO HEREBY ACKNOWLEDGE TO HAVE VOLUNTARILY ENLISTED THIS **8** DAY OF **August**, 19 **52** AS A SOLDIER IN THE NATIONAL GUARD OF THE UNITED STATES AND OF **Michigan** FOR THE PERIOD OF **3** YEARS UNDER THE CONDITIONS PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED BY PROPER AUTHORITY, AND I DO SOLEMNLY SWEAR (or affirm) THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE UNITED STATES OF AMERICA AND THE **State of Michigan**; THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER; AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES, AND OF THE GOVERNOR OF **Michigan**, AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO REGULATIONS AND THE UNIFORM CODE OF MILITARY JUSTICE.

Charles William Adams
(SIGNATURE)

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS **8** DAY OF **August**, A. D. 19 **52** I FURTHER CERTIFY THAT THIS SOLDIER WAS MINUTELY INSPECTED BY ME PRIOR TO HIS SUBSCRIPTION TO THE OATH; THAT I FOUND HIM ENTIRELY SOBER AND IN FULL POSSESSION OF ALL HIS MENTAL FACULTIES; THAT TO THE BEST OF MY JUDGMENT AND BELIEF HE FULFILLS ALL LEGAL REQUIREMENTS, AND THAT IN ENLISTING HIM INTO THE NATIONAL GUARD OF **Michigan** AND THE NATIONAL GUARD OF THE UNITED STATES I HAVE STRICTLY OBSERVED THE REGULATIONS GOVERNING SUCH ENLISTMENTS. I FURTHER CERTIFY THAT THE ABOVE OATH, AS FILLED IN, WAS READ TO THE APPLICANT BEFORE HIS SUBSCRIPTION THERETO.

William J. Hollis
(SIGNATURE OF OFFICER ADMINISTERING OATH)

NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

FULL NAME OF NEAREST RELATIVE Sara Johnson Wells	RELATIONSHIP Mother	ADDRESS 5129 Remont Rd Pontiac, Michigan
FULL NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY Francis B Adams	RELATIONSHIP Wife	ADDRESS 8700 Clarridge Clarkston, Michigan

DESIGNATION OF BENEFICIARY

FULL NAME OF BENEFICIARY Francis B Adams	RELATIONSHIP Wife	ADDRESS 8700 Clarridge Clarkston, Michigan
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Charles William Adams
(SIGNATURE OF ENLISTED MAN)

William J. Hollis
(SIGNATURE OF WITNESSING OFFICER)