

STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME, MIDDLE NAME, MAIDEN NAME (If any), LAST NAME: **R. G. Vinson**

2. STATUS: MILITARY OR ACTIVE DUTY

3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage): **Bob or Robert**

4. PERMANENT MAILING ADDRESS: **1933 Wynkoop Dr Colorado Springs, Colorado**

5. DATE OF BIRTH (Day, month, year): **12 December 1923**

PLACE OF BIRTH (City, County, State, and Country): **Headland (Henry) Alabama**

PLACE CERTIFICATE RECORDED: **Montgomery, Alabama**

RACE: **Cauc** HEIGHT: **5' 9"** WEIGHT: **160** COLOR OF EYES: **Blue** COLOR OF HAIR: **Brown** SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS: **1/2" scar, little finger, left hand**

6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? YES NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HALLUCINATING DRUGS SUCH AS BARBITURATES OR BARBITURATES? YES NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? YES NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.

7. U. S. CITIZEN: NATIVE IF NATURALIZED, CERTIFICATE NO.: **N/A** IF DERIVED, PARENTS' CERTIFICATE NO(S): **N/A** DATE, PLACE, AND COURT: **N/A**

ALIEN: N/A REGISTRATION NO: **N/A** NATIVE COUNTRY: **N/A** DATE AND PORT OF ENTRY: **N/A** DO YOU INTEND TO BECOME A U. S. CITIZEN? YES NO

MILITARY SERVICE

8. ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? YES NO IF "YES," COMPLETE THE FOLLOWING:

GRADE AND SERVICE NO: **SSGT E-5 AF14145079** SERVICE AND COMPONENT: **USAF** ORGANIZATION AND STATION: **Det #1, 4608th Sup Sq, Ent AFB, Colorado** DATE CURRENT ACTIVE SERVICE STARTED: **17 March 1948**

ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? YES NO IF "YES," COMPLETE THE FOLLOWING:

GRADE AND SERVICE NO: **N/A** SERVICE AND COMPONENT: **N/A** ORGANIZATION AND STATION OR UNIT AND LOCATION: **N/A**

HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? YES NO IF "YES," COMPLETE THE FOLLOWING:

COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS—GRADE AND SERVICE NO.
USA	US Army	Reg	10May46	12Nov47	Hon-Sgt (T-4) - RA 14145079
USA	USAF	Reg	17Mar48	3Jan51	Hon-Sergeant-AF 14145079

(Continued in Item #20)

9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)

MONTH AND YEAR		NAME AND LOCATION OF SCHOOL	GRADUATE		DEGREE
FROM--	TO--		YES	NO	
Sep 43	May 45	Lockhart Jr High School, Lockhart, Ala	X		
Sep 45	May 46	Floralda High School, Floralda, Ala	X		
Sep 48	Jan 49	Crestview High School, Crestview, Fla	X		Night Sch
Jun 61	Present	Univ of Colo Ext Div, Colo Springs, Colo	X		Night Sch

10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)

RELATION AND NAME	DATE AND PLACE OF BIRTH	PRESENT ADDRESS, IF LIVING	U. S. CITIZEN	
			YES	NO
FATHER Robert Griel Vinson	24 December 1894 Barbara County, Ala	23 Rapp Street Lockhart, Alabama	X	
MOTHER (Maiden name) Effie McCall Vinson	Deceased - 7 May 58		X	
SPOUSE (Maiden name) Roberta M. Bolin	10 January 1917 Pratt, Kansas	1938 Wynkoop Dr Colorado Springs, Colo	X	
OTHER (Specify) (Daughter) Angela Marie Vinson	5 June 1948 Eglin AFB, Fla	1639 West Mentor Philadelphia 41, Penn	X	
(Daughter) Dolores Vinson	2 September 1952 Philadelphia, Penn	1639 West Mentor Philadelphia 41, Penn	X	
(Ex-Spouse) Helen Mary Penrose	22 August 1926 Philadelphia, Penn	1639 West Mentor Philadelphia 41, Penn	X	
Divorced 6 January 1959, Amarillo, Texas				
(Brother) William D. Vinson	4 January 1919 Coffee County, Ala	25 Rapp Street Lockhart, Ala	X	15

11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)

RELATIONSHIP AND NAME	AGE	OCCUPATION	ADDRESS	CITIZENSHIP
NONE				

12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)

DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM	TO		
NONE			

13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM	TO			
Apr 36	Sep 43	Worked on Father's Farm during summer months	Robert G. Vinson (Father)	Moved
Sep 43	May 46	Worked in Father's Garage during summer months	Robert G. Vinson (Father)	Joined US Army
May 46	Nov 47	US Army	Some as above	
12 Nov 47	20 Nov 47	Unemployed	Some as above	
20 Nov 47	2 Dec 47	Simms Super Mkt, Florala, Ala	Mr. Simms	Better Pay
2 Dec 47	17 Mar 48	Self-employed (Auto Garage)	Robert G. Vinson ^{Father}	Sold Business
17 Mar 48	Date	US Air Force		

DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? YES NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY? YES NO HAVE YOU EVER BEEN REFUSED BOND? YES NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.

SOCIAL SECURITY NO. 417-32-3274

14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories.)

	NAME (List 3 credit and 5 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
CREDIT	First National Bank	2	Pikes Peak & Tejon St	Colo Springs	Colo
	Kaufman's Dept Store	3	Tejon & Colo Ave	Colo Springs	Colo
	May D&F Dept Store	3	101 Tejon Street	Colo Springs	Colo
	Mrs. Mary H. Koby	3	2854 Casden Circle	Colo Springs	Colo
	Robert E. Cole	3	2707 Carlsbad Dr	Colo Springs	Colo
CHARACTER	Lt Col Wm. A. Brant	3	2105 Alpine Dr	Colo Springs	Colo
	Mrs. Shanna W. Chard	3	2507 Holiday Lane	Colo Springs	Colo
	SSgt Ralph A. Stark	3	832 So. Circle Dr	Colo Springs	Colo

REMARKS

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15. LIST ALL RESIDENCES FROM 1 JANUARY 1937

MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM—	TO—			
Dec 28	Nov 32	Gen. Delivery,	Headland	Alabama
Nov 32	Jan 43	Route #1	Coffee Springs	Alabama
Jan 43	May 46	23 Rapp Street	Lockhart	Alabama
May 46	Nov 47	U.S. Army	China Polk	to
Nov 47	Mar 48	23 Rapp Street	Lockhart	Alabama
Mar 48	Date	U.S. Air Force		

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP	
			FROM—	TO—
NCO Toastmasters Club Ent AFB, Colorado	Social	None	Oct 62	Date

17.

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARE YOU NOW ASSOCIATING WITH OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. YES NO
IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR YOUR GOOD CHARACTER?

19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? YES NO IF "YES," GIVE DETAILS

20. REMARKS *REF. ITEM 14, I HAVE NOT KNOWN ANYONE FOR OVER 3 YEARS.*

Item #8 (Cont'd):

Country	Svc	Component	From (Date)	To (Date)	Type Discharge or Sep, Grade and Service No.
USAF	USAF	Reg	4 Jan 51	27 Jul 54	Hon-SSGT-AF 14145079
USA	USAF	Reg	28 Jul 54	24 Jan 60	" " "
USA	USAF	Reg	25 Jan 60	24 Jan 64	" " "

Item #10 (Cont'd):

Relation & Name	Date & Place of Birth	Present Address if Living	U.S. Citizen
Brother Paul D. Vinson	22 October 1922 Coffee County, Ala	Route #2 Leesville, La	Yes
Brother Homer R. Vinson	27 October 1924 Headland, Ala	"B" Co., 3d Engr Bn APO 29, N.Y., N.Y.	Yes
Sister Eddie Lou (Vinson) Hall	1 September 1926 Headland, Ala	27 Rapp Street Lockhart, Ala	Yes
Sister Alice (Vinson) Clements	28 February 1933 Coffee County, Ala	615 AC&W Sq Box 333 APO 409, N.Y., N.Y.	Yes
Brother Robert D. Vinson	10 March 1937 Coffee County, Ala	23 Rapp Street Lockhart, Ala	Yes

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE 15 Oct 64	SIGNATURE OF PERSON COMPLETING FORM <i>R. G. Vinson</i>
TYPED NAME AND ADDRESS OF WITNESS Mrs. Barbara H. Thompson 808 Pecos Dr., Security, Colorado	SIGNATURE OF WITNESS <i>Barbara H. Thompson</i>

21. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION
BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS