REFERENCE SERVICE SLIP
Archival Research Room Record Request
National Archives at St. Louis

Date: AUG 05 2025 PM01:26
8/11/2025

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Fleming, Harlie		1905

MILITARY SERVICE

Branch of Service:
- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:
- ☐ Enlisted
- ☐ Officer
- ☑ Unknown

Service Period (Check all that apply):
- ☑ 1939 & Prior
- ☑ 1940 - 1950
- ☐ 1950 & After

Date & Place of Death: 1983

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.): Hillsboro Lighthouse, FL 1941

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location) 000103555 ✓ BIRLS

From: To: ← matches SSN lead

(Agency & Location)

From: To:

(Agency & Location)

From: To:

Other Identifying Information (Maiden Name, Job Title, etc.)

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: C-0006082735

CMRS Search Request Number(s): ~~CGS-002755-7468~~ → Only record in registry and CG by name

Attendant Signature:

Remarks: → SVN 183555 and 26933 in record

There is a record for same name using 00026933 ↓ CG record ordered under this SVN

25 AUG 20 PM 1:40

SCREENING NOTES

- ☒ Reviewed and Nothing Removed
- ☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

N. C. G.-2029 (Rev. 2-2-43)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

COC ARIADNE
Comdr. 7th CG Dist. (Unit)

Miami, Fla. (Place)

5 Nov. 1946 (Date)

FROM: FLEMING, Harlie (n) (103-555) CBM

TO: COMMANDANT (via Comdr. 7th CG Dist)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	706 Ashe Street, Key West, Fla. (Address of wife)
John Harlie (son) (Full name of child; if none, so state)	same as above (Address of child)
Walter James (son) (Full name of child; if none, so state)	same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)

CODED 10.18

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Steve C. Fleming	Father	286 Moore Street, Greenville, SC

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 5th day of Nov., 19 46

J. R. HINMANT
(Signature)

Commander, USCG
(Rank or title)

Harlie Fleming
Harlie Fleming
(Signature)

CBM
(Rank or rating)

16—25758-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Comdr. 7th CG District	CGC ARIADNE	Miami, Fla.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
		4 Nov. 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

Issued Honorable Discharge No. A-63794 this date by reason of expiration of enlistment and extension thereof.

Entitled TA:
Miami, Fla., (POD) to
New Orleans, La. (PAFE)

DUTY CODE NO. 18-D
AUTH: Art. 589 (1) Reg.

J. R. HINNANT, Commander, USCG
By direction (*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding
	CODED NO.18

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

RECORD OF PROCEEDINGS OF THE UNITED STATES COAST GUARD RETIRING BOARD

Convened at

Seventh Coast Guard District, Miami, Florida, 11 July, 1946

In the case of

Boatswain Harlie Fleming, U. S. Coast Guard

TREASURY DEPARTMENT

U. S. COAST GUARD

OFFICE OF THE CHIEF COUNSEL

9 October, 1946

The record of proceedings of the Coast Guard Retiring Board in the case of Boatswain Harlie Fleming, U. S. Coast Guard, was transmitted to the Secretary of the Treasury, and by him laid before the President for his approval or disapproval, or orders in the case, with the recommendation that the findings of the board be approved and that Boatswain (T) Harlie Fleming, U. S. Coast Guard, be not retired.

On 25 September, 1946, the President approved the proceedings and findings of the Coast Guard Retiring Board and the recommendations of the Secretary of the Treasury in this case.

Acting

J. F. Sullivan

Chief Counsel, U. S. Coast Guard

A1979

1-6

...DATIONS

20 August, 1946

	SERVICE NUMBER	RANK, RATE
...lie		Boatswain, USCG

FINDINGS OF BOARD

...ove-named warrant officer is not incapacitated for active service; and that ... the present time, there is no disease present.

COMMENTS BY LEGAL DIVISION

PROCEEDINGS

are in due form and technically correct.

FINDINGS

There is evidence in the record to support the findings.

AR

K. L. Harrison
(Signature, Chief Counsel)

OPINION OF MEDICAL DIRECTOR

CHECK

(1.) DISABILITY EXISTED PRIOR TO ORIGINAL ENTRY IN THE COAST GUARD ☐ YES ☑ NO

(2.) INCAPACITY CONSIDERED DUE TO HIS OWN VICIOUS HABITS ☐ YES ☑ NO

(3.) DISABILITY IS CONSIDERED PERMANENT ☐ YES ☑ NO

(4) NOT TO BE RETIRED.

Paul M Stewart
(Signature, Medical Director)

COMMENTS BY PERSONNEL

		YEARS	MONTHS	DAYS
AGE				
SERVICE	COAST GUARD			
	NAVY			
	ARMY			
	OTHER			
	TOTAL			

DEPENDENTS

9/3/46
Ltd.

RECOMMENDATION

That the proceedings and findings be approved in the case of Hadie Fleming and that he NOT be retired.

YS
gmk

R E Wood
(Signature, Chief Personnel Officer)

RECOMMENDATIONS OF COMMANDANT

TO: Secretary of the ~~Navy (Office of the Judge Advocate General)~~ TREASURY SEP 6 1946

1. FORWARDED. It is recommended that the Proceedings and Findings be approved, that the subject man named above NOT be retired, and that this record be presented to the President during the month of September, 1946

J. P. Farley
(Signature, Chief Commandant)

J. P. FARLEY
Admiral, U. S. Coast Guard

(P)

RECORD OF PROCEEDINGS

of a

COAST GUARD RETIRING BOARD

Convened at

Miami, Florida

on

11 July, 1946

Case of Harlie Fleming, Boatswain,
U. S. Coast Guard

Received 7-31-46

TREASURY DEPARTMENT

Washington

Jan. 21, 1946

...mander Enette B. Smith, USCG - Office of District Coast Guard Officer, Seventh Naval District, Miami, Florida

Subj: Precept for Coast Guard Retiring Board

Ref: (a) Article 950, Coast Guard Courts and Boards

A Coast Guard Retiring Board consisting of yourself as president, and any two of the following Coast Guard Officers, to be designated by you, as members: Commander Richard Baxter, USCG; Commander Robert F. Shunk, USCG; Commander Richard R. Smith, USCG; Lieutenant Commander Beverly E. Moodey, USCG; Lieutenant Commander William T. Murphy, USCG; Lieutenant Commander Edwin B. Ing, USCG; Lieutenant Commander James B. Weaver, USCG; Lieutenant Commander Herbert R. Callis, USCGR; Lieutenant Commander Rolf Thorsen, USCG; Lieutenant Commander Carl W. Rom, USCG; Lieutenant Clyde G. Tarkenton, USCG (retired); Lieutenant James E. Melvin, USCG; also any two of the following medical officers; Passed Assistant Surgeon (R) Clifford H. Babbit; Assistant Surgeon (R) Edward Flick; Assistant Surgeon (R) Abraham A. Kaufman; or any two of such medical officers of the U. S. Public Health Service as may be later designated for duty with this board by proper authority, is ordered to convene at the office of the District Coast Guard Officer, Seventh Naval District, Miami, Florida, from time to time as may be necessary, for the examination of such persons of the U. S. Coast Guard as may be ordered to appear before it.

The proceedings of the board will be in accordance with Coast Guard Courts and Boards.

The junior Coast Guard member of the Board will act as recorder.

The District Coast Guard Officer, 7th Naval District, will furnish the necessary clerical assistance.

This board is authorized to consider such cases as are pending before the board convened by the Secretary of the Navy precept dated December 28, 1945, of which you were president.

By direction of the President,

/s/ Joseph J. O'Connell
Acting Secretary of the Treasury.

CERTIFIED TO BE A TRUE COPY

WILLIAM T. MURPHY, Lieut. Comdr., USCG
Recorder

"A"

TREASURY DEPARTMENT

Washington

Feb. 28, 1946

To: Commander Emmette B. Smith, USCG - Office of DCGO, Seventh Naval District, Miami, Florida

Subj: Precept for Coast Guard Retiring Board; change in composition of

Department letter dated January 21, 1946 is amended in that Surgeon Claude G. Eccles, USPHS, and Assistant Surgeon John H. Morrison, USPHS, are substituted as members in lieu of Passed Assistant Surgeon (R) Clifford H. Babbit and Assistant Surgeon (R) Edward Flick.

By direction of the President,

/s/ Joseph J. O'Connell, Jr.
Acting Secretary of the Treasury

CERTIFIED TO BE A TRUE COPY:

WILLIAM T. MURPHY, Lieut. Comdr., USCG
Recorder

"A"

TREASURY DEPARTMENT

Washington,

Apr. 1 9:54 am '46

To: Captain Harold S. Berdine, USCG - Office of District Coast Guard Officer, 7th Naval District, Miami, Florida

Subj: Retiring Board; change in composition of

Treasury Department letter dated January 21, 1946, convening a Coast Guard Retiring Board and designating Commander Emette B. Smith, USCG, as president, is hereby amended in that you are designated president of this Board upon the detachment of Commander Smith from the Seventh Naval District. By copy of this letter, Commander Emette B. Smith, USCG, will consider himself relieved of all duties with the Retiring Board upon his detachment.

For the President,

/s/ Joseph J. O'Connell, Jr.
Acting Secretary of the Treasury.

CC:
Commander Emette B. Smith, USCG
DCGO, 7th Naval District

CERTIFIED TO BE A TRUE COPY:

WILLIAM T. MURPHY, Lieut. Comdr., USCG
Recorder

UNITED STATES COAST GUARD

Washington 25, D. C.

6 April, 1946

To: Captain Harold S. Berdine, USCG - Office of Commander, 7th Coast Guard District

Subj: Retiring Board; Medical officers as members

1. The Administrator of the Federal Security Agency has provided for any two officers of the Public Health Service as may be available to a Commander of a Coast Guard district or are attached to a Public Health Service Station to serve on Coast Guard Retiring Boards.

2. A certified copy of the letters of authorization are forwarded herewith for the use of your Board whenever there are insufficient medical officers available from the list previously authorized.

/s/ F. P. Vetterick
F. P. VETTERICK
By direction

Inclosures:
1. Certified copy of Federal Security Agency ltr. to Admiral J. F. Farley dated 29 March, 1946.
2. Certified copy of Federal Security Agency ltr. to Medical Officers in Charge of USPHS, Stations dated 29 March, 1946.

CERTIFIED TO BE A TRUE COPY:

WILLIAM T. MURPHY, Lieut. Comdr., USCG
Recorder

"A 3"

...U)
...706

...May, 1946

To: Boatswain Harlie Fleming, USCG - USNH, Charleston, South Carolina

Subj: Examination for retirement; travel

1. A Coast Guard retiring board of which Captain Harold S. Berdine, USCG, is president has been ordered to convene to examine you for retirement. When directed by Captain Berdine, proceed to Miami, Florida and present yourself before the board for examination at such place as may be designated by him. Upon completion of the examination and when excused from further attendance before the board return to your present station and duties.

2. The travel necessary to the execution of these orders is required by the public interests.

3. Per diem as prescribed in Article 412 (4), PANDSI, is hereby authorized, chargeable to HQ allotment, symbol No. 051-20.

F. P. VETTERICK
By direction

CERTIFIED TO BE A TRUE COPY:

WILLIAM T. MURPHY, Lt. Comdr., USCG
Recorder

"B"

Seventh Coast Guard District
Miami, Florida
11 July, 1946

Board met at 1:25 p.m.

Present:

Captain Harold S. Berdine, U. S. Coast Guard, President;

Lieutenant Commander Edwin B. Ing, U. S. Coast Guard, Member;

Lieutenant Commander William T. Murphy, U. S. Coast Guard, Member and recorder;

Surgeon (R) Claude G. Eccles, U. S. Public Health Service, Member; and

Asst. Surgeon (R) Henry K. Schwartz, U. S. Public Health Service, Member.

Miriam Krupat, CAF-5, entered as reporter and was duly sworn.

The board decided to sit with open doors.

Harlie Fleming, Boatswain, U. S. Coast Guard, the party under examination, entered and stated that he did not desire counsel.

The recorder read the precept, the amendments thereto, and the order to the party under examination, copies hereto prefixed, marked "A", "A1", "A2", "A3", and "B".

The party under examination was informed of his rights.

The party under examination stated that he did not object to any member.

The board and the recorder were duly sworn.

No witnesses not otherwise connected with the inquiry were present.

A letter appended, marked "C", was received from Headquarters, transmitting the papers named therein, which are appended, marked "C1" to "C10". Those marked "C" and parts of those marked "C1" through "C10", were read by the recorder.

The medical members were directed to examine into the past and present physical and mental condition of Fleming; letter of instructions appended, marked "11".

The party under examination was asked by the president whether he wished to be

plied in the affirmative.

under examination was asked by the president whether he wished to be n as a witness and replied in the negative.

The medical members submitted a report, which was sworn to, read, and appended, marked "12".

Assistant Surgeon (R) Henry K. Schwartz, U. S. Public Health Service, the junior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Doctor, from what cause does Boatswain Fleming's disability proceed?

A. According to our findings, Boatswain Fleming has no disease, and therefore, no disability.

Examined by the board:

2. Q. Doctor Schwartz, the diagnosis of arteriosclerosis was previously made by the Board of Medical Survey; would you state the blood pressure of this man at the time of your examination.

A. At the time of the examination, this man's blood pressure was 128 systolic over 82 diastolic, which is entirely within the normal limits of an individual of his age.

3. Q. Did you have his blood pressure checked more than once?

A. No sir, because this individual had a thorough cardiovascular check-up and we didn't feel that it was necessary to recheck.

4. Q. Would you state this man's height and weight?

A. This man is 6 ft. tall and weighs 138 lbs. His weight is a little below normal for a man of his height. However, his thinness is normal for his bone structure. This man has weighed the same for the last 15 or 20 years and will probably weigh the same in the future.

hwartz, the diagnosis of cirrhosis of the liver was made by this Medical Survey. In your opinion, upon what findings did they make nosis?

A. I am not sure as to why they made this diagnosis. However, I believe this diagnosis may have been made due to the fact that this man had evidence of hepatic insufficiency by which I think they meant the liver function tests were not normal. Also on the fact that he had collateral circulation of the abdominal veins and that bromosulphalein tests were abnormal. Also blood proteins were abnormal. Now, I believe that at the time these tests were made, that those were the findings, except for the collateral circulation of the abdominal veins, but when the bromosulphalein test was given by us, they were well within the normal limits and he gave no evidence of hepatic insufficiency. I will try to explain these facts. At the time of that examination, this man was at the U. S. Naval Hospital at Charleston. He had malaria and he was given atabrin therapy. As far as I know, when a person has malaria his icteric index is elevated, and when he was given a bromosulphalein test at that time, it would have to come out positive. Another thing is that he was given atabrin therapy. His tissues were saturated with this dye and his blood probably contained some of the dye. This is another contra-indication of the bromosulphalein test. Personally, I don't think we could put much faith in the bromosulphalein test which he was given at that time. He had some degree of hemolysis of the red blood cells and the protein tests would naturally come out all wrong too.

6. Q. So you think that it was an inopportune time to perform this so-called bromosulphalein test or this liver function test?

A. Yes sir, I do, because the very fact that the bromosulphalein test was only 10% at a 30 minute interval proves that the change could have been due to the fact

i malaria, and also the atabrine therapy at the time.

...a state the result of the bromosulphalein test that was performed ...Miami.

A. The bromosulphalein test was performed at the Pratt General Hospital.

8. Q. That is an Army hospital?

A. Yes sir.

9. Q. What was the result of their test?

A. The result was 2.5% dye retained after 30 minutes; 5% retention at that period of time is normal. We tried other liver function tests on him which came out within the normal limits.

10. Q. Doctor Schwartz, did you find any evidence of collateral circulation of the abdominal veins?

A. No sir, I didn't, and this man was referred to Dr. Eccles on that point, who also found no evidence of collateral circulation of abdominal veins, and he was also referred to Dr. Thomas, who found no evidence of any. He was also referred to Major Spitz, who is medical consultant at the Pratt General Hospital and he also found that there was no evidence of any abnormalties of the abdominal veins.

11. Q. Was this man examined for malarial parasites?

A. He was and there were no malarial parasites found. Also on June 22, 1946, a complete blood count was done on the patient and his red blood cells and hemoglobin were well within the normal limits.

12. Q. Usually, when making a test like this, it would show an active clinical malaria?

A. Yes sir. There would be a decrease in the total R.B.C. I might also say that the patient has had no chills or fever at any time during the past month, that is during the time that Mr. Fleming has been at the infirmary, we have found no

nce of malaria.

ne man under consideration for retirement offered any complaints ill feelings?

A. No sir. His complaints were vague ones of headaches but I would say that essentially he had no complaints.

14. Q. To bring out one more point, atabrin is a definite dye?

A. Yes sir, it is and when it is absorbed through the digestive tract and goes to the blood, it is deposited in all the tissues of the body where it remains for some ten days to a number of weeks, depending on how much is given.

15. Q. Due to the presence of this dye in the blood stream, it will interfere or falsify the final results of a bromosulphalein test?

A. Yes sir, it will.

16. Q. Now a man having active clinical malaria...in other words he is having chills and fever, would you think there would be a sufficient discoloration of the blood to interfere with the bromosulphalein tests?

A. Yes sir, due to the dye in the blood, the blood of the individual would be discolored to some degree.

17. Q. According to the medical history, at the time the survey was made, the man had malaria?

A. Yes sir, he did. It was reported on the medical survey that they found malaria existing.

18. Q. They actually found the malarial parasites in the blood?

A. Yes sir, they found malarial parasites, I believe it was Plasmodium Vivax.

19. Q. When was that?

A. On March 14th.

20. Q. March 14, 1946?

A. Yes sir.

medical history of Mr. Fleming, approximately how many attacks
s he had?

Approximately eight.

22. Q. Are those attacks of malaria apt to reoccur?

A. Yes sir, malaria attacks are recurrent and they are usually less intense with every recurrent attack; and should a patient go to a cold climate, they sometimes disappear altogether.

23. Q. Are headaches a common symptom of malaria?

A. During the time that the patient has attacks of malaria, they usually do have headaches, but in this case, as I have pointed out, this patient did not have malaria during the period of time that he has been with us.

24. Q. Such disability as he may have from malaria, is that permanent?

A. No sir, I believe that his malaria attacks will stop in the future.

25. Q. Is Mr. Fleming's disability from malaria such as to incapacitate him for active service?

A. No sir, although I believe he should be sent to a shore station up north for a period of 6 months until further amelioration of his malaria condition has been effected.

26. Q. Have all reasonable measures for the amelioration of such disabling condition as may be present from malaria, have they been tried?

A. Well, I believe a tour of duty in a cool climate would further ameliorate his malaria condition.

27. Q. Is the condition of clinical malaria the result of incident of service?

A. Yes sir, it is.

28. Q. Was there any information before the medical members of the board which would lead you to believe that this condition of clinical malaria might be due to vicious practices of his own?

oard, the recorder, nor the party under examination desired further
mine this witness, the witness resumed his seat as a member.
urgeon Claude G. Eccles (R), U. S. Public Health Service, the senior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Doctor, from what cause does Boatswain Fleming's disability proceed?

A. I find no disability....no physical disability that might incapacitate this man for regular duty.

Examined by the board:

2. Q. Doctor Eccles, would you tell us why this man should be diagnosed as having cirrhosis of the liver by the U. S. Naval Hospital at Charleston, whereas you and Doctor Schwartz don't find any evidence of cirrhosis of the liver.

A. The only thing I have to go by is the record of this board which states that there was an abnormally elevated bromosulphalein test demonstrated at the time this man was hospitalized in Charleston. Now there is evidence, too, that this man had active clinical malaria. He evidently had elevation in temperature, he had chills and malarial parasites were actually demonstrated on smears made from man's blood. At this time during this hospitalization, he received a product made from coal tar, which is a dye and the trade name is atabrine. We know, too, that in chronic malaria, red blood cells are actually torn apart. They are broken down and due to the disintergration of these red blood cells, our tests depending on color degrees are falsified or interfered with, so it seems reasonable to believe that this bromosulphalein test performed at that time was not a true picture of this man's condition and may have led to misleading conclusions and thus resulting in the diagnosis that shouldn't have been made. So on careful check, a physical examination

we found or it was demonstrated that the bromosulphalein test was
mal limitations. We were unable to demonstrate malarial parasites in
an's blood nor were we able to demonstrate dilated blood vessels of the
bdominal wall. During his stay in our infirmary, there was no evidence of this man having clinical malaria. In other words, there was no elevation in temperature, nor did he have chills. As far as the man being underweight is considered, his weight is 138 lbs. and his height is 72 inches. I wouldn't think that this man could be deemed to be cachectic.

3. Q. At the time that the tests were made, the first bromosulphalein tests at the Naval Hospital at Charleston, was that the same time that he had received an attack of malaria and could that condition have possibly interfered with the results of the test?

A. He was given the atabrine first and then the test was performed. He certainly had malaria.

4. Q. Then in your examination recently, you said you found no trace of malaria present, but you then stated it probably could have been dormant malaria.

A. It is known as chronic malaria, but we were not able to demonstrate it now. During his stay in our infirmary, we were not able to demonstrate that as clinical malaria.

5. Q. Although you are not able to demonstrate that he had malaria, there is a possibility that he will have a further attack of malaria?

A. He has had chronic malaria, whether he will have another attack, I am unable to say. He may be well now. I am unable to predict what may happen in the future.

6. Q. Then you consider that he is practically cured?

A. Well, he doesn't have active malaria now.

7. Q. Doctor, such disability as may be present due to the man's history of chronic

.d that condition be permanent?

sir.

.. Is this man's history of chronic malaria such as to incapacitate him for active service?

A. I wouldn't think so. I would say it was not; that is my opinion.

9. Q. Have all reasonable measures for the amelioration of the condition of chronic malaria been tried?

A. I think they have all been tried with the exception that it would be advisable for this man to have a tour of duty in a cool climate. He has received all the treatment for his condition of clinical malaria that could be tried.

10. Q. Is the condition of chronic malaria the result of an incident of service?

A. Yes sir, I think it is.

Neither the board, the recorder, nor the party under examination desired further to examine this witness; the witness resumed his seat as a member.

Neither the board, the recorder, nor the party under examination desired to call any more witnesses.

Harlie Fleming, Boatswain, U. S. Coast Guard, the party under examination, desired to make no statement.

Harlie Fleming, Boatswain, U. S. Coast Guard, the party under examination, desired to make no argument.

The recorder desired to make no argument.

The inquiry was finished, the party thereto withdrawing, having been informed that he would receive due notification when he might regard himself as discharged from further attendance before the board.

After full and mature deliberation, the board finds as follows:

FINDING OF FACTS

That Harlie Fleming, Boatswain, U. S. Coast Guard, is not incapacitated for active service; that at the present time there is no disease present.

HAROLD S. BERDINE
Captain, U. S. Coast Guard, President;

EDWIN B. ING
Lieutenant Commander, U. S. Coast Guard, Member;

CLAUDE G. ECCLES
Surgeon (R), U. S. Public Health Service, Member;

HENRY K. SCHWARTZ
Asst. Surgeon (R), U. S. Public Health Service, Member, and

WILLIAM T. MURPHY
Lieutenant Commander, U. S. Coast Guard, Member and recorder.

The board then, 2:30 p.m., adjourned to await the action of the convening authority.

HAROLD S. BERDINE
Captain, U. S. Coast Guard, President;

WILLIAM T. MURPHY
Lieutenant Commander, U. S. Coast Guard, Member and recorder.

(PO)
CG-71-706

20 May, 1946

To: Captain Harold S. Berdine, USCG - Office of Commander, 7th Coast Guard District

Subj: Boatswain Harlie Fleming, USCG

Refs: (a) Precept convening retiring board, 1/21/46, as amended
(b) H/L to Boatswain Harlie Fleming, USCG, directing his examination before the retiring board.

1. There are inclosed herewith such papers from the medical record of Boatswain Harlie Fleming, USCG, as are considered of interest to the board. Boatswain Fleming has been instructed to present himself before the board of which you are president at such time as shall be indicated in instructions issued by you. This board will be convened at any of the places authorized in reference (a).

2. This officer, a former enlisted man, was appointed Boatswain for temporary service on 12 July, 1944. In the event that this officer is found unfit for active duty the board will determine the date and rank in which the condition became disabling.

3. As soon as the finding of facts is determined a brief summary of it should be forwarded to HQ by dispatch.

4. Return to HQ inclosure 1 with the report of the board in this case.

F. P. VETTERICK
By direction

Inclosures:
Papers from the medical record
of Boatswain Fleming
Copy of ref (b)

CERTIFIED TO BE A TRUE COPY:
WILLIAM T. MURPHY, Lt. Comdr., USCG
Recorder

"C"

YOUNG:hr room 3112 3-5

THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Miami, Fla., Date 14 June, 1946, 19

To: Medical Officer in Charge,
U.S. Coast Guard Infirmary,
(Dinner Key) Miami, Fla.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Room 1516 DuPont Building, Miami, Fla.

Harlie Fleming
Harlie Fleming.
(Signature of patient)

J. E. MELVIN
Lt. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place _____, Date _____, 19

I CERTIFY that I have examined the above-named person and find him suffering from _____

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at _____ {*hospital / *office} on _____, 19

_____

U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

"C1"

16—27156-1

G-2522

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie | - - - - - - - | Bos'n. | 7th CG Dist. Miami, Fla.
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Miami, Fla., Date 14 June, 1946, 19

To: Medical Officer in Charge,
U.S. Coast Guard Infirmary,
(Dinner Key) Miami, Fla.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Room 1516 DuPont Building, Miami, Fla.

Harlie Fleming
Harlie Fleming.
(Signature of patient)

J. E. MELVIN
Lt., U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place _____, Date _____, 19

I CERTIFY that I have examined the above-named person and find him suffering from _____

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at _____ {*hospital / *office} on _____, 19

_____
U. S. Public Health Service.

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(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

7-2522

FOLLOW INSTRUCTIONS ON BACK

Fleming, Harlie (Name, surname first) — (Service number) — Bos'n (Rank or rating) — 7th CG Dist. Miami, Fla. (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Miami, Fla., Date 14 June, 1946, 19

To: Medical Officer in Charge,
U.S. Coast Guard Infirmary,
(Dinner Key) Miami, Fla.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Room 1516 DuPont Building, Miami, Fla.

Harlie Fleming
Harlie Fleming, (Name of patient)

J. E. MELVIN, U. S. Coast Guard.
Lt.

RETURN MEDICAL CERTIFICATE

Place _____, Date _____, 19

I CERTIFY that I have examined the above-named person and find him suffering from _____

(Give diagnosis by number and name according to official nomenclature)

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_____

_____ U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

UNITED STATES COAST GUARD

6 May, 1946 WASHINGTON

Memorandum for Chief, Office of Personnel

Subj: FLEMING, Harlie(n) Bos'n, USCG; report of medical survey on

Military Morale concurs in the recommendation of the Surgeon General, USPHS.

L.H. MORINE,
Chief, Military Morale Div.

LM

@YPRESS

end
7-12-44 Boston

"C"

2-4 for comment

3-5

Ind-4
Washington, D. C.
3 May, 1946

From: The Surgeon General, U. S. Public Health Service
To : The Commandant, U. S. Coast Guard

Returned with the recommendation that subject officer be brought before a retiring board.

By direction.

Paul M Stewart.
PAUL M. STEWART
Rear Admiral, USPHS

"C3"

REPORT OF MEDICAL SURVEY

Place U.S. Naval Hospital, Charleston, S.C. Date 16 April 1946
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name FLEMING, Harlie (n) Number 103 555 Rank or rate W.O. (Bos'n) USCG
(In full, surname first) (File or service No.)

Born: Place Madison County, N.C. Date 11-2-'05
(Name of place and State or county)

~~Enlisted~~ or appointed: Date July 1928 Place Atlanta, Ga.

Reported for active duty, USNR: Date July 1928 Place

Total service: Navy ____ ~~Marine Corps~~ USCG 17 yrs. 9½ mos. Army ____

Prev. serv. in Navy: 14 May '24 to 1 May '28.

PRESENT HISTORY OF CASE

Admitted from COTP Infirmary, Charleston, S.C. Date 3-14-46

Diagnosis Cirrhosis, Liver Atrophic (312) Key letter ____ Specialty letter ____
(From navy nomenclature, under which carried on sick list)

Summary of case history:

According to his accepted statement and health record, this Warrant Officer was in good health until 1940 since which time he has had repeated attacks of malaria, longest interval between attacks has been six months. Since 1942, he has had headaches of progressive intensity and duration precipitated by any stress or strain which finally caused him to be hospitalized 4-4-45 in the South Pacific. A diagnosis of arteriosclerosis was finally established and he was evacuated 7-19-45 to the United States. After continuous hospitalization from 4-4-45, he was finally surveyed with diagnosis of: No Disease (Medical Observation) (2143) and returned to full duty on 10-2-45. On March 14, 1946, because of continuation of headaches and marked fatiguability, he was admitted to this hospital with diagnosis of: D.U. (Medical Observation) (2122).

Examination at this hospital disclosed: (1) a precociously senile somewhat cachectic individual with slow cerebration, (2) moderate generalized arteriosclerosis, (3) blood smears positive for plasmodium vivax (atabrine therapy given), (4) evidence of hepatic insufficiency: collateral circulation of abdominal veins, bromsulphalein test - 60% dye retention at 5 min.; 10% retention at 30 minutes, blood proteins 6.1, (5) N.P. consultant advises that this man's tolerance for strain is reduced but not psychoneurotic.

"C4"

ORIGIN: ~~was not~~ (Is or is not) the result of his own misconduct and ____ (Was or was not) incurred in line of duty.

Existed prior to appointment or enlistment? No (Yes or No) If "Yes," was condition aggravated by service? ____ (Yes or No)

Present condition unfit for service Probable future duration ~~permanent~~

Recommendation: That he be ordered to appear before a U.S. Coast Guard Retiring Board.

W.A. CRIST	F.M. BALL	J.S. ATWATER
CAPTAIN (MC), U. S. N.R	LIEUT. (MC), U. S. N. R	LT.(JG)(MC), U. S N.R
16—11583-2 *Senior Member of Board.*	*Member.*	*Member.*

"C5"

(1944)

REPORT OF MEDICAL SURVEY

Place U.S. Naval Hospital, Charleston, S.C. Date 16 April 1946
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name FLEMING, Harlie (n) Number 103 555 Rank or rate W.O. (Bos'n) USCG
(Give full surname first)
Born: Place Madison County, N.C. Date 2 Nov. 1905
(Name of place and State or county)
Enlisted or appointed: Date Place
Reported for active duty, USNR: Date Place
Total service: Navy Marine Corps Army

PRESENT HISTORY OF CASE

Admitted from Date
Diagnosis Key letter Specialty letter
(From navy nomenclature, under which carried on sick list)
Summary of case history:

On 4-12-46, the diagnosis was changed to: Cirrhosis, Liver, Atrophic (312), reason: established.

Service record: permanent rank CBM; appointed W.O. (T) 10 July 1944.

The Board concurs in the above opinion and further is of the opinion that this man's disability began in the rank of CBM and recommends that he be ordered before a U.S. Coast Guard Retiring Board.

ORIGIN: Is not (Is or is not) the result of his own misconduct and was (Was or was not) incurred in line of duty.
Existed prior to appointment or enlistment? No (Yes or No) If "Yes," was condition aggravated by service? ---- (Yes or No)
Present condition unfit for service Probable future duration permanent
Recommendation: That he be ordered to appear before a U.S. Coast Guard Retiring Board.

W.A. CRIST	F.M. BALL	J.S. ATWATER
CAPTAIN (MC), U. S. N.R	LIEUT. (MC), U. S. N.R	LT.(JG)(MC), U. S. N.R
Senior Member of Board.	Member.	Member.

16—11583-2

"C 5"

1st Endorsement

Date 16 April 1946

From: *Commanding Officer.*

To: Commander, District Coast Guard Office,
(Officer convening board)
6th Coast Guard District
149 Wentworth St., Charleston, S.C.

OGDEN D. KING, CAPTAIN (MC)
(Signature)
USN

2d Endorsement

From: _____ Date _____

To: _____

_____
(Signature)

2nd Endorsement

Charleston Section, 7th C. G. District (m) Date 23 April, 1946

From: ~~*Bureau of Medicine and Surgery*~~

To: Commandant
Via: Commander, Charleston Section 7th C. G. District

1. Forwarded: *Recommendation of Board Approved.*

Recommendation that he appear before Retiring Board.

JOSEPH BOLTEN, Medical Director, USPHS
District C. G. Medical Officer

_____
(Signature)

Endorsement

3rd

From: C,Comdr.Chas.Sect. 7th CG District Date 26 April, 1946

To: Commandant

1. Forwarded: Recommendation of Board Approved. Recommendation that he appear before a Retiring Board.

W. G. WALLACE
(Signature)

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16—11683-2

Nav...-M
(1944)

REPORT OF MEDICAL SURVEY

Place U.S. Naval Hospital, Charleston, S.C. Date 16 April 1946
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name FLEMING, Harlie (n) Number 103 555 Rank or rate W.O. (Bos'n)
(File or service No.)

Born: Place Madison County, N.C. Date 11-2-'05 USCG
(Name of place and State or county)

Enlisted or appointed: Date July 1928 Place Atlanta, Ga.

Reported for active duty, USNR: Date July 1928 Place USCG

Total service: Navy 17 yrs. 9½ mos. Marine Corps ..... Army .....

Prev. serv. in Navy: 14 May '24 to 1 May '28.

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NAVMED-M
(1944)

REPORT OF MEDICAL SURVEY

Place U.S. Naval Hospital, Charleston, S.C. Date 16 April 1946
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name FLEMING, Harlie (n) Number 103 555 Rank or rate W.O. (Bos'n) USCG
(Last name first)

Born: Place Madison County, N.C. Date 2 Nov. 1905
(Name of place and State or county)

Enlisted or appointed: Date Place

Reported for active duty, USNR: Date Place

Total service: Navy Marine Corps Army

PRESENT HISTORY OF CASE

Admitted from Date

Diagnosis Key letter Specialty letter
(From navy nomenclature, under which carried on sick list)

Summary of case history: On 4-12-46, the diagnosis was changed to: Cirrhosis, Liver, Atrophic (312), reason: established.

Service record: permanent rank CBM; appointed W.O. (T) 10 July 1944.

The Board concurs in the above opinion and further is of the opinion that this man's disability began in the rank of CBM and recommends that he be ordered before a U.S. Coast Guard Retiring Board.

ORIGIN: Is not (Is or is not) the result of his own misconduct and was (Was or was not) incurred in line of duty.
Existed prior to appointment or enlistment? No (Yes or No) If "Yes," was condition aggravated by service? --- (Yes or No)
Present condition unfit for service Probable future duration permanent

Recommendation: That he be ordered to appear before a U.S. Coast Guard Retiring Board.

W.A. CRIST	F.M. BALL	J.S. ATWATER
CAPTAIN (MC), U. S. N.R	LIEUT. (MC), U. S. N.R	LT.(JG)(MC), U. S. NR
Senior Member of Board.	*Member.*	*Member.*

16—11563-2

1st Endorsement

Date 16 April 1946

From: *Commanding Officer.*

To: Commander, District Coast Guard Office,
6th Coast Guard District
149 Wentworth St., Charleston, S.C.
(Officer convening board)

OGDEN D. KING, CAPTAIN (MC)
(Signature)
USN

2d Endorsement

From: _____ Date _____

To: _____

_____
(Signature)

2nd Endorsement

Charleston Section, 7th C. G. District (a) Date 23 April, 1946

From: *Bureau of Medicine and Surgery.*

Via: Commandant
~~Commander, Charleston Section 7th C. G. District~~

To:

1. Forwarded: *Recommendation of Board Approved.*
Recommendation that he appear before Retiring Board.

JOSEPH BOLTON, Medical Director, USPHS
District C. G. Medical Officer

_____
(Signature)

3rd Endorsement

Date 26 April, 1946

From: ~~C,Comdr.Chas.Sect. 7th CG District~~

To: Commandant

1. Forwarded: Recommendation of Board Approved. Recommendation that he appear before a Retiring Board.

W. G. WALLACE
(Signature)

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16—11583-2

Navmed-M (1944)

REPORT OF MEDICAL SURVEY

Place U.S. Naval Hospital, Charleston, S.C. Date 16 April 1946
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name FLEMING, Harlie (n) Number 103 555 Rank or rate W.O. (Bos'n) USCG
(In full, surname first) (File or service No.)

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(From navy nomenclature, under which carried on sick list)

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Navmed-M (1944)

REPORT OF MEDICAL SURVEY

Place U.S. Naval Hospital, Charleston, S.C. Date 16 April 1946
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name FLEMING, Harlie (n) Number 103 555 Rank or rate W.O. (Bos'n) USCG
(In full surname first) (File or service No.)

Born: Place Madison County, N.C. Date 2 Nov. 1905
(Name of place and State or county)

Enlisted or appointed: Date ____ Place ____

Reported for active duty, USNR: Date ____ Place ____

Total service: Navy ____ Marine Corps ____ Army ____

PRESENT HISTORY OF CASE

Admitted from ____ Date ____

Diagnosis ____ Key letter ____ Specialty letter ____
(From navy nomenclature, under which carried on sick list)

Summary of case history:

On 4-12-46, the diagnosis was changed to: Cirrhosis, Liver, Atrophic (312), reason: established.

Service record: permanent rank CBM; appointed W.O. (T) 10 July 1944.

The Board concurs in the above opinion and further is of the opinion that this man's disability began in the rank of CBM and recommends that he be ordered before a U.S. Coast Guard Retiring Board.

ORIGIN: Is not (Is or is not) the result of his own misconduct and was (Was or was not) incurred in line of duty.

Existed prior to appointment or enlistment? No (Yes or No) If "Yes," was condition aggravated by service? ____ (Yes or No)

Present condition unfit for service Probable future duration permanent

Recommendation: That he be ordered to appear before a U.S. Coast Guard Retiring Board.

W.A. CRIST, CAPTAIN (MC), U. S. N.R — Senior Member of Board.

F.M. BALL, LIEUT. (MC), U. S. N.R — Member.

J.S. ATWATER, LT. (JG) (MC), U. S. NR — Member.

16—11583-2

1st Endorsement

Date 16 April 1946

From: *Commanding Officer.*

To: Commander, District Coast Guard Office,
6th Coast Guard District
149 Wentworth St., Charleston, S.C.
(Officer convening board)

OGDEN D. KING, CAPTAIN (MC)
(Signature)
USN

2d Endorsement

From: _____ Date _____

To: _____

_____
(Signature)

2nd Endorsement

Charleston Section, 7th C. G. District (m) Date 23 April, 1946

From: ~~Bureau of Medicine and Surgery.~~

To: Commandant
Via: Commander, Charleston Section 7th C. G. District

1. Forwarded: *Recommendation of Board Approved.*

Recommendation that he appear before Retiring Board.

JOSEPH BOTEN, Medical Director, USPHS
District C. G. Medical Officer

_____
(Signature)

3rd Endorsement

Date 26 April, 1946

From: O,Comdr.Chas.Sect. 7th CG District

To: Commandant

1. Forwarded: Recommendation of Board Approved. Recommendation that he appear before a Retiring Board.

W. G. WALLACE
(Signature)

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16—11583-2

HEALTH RECORD

Boatswain Harlie Fleming, USCG

(Name) (Service No.) (Rating) (Unit)

Where Treated	Diagnosis	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
MH SAVANNAH	Malarial fever (hysterical)	6-10-41	6-27-41	IP
MOBILE DEN STA #1	Dental calculus	7-9-41		
FT LAUDERDALE			7-10-41	OP
FT LAUDERDALE	Upper respiratory infection	9-30-41	10-8-41	IP
AT HOME	Convalescent leave	10-8-41	10-17-41	IP
FT LAUDERDALE	Serum inoc., tetanus toxoid	12-23-41	12-23-41	OP
FT LAUDERDALE	Blood type 4	12-29-41	12-29-41	OP
FT LAUDERDALE	Malarial fever, estivo autumnal	12-26-41	12-31-41	OP
MH ELLIS ISL	U/o weakness, nervousness; Changed to Sinusitis, chronic; Deviated nasal septum	1-14-42	2-16-42	IP
FT LAUDERDALE	Malarial fever, estivo-autumnal	8-18-42	8-21-42	IP
FT LAUDERDALE	Influenza	11-21-42	11-27-42	OP
MIAMI FLA	Renal glycosuria	7-22-44	8-5-44	IP
USS REFUGE	No disease (medical obv.)	4-4-45	4-16-45	IP
NAVY #3205	Medical observation	4-16-45	4-28-45	IP
NAVY #3205	Malaria benign tertian	4-28-45	6-14-45	IP
NAVY #3205	Arteriosclerosis, general	6-14-45	7-2-45	IP
HOSP PH TH	Arteriosclerosis, general	7-2-45	7-13-45	IP
NH CHARLESTON	Cirrhosis, liver atrophic	3-14-46	4-16-46	IP

CERTIFIED TO BE A TRUE TRANSCRIPT
OF THE MEDICAL HISTORY IN THIS CASE

T. LE BLANC
Commander, USCG

"C6"

HEALTH RECORD

Boatswain Harlie Fleming, USCG
(Name) (Service No.) (Rating) (Unit)

Where Treated	Diagnosis	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
BASE SIX	Fracture, simple, 5th & 6th left rib	6-29-35	7-12-35	OP
BASE SIX	Infection, right thigh	7-30-35	7-31-35	OP
BASE SIX	Wound, contused, post urethra membrane	8-13-35	8-29-35	OP
BASE SIX	Constipation	9-3-35	9-3-35	OP
BASE SIX	Abrasion, left hip	9-16-35	9-16-35	OP
BASE SIX	Pharyngitis, catarrhal, acute	11-22-35	11-23-35	OP
BASE SIX	Abrasion, right thigh	11-25-35	11-25-35	OP
BASE SIX	Rhinitis, acute	1-11-36	1-12-36	OP
BASE SIX	Influenza, respiratory type	3-17-36	3-19-36	IP
BASE SIX	Infection of skin, right thigh	6-11-36	6-15-36	OP
TAMPA	Constipation	7-28-36	7-28-36	OP
TAMPA	Tinea of both feet	8-3-36	8-6-36	OP
TAMPA	Burn, 2nd degree, sun, abdomen, anterior	8-10-36	8-30-36	OP
MH MOBILE	Calculus and caries, dental	9-3-36	9-3-36	OP
RS PANAMA CITY	Pharyngitis, acute, catarrhal	1-21-37	1-25-37	OP
MH KEY WEST	Dental caries	4-14-37	4-15-37	OP
RS PANAMA CITY	Common cold	7-14-37	7-16-37	OP
RS PANAMA CITY	Foreign body in right eye	8-18-37	8-21-37	OP
ST PETERSBURG ARSTA	Tinea, infection between toes	8-25-37	8-27-37	OP
RS PANAMA CITY	U/o, hookworm disease	1-4-38	1-6-38	OP
RS PANAMA CITY	Common cold	3-15-38	3-19-38	OP
RS PANAMA CITY	Wound, contused, left forearm	7-4-38	7-30-38	IP
RS PANAMA CITY	Typhoid inoc	10-10-38	10-25-38	OP
MH KEY WEST	Dental caries; pyorrhea alveolaris	10-13-38	10-13-38	OP
DEPOT	Common cold	12-1-38	12-10-38	OP
MOBILE DEN STA #1 PANAMA CITY	Dental calculus	2-13-39	2-14-39	OP
RS PANAMA CITY	Pharyngitis, catarrhal, acute	5-27-39	5-31-39	OP
RS PANAMA CITY	Pharyngitis, catarrhal, acute	6-19-39	6-26-39	OP
PASCAGOULA	Furuncle, left nostril, inner side	12-16-39	12-18-39	OP
PASCAGOULA	Dental caries	12-23-39	12-23-39	OP
PASCAGOULA	Smallpox vacc.	12-27-39	12-27-39	OP
PASCAGOULA	Influenza, respiratory type	1-10-40	1-18-40	IP
MOBILE DEN STA #1	Dental calculus	1-30-40		
BILOXI	Dental calculus	1-30-40	1-31-40	OP
PASCAGOULA	Dental caries	2-8-40	2-8-40	OP
PASCAGOULA	Diarrhea, fermentative	2-17-40	2-20-40	OP
MH NEW ORLEANS	Neurasthenia	5-23-40	5-27-40	OP
FT LAUDERDALE	Malarial fever, (estivo autumnal)	9-6-40	9-12-40	IP
FT LAUDERDALE	Common cold	1-10-41	1-11-41	OP
FT LAUDERDALE	Influenza; Malarial fever	1-11-41	1-15-41	IP
FT LAUDERDALE	Malarial fever, type undetermined	5-3-41	5-4-41	IP
FT LAUDERDALE	Malarial fever, estivo atumnal	5-4-41	5-10-41	IP
FT LAUDERDALE	Malarial fever, estivo autumnal	6-7-41	6-9-41	OP

HEALTH RECORD

Boatswain Harlie Fleming, USCG

(Name) (Service No.) (Rating) (Unit)

Where Treated	Diagnosis	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
MH PORTLAND	Lymphadenitis, acute, left inguinal region; Cellulitis, circumscribed, left leg; Cellulitis, acute, supperative, right hand; Gonorrheal urethritis, acute	7-20-28	11-11-28	IP
YAMACRAW	Contusion, left shin	10-5-29	10-6-29	OP
YAMACRAW	Laceration, right hand	11-20-29	11-21-29	OP
YAMACRAW	Headache	12-1-29	12-1-29	OP
YAMACRAW	Influenza	1-22-30	1-23-30	OP
YAMACRAW	Headache	3-25-30	3-25-30	OP
FT LAUDERDALE	Scabies	4-14-30	4-14-30	OP
FT LAUDERDALE	Constipation	4-25-30	4-26-30	OP
FT LAUDERDALE	Wound, incised, right heel	6-10-30	6-12-30	OP
FT LAUDERDALE	Stomachitis, catarrhal	6-29-30	6-29-30	OP
FT LAUDERDALE	Wound, contused, left hip	7-7-30	7-7-30	OP
FT LAUDERDALE	Abrasion, right hip	8-22-30	8-24-30	OP
FT LAUDERDALE	Abrasion, right index finger	8-27-30	8-29-30	OP
FT LAUDERDALE	Abrasion	9-6-30	9-8-30	OP
FT LAUDERDALE	Fever, undetermined	9-16-30	9-16-30	OP
FT LAUDERDALE	Constipation	10-7-30	10-7-30	OP
FT LAUDERDALE	Burn, tar	10-28-30	10-28-30	OP
FT LAUDERDALE	Typhoid inoc; Smallpox vacc.	10-29-30		OP
FT LAUDERDALE	Foreign body, eye	11-4-30	11-4-30	OP
FT LAUDERDALE	Sprain, left thumb	11-26-30	11-29-30	OP
FT LAUDERDALE	Abrasion, right knee	12-11-30	12-14-30	OP
FT LAUDERDALE	Catarrhal fever	12-16-30	12-21-30	OP
FT LAUDERDALE	Constipation	1-5-31	1-5-31	OP
FT LAUDERDALE	Migraine	1-14-31	1-14-31	OP
FT LAUDERDALE	Constipation	2-19-31	2-19-31	OP
FT LAUDERDALE	Wound, contused	3-27-31	3-28-31	OP
FT LAUDERDALE	Migraine	7-3-31	7-3-31	OP
FT LAUDERDALE	Tinea	7-16-31	7-20-31	OP
FT LAUDERDALE	Constipation	10-5-31	10-5-31	OP
FT LAUDERDALE	Burn (friction)	10-5-31	10-7-31	OP
FT LAUDERDALE	Constipation	10-31-31	10-31-31	OP
FT LAUDERDALE	Constipation	11-25-31	11-25-31	OP
FT LAUDERDALE	Catarrhal fever, acute	2-5-32	2-8-32	OP
FT LAUDERDALE	Fracture, finger	10-17-32	10-24-32	OP
MH KEY WEST	Tonsillitis, chronic	11-14-33	11-25-33	IP
FT LAUDERDALE	Dengue fever	9-3-34	9-6-34	IP
BASE SIX	Typhoid inoc.; Smallpox vacc.	9-27-34	10-11-34	OP
BASE SIX	Rhinitis, acute	12-28-34	12-31-34	OP
BASE SIX	Rhinitis, acute; Pharyngitis, catarrhal, acute	4-17-35	4-29-35	IP
BASE SIX	Abrasion, right thigh	5-20-35	5-20-35	OP
BASE SIX	Myalgia, posterior, left thorax muscle	6-21-35	6-21-35	OP

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name FLEMING, Marlie (Surname first) Service Number 103-555

Age: Years 39 Months 7 Color White

For: Promotion to Warrant
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating CBM

Place Miami, Fla. Date 20 July, 1944

Personal Medical History U.C.D. - Malaria cured incident ofservice

Vision: R.E. 20/20 L.E. 20/20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Plates

Hearing: Conversational speech R.E. 30/30 L.E. 30/30

Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



(Right Side)



Gums Normal Temperature 98.6

Height 71 3/4 inches. Weight (stripped) 145 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 37 Expiration 34½

Heart and blood vessels Normal

Blood pressure: Systolic 129 Diastolic 90

Pulse before exercise 80, after exercise 100, after 2 min. 88

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds ____

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. 1.028

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Date 7/20/44 Result Neg.

10—27070-1

"C-7"

REMARKS: _____

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that Fleming, Harlie

He is physically qualified for Promotion
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Warrant
(Use in case of promotion of commissioned officer or annual examination) (Rank)

~~He is not physically qualified for~~

~~on account of~~

J. H. Hege
Asst. *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

7 August, 1944
(Date)

Place Miami, Flofida

From: SCGO-COTP

To: Commandant.

Via: DCGO, 7th ND

1. Forwarded for action. Present status: C.B.M.; "Appointment for temporary service"; ALCOAST 59-44

S. V. CHAPMAN, Acting
Commanding—~~Dist. Comdr.~~—Disb. Chf.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE,
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are ~~not~~ approved

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

Form 2502
TREASURY DEPARTMENT
U. S. COAST GUARD
Ed. Nov., 1928

REPORT OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Section Base SIX, Fort Lauderdale, Florida. (Place where examination is held)

18 June 1930. (Date)

STATEMENT OF APPLICANT

Name FLEMING, Harlie (Surname) (Christian name) Age: Years 24 months 7 Color white.

Examined for Regualr enlistment. (State whether for special temporary or regular enlistment, commission, or promotion)

*For what grade or rating Coxswain.

*If for reenlistment, or promotion to warrant officer, state whether last enlistment was special temporary or regular spec. temporary

*When were you discharged from your last enlistment in the Coast Guard? 18 June 1930.

*Have you ever been discharged from the Coast Guard or other military service for physical disability? no If so, state circumstances and nature of disability ---

Have you ever been rejected, on account of physical reasons, for promotion or enlistment in the Coast Guard or other military service? no If so, state cause: ---

*Family medical history: (To be elicited by the examining medical officer or officers with particular reference to tuberculosis nervous and mental diseases, etc.)

No history of such diseases.

*Personal medical history: (To be elicited by the examining medical officer or officers with particular reference to venereal diseases, tuberculosis, nervous and mental conditions. Note any disease of importance.)

Applicant denies all venereal diseases but Gonnorrhea 1926, discharged from the Sick Bay U.S.S.UTAH as cured.
No history of T.B. nervous or mental diseases or conditions.
Infulenza 1925.
Applicant remembers no other diseases but those of childhood.

I certify that the above statement is true to the best of my knowledge and belief.

Harlie Fleming

Harlie FLEMING (Signature of applicant)

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Vision: (Applicants requiring eyeglasses are not eligible for enlistment. For other personnel see specific instruction under "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard.")

Vision, without glasses, right eye, 20/20; left eye, 20/20; with glasses, right eye, ---; left eye, ---

Is applicant color-blind? no Were eyes tested with lantern, woolen skeins, or both? color cards.

*Not for officers already commissioned

2—3850

"C 9"

earing: (When testing the hearing, the eyes and the opposite ear must be closed.) Can applicant hear conversational speech 30 feet, with right ear? yes; left ear yes?

Whispered speech, 15 feet, with right ear? yes; left ear yes?

Teeth: Give missing teeth by number. If none, so state:

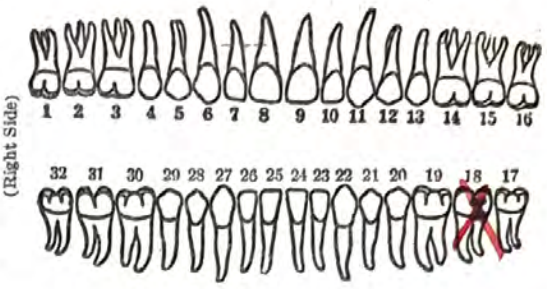
No.16

Give by number, teeth replaced by plate or bridge. If none, so state:

none

Give by number, teeth with unfilled cavities. If none, so state:

none



Condition of gums Excellent.

General appearance: Excellent.

Height (without shoes) 6 feet 0 inches. **Weight,** stripped, 155 pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped, his weight may be taken with his clothes on, except overcoat, and allowance deducted for their weight.)

If applicant is overweight, is it due to fat? --- Is he under weight? no

Skin: (Diseases, etc.) none

Important scars (give location, condition, and cause) 1" ant.r.wrist -- ½" s. r. index fgr.--

Distinguishing marks. Mole s. r. chin.

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used. If enlarged, cause to be stated.) no

Post-occipital no Cervical no Femoral no

Epitrochlear no Inguinal no

Head: (Abnormalities, etc.) none

Hair and scalp normal

Face: (Abnormalities, etc.) none

Eyes and eyelids: (Abnormalities, etc.) none

Pupillary reflex (Argyll-Robertson pupil) prompt

Ears: (Abnormalities, etc.) none

Mastoid disease? no Condition of external canal normal Of drum bright

Nose: Deflection of septum no Obstruction no Chronic nasal catarrah no

Mouth: (Abnormalities, etc.) none

Condition of tonsils small Do they interfere with speech or swallowing? no Is applicant a mouth breather? no

Has he any defect of speech? (State nature and degree.) none

Neck: Goiter no Other conditions normal

Chest: Inspection normal Respiratory rate 16 pm

Measurement: Inspiration 37½ inches; expiration 33½ inches.

Lungs: Palpation normal

Percussion normal

Auscultation normal

Heart: Palpation normal

Percussion normal

Auscultation normal

Pulse rate 72 Temperature 98. Blood pressure: Systolic --- Diastolic --

(Blood pressure not required for applicants 35 years of age or under)

Condition of heart and lungs after exercise Returns to normal in 15 seconds after exercise

2—3850

: Circ at umbilicus 32½" Any evidence of disease of abdominal organs? no

Abdomen: Circumference at umbilicus 32½" Any evidence of disease of abdominal organs? no

Inguinal rings (large or small) small Impulse on coughing? none

Is there any weakness of abdominal wall, resulting from scar? no

Hernia no Other conditions normal

Genito-urinary organs: Any symptoms of disease of the urinary tract? no

Scrotum: Has applicant varicocele that is painful? no

That interferes with locomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Undescended no Other conditions normal

Penis: Epispadias no Hypospadias no

Condition of prepuce short Venereal diseases (evidence, past or present, of these diseases, including complications) no evidence.

Spine: Mobility normal Curvature normal

Anus: External hemorrhoids no Internal hemorrhoids no

Fistula no Other conditions normal

Upper extremity: Missing fingers no

Other conditions normal

Joint movements normal

Lower extremity: Has applicant bowlegs amounting to noticeable deformity? no

Knock knees? no Varicose veins (degree) no

Flat or weak foot (degree) no

Bunions no Hammertoe no Corns (painful) no

Other conditions normal

Joint movements normal

Muscles: Development good Coordination of muscular movement good

Romberg negative Patellar reflex equal and lively Defects of gait no

Agility good Habit spasms no Chorea no

Urine: (Chemical examination of urine should always be made.)

Color bright amber Reaction acid Sp. gr. 1.022

Albumin negative Sugar negative Shreds no

(Microscopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells — Blood cells —

Pus cells — Casts —

Blood: (Examination to be made if there is indication that such examination is necessary.)

Red corpuscles per c. mm. — White corpuscles per c. mm. — Malarial parasites —

Hemoglobin, per cent — Other conditions —

Result of Wassermann test —

(Wassermann test is necessary, only when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo, or other suspicious symptoms. When blood is taken for the Wassermann test, these papers should be held until the result of the test has been obtained.)

Has applicant been successfully vaccinated against smallpox within four years? no

Against typhoid fever within four years? no

Is there any evidence of excessive use of tobacco or alcohol? no

Evidence of drug addiction? no

Is applicant suffering from any general disease? no

Do you consider the applicant mentally sound? yes

REMARKS

(Describe here any disqualification for which space is not provided elsewhere, or which require fuller description than the space provided permits. Also any remark the medical examiner desires to make)

CERTIFICATE

~~We~~ I } certify on honor that { ~~we~~ I } have carefully examined Harlie FLEMING

and find—

That he is physically qualified for Reenlistment.
(Enlistment, reenlistment, appointment, or promotion.)

That he is physically qualified to perform all the duties of Coxswain, USCG.
(Rank or rating for which examined)

~~That he is not physically qualified for~~

~~in the Coast Guard, for the following reasons:~~

~~In~~ ("Our" or "my") ~~judgment these defects are~~ (If not, so state) ~~incident to service.~~

F. R. Maura
A.A. *Surgeon, U. S. Public Health Service.*

Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

WAIVER

I recommend a waiver of the physical disqualifications noted in the above certificate as in my judgment they will not interfere with the performance of his duties in the Coast Guard.

Surgeon, U. S. Public Health Service.

INDORSEMENT

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, June 26 1930

The finding of the medical board is approved.

The finding of the medical board is not approved for the following reasons:

provided he is vaccinated against smallpox and typhoid fever

The waiver recommended by the medical board is approved.

The waiver recommended by the medical board is not approved for the following reasons:

By direction of the Surgeon General.

W. W. King
Surgeon, U. S. Public Health Service.

U. S. GOVERNMENT PRINTING OFFICE: 1917 2—3850

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2502—Ed. 25,000
Revised Sept., 1927

U.S. COAST GUARD
REC'D JUN 21 1928 BY

REPORT OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Recruiting Station, Atlanta, Georgia. (Place where examination is held) June 16, 1928 (Date)

STATEMENT OF APPLICANT

Name FLEMING, Harlie (None) (Surname) (Christian name) Age: Years 22 months 7 Color White

Examined for special temporary enlistment (State whether for special temporary or regular enlistment, commission, or promotion)

*Grade or rating Seaman first class

*If for reenlistment, or promotion to warrant officer, state whether last enlistment was special temporary or regular -X-

*When were you discharged from your last enlistment in the Coast Guard? -X-

*Have you ever been discharged from the Coast Guard or other military service for physical disability? No If so, state circumstances and nature of disability -X-X

Have you ever been rejected, on account of physical reasons, for promotion or enlistment in the Coast Guard or other military service? No If so, state cause: -X-X

*Family medical history: (To be elicited by the examining medical officer or officers with particular reference to tuberculosis nervous and mental diseases, etc.) Negative

*Personal medical history: (To be elicited by the examining medical officer or officers with particular reference to venereal diseases, tuberculosis, nervous and mental conditions. Note any disease of importance.) Negative.

"I hereby certify that I am aware that I have slight varicose veins back left leg and that they have not given me pain or other symptoms"
/s/ Harlie Fleming

I certify that the above statement is true to the best of my knowledge and belief.
Harlie Fleming
Harlie Fleming (Signature of applicant)

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Vision: (Applicants requiring eyeglasses are not eligible for enlistment. For other personnel see specific instruction under "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard.")

Vision, without glasses, right eye, 20/20; left eye, 20/30; with glasses, right eye, -X-; left eye, -X-

Is applicant color-blind? No Were eyes tested with lantern, woolen skeins, or both? Woolen skeins

*Not for officers already commissioned.

2—3850

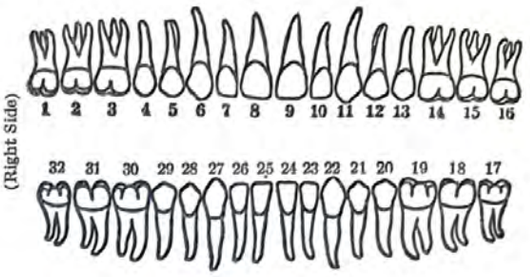
"C 9"

Hearing: (When testing the hearing, the eyes and the opposite ear must be closed.) Can applicant hear conversational speech 30 feet, with right ear? Yes; left ear Yes?

Whispered speech, 15 feet, with right ear? Yes; left ear Yes?

Teeth: Enumerate, by number, the teeth that are missing:

M: #18



Enumerate, by number, the teeth that are replaced by plate or bridge work. None

Enumerate, by number, the teeth that have unfilled cavities:

None

Condition of gums Normal

General appearance: Tall- medium

Height (without shoes) 5 feet 10½ inches. **Weight,** stripped, 143 pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped, his weight may be taken with his clothes on, except overcoat, and allowance deducted for their weight.)

If applicant is overweight, is it due to fat? No Is he under weight? No

Skin: (Diseases, etc.) No

Important scars (give location, condition, and cause) Sc.3" x ½" r. lower leg, condition good, playing baseball, cut.

Distinguishing marks Mole right chin: Sc.3/4" l. lower leg; Vac. sc. left arm:

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used. If enlarged, cause to be stated.) No

Post-occipital No Cervical No Femoral No

Epitrochlear No Inguinal No

Head: (Abnormalities, etc.) No

Hair and scalp normal

Face: (Abnormalities, etc.) No

Eyes and eyelids: (Abnormalities, etc.) No

Pupillary reflex (Argyll-Robertson pupil) normal

Ears: (Abnormalities, etc.) no

Mastoid disease? no Condition of external canal normal Of drum normal

Nose: Deflection of septum No Obstruction no Chronic nasal catarrah No

Mouth: (Abnormalities, etc.) No

Condition of tonsils normal Do they interfere with speech or swallowing? No Is applicant a mouth breather? No

Has he any defect of speech? (State nature and degree.) No

Neck: Goiter No Other conditions none

Chest: Inspection normal, slight depression tip sternum Respiratory rate 18

Measurement: Inspiration 36½ inches; expiration 33 inches.

Lungs: Palpation normal

Percussion normal

Auscultation normal

Heart: Palpation normal

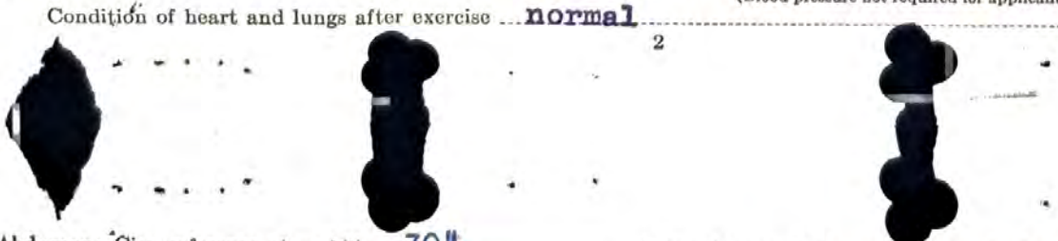
Percussion normal

Auscultation normal

Pulse rate 76 Temperature 98.6 Blood pressure: Systolic -X- Diastolic -X-
(Blood pressure not required for applicants 35 years of age or under)

Condition of heart and lungs after exercise normal

2—3850



Abdomen: Circumference at umbilicus 30" Any evidence of disease of abdominal organs? No

Inguinal rings (large or small) small Impulse on coughing? No

Is there any weakness of abdominal wall, resulting from scar? No

Hernia No Other conditions none

Genito-urinary organs: Any symptoms of disease of the urinary tract? No

Scrotum: Has applicant varicocele that is painful? No

That interferes with locomotion? no Hydrocele No

Testicles: Induration No Atrophy No

Abdomen: Circumference at umbilicus 30" Any evidence of disease of abdominal organs? No

Inguinal rings (large or small) small Impulse on coughing? No

Is there any weakness of abdominal wall, resulting from scar? No

Hernia No Other conditions none

Genito-urinary organs: Any symptoms of disease of the urinary tract? No

Scrotum: Has applicant varicocele that is painful? No

That interferes with locomotion? no Hydrocele No

Testicles: Induration No Atrophy No

Undescended No Other conditions none

Penis: Epispadias No Hypospadias No

Condition of prepuce normal Venereal diseases (evidence, past or present, of these diseases, including complications) none

Spine: Mobility normal Curvature no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistula no Other conditions no

Upper extremity: Missing fingers No

Other conditions none

Joint movements normal

Lower extremity: Has applicant bowlegs amounting to noticeable deformity? No

Knock knees? no Varicose veins (degree) slight back left leg

Flat or weak foot (degree) normal

Bunions No Hammertoe No Corns (painful) No

Other conditions none

Joint movements normal

Muscles: Development normal Coordination of muscular movement normal

Romberg normal Patellar reflex normal Defects of gait No

Agility Good Habit spasms No Chorea No

Urine: (Chemical examination of urine should always be made.)

Color Amber Reaction acid Sp. gr. 1.018

Albumin no Sugar no Shreds no

(Microsopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells -x- Blood cells -x-

Pus cells -x- Casts -x-

Blood: (Examination to be made if there is indication that such examination is necessary.)

Red corpuscles per c. mm. -x- White corpuscles per c. mm. -x Malarial parasites -x-

Hemoglobin, per cent -x- Other conditions -x-

Result of Wassermann test -s-x-

(Wassermann test is necessary, only when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo, or other suspicious symptoms. When blood is taken for the Wassermann test, these papers should be held until the result of the test has been obtained.)

Has applicant been successfully vaccinated against smallpox within four years? No

Against typhoid fever within four years? No

Is there any evidence of excessive use of tobacco or alcohol? No

Evidence of drug addiction? No

Is applicant suffering from any general disease? No

Do you consider the applicant mentally sound? Yes

REMARKS

(Describe here any disqualification for which space is not provided elsewhere, or which require fuller description than the space provided permits. Also any remark the medical examiner desires to make)

CERTIFICATE

I certify on honor that I have carefully examined Harlie Fleming and find—

That he is physically qualified for enlistment
(Enlistment, reenlistment, appointment, or promotion.)

That he is physically qualified to perform all the duties of seaman first class
(Rank or rating for which examined)

That he is not physically qualified for

in the Coast Guard, for the following reasons:

In ("Our" or "my") judgment these defects are (If not, so state) incident to service.

L W Wiggins
L.W. Wiggins, M.D.
Surgeon, U. S. Public Health Service.

Contract

Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

WAIVER

I recommend a waiver of the physical defects noted in this case as in my judgment they will not interfere with the performance of his duties in the Coast Guard.

Surgeon, U. S. Public Health Service.

INDORSEMENT

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, June 23-1928

The finding of the medical board is approved.

The finding of the medical board is not approved for the following reasons:

The waiver recommended by the medical board is approved.

The waiver recommended by the medical board is not approved for the following reasons:

By direction of the Surgeon General.

W W King
Surgeon, U. S. Public Health Service.

U. S. GOVERNMENT PRINTING OFFICE: 1927 2—3850

CONSULTATION REQUEST AND REPORT

Name FLEMING, Harlie N. 103555 Grade WO (Bosn) Ward

~~US Coast Guard, Coast Guard Infirmary~~
Dinner Key, Florida

To: Date 5 July, 1946

For consultation because of Request of Dr. Schwartz

Provisional diagnosis

Routine. ☐
Emergency. ☐

M. C.

Date 5 July, 1946

Opinion of consultant:

After investigation of the past and present history of Harlie N. Fleming, and upon physical examination, I find that this patient seems somewhat thin; I find no evidence of any cardiac or cardiovascular disease. I find no evidence of cirrhosis of the liver due to lack of substantiation of such a diagnosis by the Laboratory procedures which have have been performed. I feel that this patient is suffering with a chronic recurrent malaria and that this is sufficient cause for all of his prevailing symptoms.

Harry Spitz

HARRY SPITZ, Major, M. C.

W. D., A. G. O. Form No. 8-40
21 June 1944
(This form supersedes W. D., M. D. Form No. 55 E-1, 31 May 1939, which may be used until existing stocks are exhausted.)

16—18820-1 ☆ U. S. GOVERNMENT PRINTING OFFICE : 1944

"C 10"

CG-71-706

19 June, 1946

From: President, Coast Guard Retiring Board

To: Surgeon Claude G. Eccles and Assistant Surgeon H. K. Schwartz, U. S. Public Health Service

Subj: Examination of Boatswain Harlie Fleming, USCG

1. You will make a careful examination into the past and present physical and mental condition of Fleming, whose case has been referred to this board for examination, and report as to his capacity to perform the duties appropriate to his commission.

2. Besides a personal examination, you will examine closely all matter transmitted to the board in this case from the files and records of Coast Guard Headquarters, and you will also endeavor to obtain from any other authentic source within your reach such information as will aid the board in the performance of its duties, and will report the result in writing, which shall be in the form of a sworn statement. The report shall fully cover the matters required by Article 958, Coast Guard Courts and Boards.

H. S. BERDINE
Captain, U. S. Coast Guard
President, Coast Guard Retiring Board

CERTIFIED TO BE A TRUE COPY:

William T. Murphy

WILLIAM T. MURPHY, Lt. Comdr., USCG
Recorder

"11"

UNITED STATES COAST GUARD



ADDRESS REPLY TO
Medical Officer in Charge
CG Infirmary, Dinner Key, Miami, Fla.
REFER TO FILE

11 July, 1946

From: Surgeon C. G. Eccles and Assistant Surgeon H. K. Schwartz

To: President, Coast Guard Retiring Board

Subj: Examination of FLEMING, Harlie, W.O. (Bos'n)

1. We have carefully and separately examined Warrant Officer FLEMING, USCG, as to his past and present physical and mental condition, together with the records pertaining to his case, and report as follows:

Warrant Officer FLEMING is forty-one (41) years old and has been twenty-two (22) years in the Coast Guard.

He has suffered from some of the common ailments, including Lymphadenitis, Cellulitis, Contusions, Influenza, Headaches, Scabies, abrasions, Burns, Tinea, Migraine, Constipation, Abrasions, Fracture of finger, Myalgia, Tonsillitis, Dengue fever, Rhinitis, Fracture of 5th. and 6th. rib, Common cold, Pharyngitis, Furuncle, Diarrhea, Neurasthenia, Malarial fever, U.R.I., Renal glycosuria, Aterioscl-erosis, and Atrophic cirrhosis of the liver.

On April 26, 1946 , he was transferred from 6th. Coast Guard District, Charlston, S.C. to U. S. Coast Guard Infirmary, Dinner Key, Miami, Fla. with Cirrhosis, Liver atrophic which originated in the line of duty.

MEDICAL HISTORY:

This patient relates that he has been suffering from repeated attacks of malaria since 1940. He also complains of vague headaches which he clains to have since 1942. Thorough questioning on all systems was negative.

Physical examination reveals a forty-one (41) year old whait male in no acute distress. He is six (6) feet tall and weighs one hundred and thirty-eight (138) pounds. He is longilinear in type and his thinness is normal for his bone structure. His head, eyes, ears, nose and throat are normal. His lungs are clear and his heart is withing normal limits (B.P.) Systolic is 128 and Diastolic is 82.

MEDICAL HISTORY CONT'D

Examination of his abdomen is essentially negative. There is no pain or sensitivity in the region of the liver which is one (1) finger below the costal margin. The spleen is not palpable. No masses were palpable. The one positive finding was slight sensitivity in the Gall Bladder region. His genitalia and extremities are normal and his reflexes are within normal limits. This patient was given an extensive laboratory work-up, the results of which are appended and were found to be essentially normal.

We believe that FLEMING, Harlie; Warrant Officer (Bos'n) is suffering from no disease at present. He does suffer however from chronic malaria and it is recommended that he be given duty in a cold climate for a period of time for the amelioration of this condition.

C. G. Eccles

C. G. ECCLES
SURG. (R) USPHS

H. K. Schwartz

H. K. SCHWARTZ
ASS'T SURG. (R) USPHS

Subscribed and sworn to before me this 11th day of July, 1946.

William T. Murphy

WILLIAM T. MURPHY, Lt. Comdr., USCG
Recorder

FLEMING Harlie
Warrant Officer (Bos'n) USCG

Laboratory Sheet

June 17, 1946	Urine:	S.G. 1.025
	Albumin:	Negative
	Sugar:	Negative
June 17, 1946	Protein:	5.10 g. %
	Albumin:	3.45 g. %
	A.G. ratio:	2.09
	Van Den Bergh:	Qual. Direct delayed
		Quant. 1.25 mgm.%
	Icteric index:	8.9
June 22, 1946	C.B.C.:	K.B.C. 4,560,000
		W.B.C. 6,500
		Hb. 15.8g.,93%
		Differential:
		Neutro: 41%
		Lympho: 50%
		Mono: 3%
		EOS: 6%
June 26, 1946	Takata Ara:	Positive in ½ hour
	Urobilinogen:	1.33 mgm.%
July, 2, 1946	Prothrombin time:	Straight plasma 95% normal
		12½% dilution 96% normal
	Hippuric Acid:	1.78g. NaBenzoate 0.927g. hippuric acid excreted in one (1) hour.
	Bromosulfalein Test:	2.5% dye retained after thirty (30) minutes.
July, 5, 1946	Malarial Blood:Smear:	Negative.

RT OF CHANGE IN PERSONNEL
D STATES COAST GUARD
CG-2599 (REV. 6-45)

No.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Comdr. 7th CG District	CGC ARIADNE	Miami, Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
		5 Nov. 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

Reenlisted this date for a period of three (3) years in the regular establishment.

Entitled reen. allow. credit three (3) years.

DUTY CODE NO. 18-D
AUTH: Art. 589 (1) Reg.
J. R. HINNANT, Commander, USCG
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding
	CODED 10-18

MACHINE ACCOUNTING
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

3-2522

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie (Name, surname first) | 103-555 (Service number) | Boatswain (Rank or rating) | DCGO Chas. S.C. (Unit)

FILE

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Charleston, south Carolina, Date 14 March, 1946

MAR 23 1946
DISTRICT COAST GUARD
MEDICAL OFFICE

To: MOIC, USNH,

Navy Yard, Chas., S. C.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to District Medical Officer, COTP, Chas., S.C.

Harlie Fleming (Signature of patient)

J. H. MCDONOUGH, S.A. SURG. (R) USPHS
U.S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S. Naval Hospital, Chas., S.C. Date 3-20-46, 19

I CERTIFY that I have examined the above-named person and find him suffering from

Arteriosclerosis #310
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 15 days absence from duty. He was admitted to {*inpatient / *hospital} treatment at Charleston U.S. Naval {*hospital} on 14 March, 1946.

W.A. CRIST, CAPT.(MC)USNR
USNH, CHAS., S.C.

*Having been informed that I am suffering from _____ (Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

Court fund

No. 76

		SERVICE No.	PRESENT RANK OR RATING
	MINOR UNIT NAME		Bosn
L'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.		LOCATION Chas.,S.C.
			DATE 28 Oct.46

REPORTED FROM:
FOR

ODE NO. AUTH:

ME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

16 October, 1946: Dropped from CG Repair Base, Charleston, S.C. Rolls, having reported to Comdr.7CGD,Miami, Fla., for duty, from indefinite sick leave pending retiring board.

DUTY CODE NO. AUTH:

7CGD/L 10-25-46(CG-73)(p)

W.G. Wallace
W.G.WALLACE, Comdr.USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting

Punched _____

Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NCG-2522

RECEIVED
APR 26 1946
C. G. U.
SIXTH NAVAL DISTRICT
CHARLESTON

FILED
C. M.

FOLLOW INSTRUCTIONS ON BACK

F[illegible] C. Earlie (Name, surname first) | 103-555 (Service number) | Boatswain (Rank or rating) | DCGO, Chas., S. C. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Charleston, S. C., Date 4-19-46, 19

To: District Medical Officer, COTP
(Coast Guard unit)

Charleston, S. C.
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
DU(Medical Observation)	2122	3-14-46	3-25-46
Malaria, Benign Tartian	1030	3-25-46	4-15-46
Arteriosclerosis	210	4-15-46	4-19-46

He {*~~is~~ / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
Recommend that he be ~~discharged~~ retired from the USCG Service in accordance with approved medical survey.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*~~Yes~~ / *No.} Guilty of insubordination? {*~~Yes~~ / *No.}

W. A. CRIST, CAPT(MC) USNR
U.S.Naval Hospital, Charleston, S.C.
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 11-98

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Office, Comdr, 7th CG District		Miami, Florida
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
07-001		25 November, 1947

TIME 0900
DATE 24 November, 1947
REPORTED FROM: CG Depot, Key West, Florida
FOR medical treatment.

DUTY CODE No. 18-D
AUTH: C7CGD/D 212009Z Nov, 1947 & CGDpt.K.W.Fla/L 11-22-47, CG-73-531

TIME 1430
DATE 25 November, 1947
TRANSFERRED TO: CG Depot, Key West, Florida
FOR resumption of regular duty aboard the CG-83403

AUTH: C7CGD/L 11-25-47, CG-73-531

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

HERBERT F. WALSH, Commander, USCG
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

EPORT OF CHANGE IN PERSONNEL

NITED STATES COAST GUARD

AVCG-2599 (REV. 6-45)

No. 11-18

URNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
LEMING, Harlie (-)	103-555	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Depot	CG-83403	Key West, Fla.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
07-115		26 Nov 1947.

TIME 0800
DATE 26 Nov 1947.

REPORTED FROM: O,C7CGD
FOR asdu

DUTY CODE NO. AUTH: C7CGD (p) L (CG-73-531) 11-25-47.

TIME
DATE

TRANSFERRED TO:
FOR Key West, Fla.

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

file on base

DUTY CODE NO. AUTH:

L. H. MUSE. (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting

Punched _____

Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

OF CHANGE IN PERSONNEL
STATES COAST GUARD
399 (REV. 6-45)

No. 11-14

E, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
MING, Harlie	103-555	CBM
UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
DEPOT	CG-83403	Key West, Fla.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
7-115		22 November, 1947

REPORTED FROM:

FOR

Y CODE NO. AUTH:

E 1000
E 22 November, 1947 TRANSFERRED TO: Office, Comdr. 7th CG District
FOR medical treatment

TH: CCGD7/D 212009Z (11-47)

ANGED IN {RANK / RATING} FROM TO EFFECTIVE

UTY CODE NO. AUTH:

THER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting

Punched

Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2589 (REV. 6-45)

No. 11-3

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG DEPOT Key West	CG-83403	Key West, Florida
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
07-115		8 November, 1947

TIME 0800
DATE 8 November, 1947

REPORTED FROM: CG DEPOT, Key West, Florida
FOR asdu as Officer-in-Charge.

DUTY CODE NO. 59-D AUTH: CCGD7/L CG-73 (11-3-47)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
001		07	1	

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty
	030	021	

RECORDS	
Posting	Coding
	CODED NO. 6

MACHINE ACCOUNTING
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 11-2

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG DEPOT		Key West, Florida
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
07-115		8 November, 1947

TIME — REPORTED FROM:

DATE — FOR

DUTY CODE NO. — AUTH:

TIME 0800 — TRANSFERRED TO: CG-83403

DATE 8 November, 1947 — FOR asdu as Officer-in-Charge.

AUTH: CCGD7/L CG-73 (11-3-47)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

PEARL 32

DUTY CODE NO. — AUTH:

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL

District	Sea Shore	Foreign Domestic	Duty

RECORDS

Posting	Coding

MACHINE ACCOUNTING

Punched _____

Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 9-13

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG DEPOT		Key West, Fla.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
07-115		11 Sept., 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

0830, 11 September, 1947: Returned from 30 days annual leave.

DUTY CODE NO. 17-D
AUTH: Com.Cir. 3-47

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

File

No. 8-5

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Depot		Key West, Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
07-115		9 August, 1947

TIME 0800
DATE 9 August, 1947

REPORTED FROM: CGB, Miami, Fla.
FOR ASDU.

DUTY CODE NO. 17-D AUTH: CCGD7/D 062126Z (Aug.'47)

TIME
DATE

TRANSFERRED TO:
FOR on base

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

PEA-E 44

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

ANGE IN PERSONNEL
S COAST GUARD
AV. 6-45)

File

No. 8-4

RST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
NG, Harlie	103-555	CBM
IT NAME	**MINOR UNIT NAME**	**LOCATION**
Depot		Key West, Fla.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
7-115		9 August, 1947

TIME
DATE — REPORTED FROM:
FOR

DUTY CODE NO. — AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

0800, 9 August, 1947: TR fm CGB, Miami, Fla. to CG Depot, Key West, Fla. for asdu.

DUTY CODE NO. — AUTH: CCGD7/D 062126Z(Aug.'47)

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

PEA-E 44

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40365-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 8-6-

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Depot		Key West, Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
07-115		11 August, 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

0800, 11 August, 1947: Departed on 30 days annual Leave.

DUTY CODE NO. 17-D
AUTH: Com.Cir. 3-47

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

HANGE IN PERSONNEL
S COAST GUARD
EV. 6-45)

No. 8/9

RST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
G, Harlie (n)	103-555	CBM
IT NAME	**MINOR UNIT NAME**	**LOCATION**
ASE		Miami, Fla.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
101		9 August, 1947

ME — REPORTED FROM:
DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:
DATE — FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

0800 - 9 August, 1947 Temporary duty this unit terminated. Dropped from the rolls of this unit and picked up by CG DEPOT, Key West, Fla. this time and date.

TD commenced: 1630 - 13 June, 1947

DUTY CODE NO. 04-D

AUTH: CCGD7/D 062126Z (8/47)

J. E. O'HAGAN, LT., USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

PEA-E 15

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 7-26

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Base		Miami, Florida
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
7-101		1 July, 1947

TIME — REPORTED FROM:

DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:

DATE — FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

0000 - 1 July, 1947 - Designation of unit changed from CG Repair Base, Miami, Florida to CG Base, Miami, Florida.

FLEMING present temporary duty from Depot, Key West, Fla.

PEA-E

DUTY CODE NO. 04-D AUTH: CCGD7 Dispatch 2816092(6/47)

J. E. O'Hagan

J. E. O'HAGAN, LT., USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

1. NAME (In full, surname first) UNKNOWN
FLEMING, Harlie (n)

2. RACE	DATE OF BIRTH	PLACE OF BIRTH
W-US	11-2-05	NORTH CAROLINA

3. RANK OR RATE	AVIATION	LENGTH OF SERVICE
Bos'n USCG	NO	20 Yrs. 0 Mo.

4. DIAG. NO.	DIAGNOSIS TITLE (Navy nomenclature)
210	ARTERIOSCLEROSIS, GENERAL.

5. TAKEN UP AS	DATE	DISPOSITION	DATE	SICK DAYS
FT	7-19-45	T	7-31-45	12

6. EPTE?	PREVIOUSLY TAKEN UP?	DATE	KEY	SPECIALTY
NO	YES	7-13-45		

7. PATIENT RECEIVED FROM-
U.S.S. TRYON (APH-1)

8. TRANSFERRED AS A PATIENT TO-
USNH, JACKSONVILLE, FLORIDA

9. DIAG. CHANGED (C) TO-

DIAG. NO.	ON ACCOUNT OF-

10. (ACD)

DIAG. NO.	PRIMARY DIAGNOSIS
	FILED C M

11. THIS CARD SENT FROM-
U. S. NAVAL RECEIVING HOSPITAL
SAN FRANCISCO, CALIFORNIA

12. REMARKS:

INDIVIDUAL STATISTICAL REPORT OF PATIENT
NMS- FORM FA, CARD (REVISED 1942)

IBM 720099

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

BUREAU COPY

LICENSED FOR USE UNDER PATENT 1,772,492

1. NAME (IN FULL, SURNAME FIRST) | SERVICE OR FILE NO.

FLEMING, Harlie (N) | 103 555

2. RACE	DATE OF BIRTH	PLACE OF BIRTH
W-US	11-2-05	N.C.

3. RANK OR RATE	AVIA. STATUS	LENGTH OF SERVICE
WO Bos'n USCG		21yrs.9mos.

4. DIAG. NO.	DIAGNOSIS TITLE (NAVY NOMENCLATURE)
2122	DU (Medical Obs.)

5. TAKEN UP AS	DATE	DISPOSITION	DATE	SICK DAYS
FT	3-14-46	C	3-25-46	11

6. EPTE?	PREVIOUSLY TAKEN UP?	DATE	KEY	SPECIALTY
No				

7. PATIENT RECEIVED FROM—

USCGC CYPRES

8. TRANSFERRED AS A PATIENT TO—

9. DIAG. CHANGED (C)	TO— Malaria, Benign Tartain		
	DIAG. NO. 1030	ON ACCOUNT OF— established	
10. (ACD)	DIAG. NO.	PRIMARY DIAGNOSIS	

11. THIS CARD SENT FROM—

U.S.N.H., Charleston, S.C.

12. REMARKS:

Supernumerary patient.

C

INDIVIDUAL STATISTICAL REPORT OF PATIENT
NAVMED-FA CARD (REV. 1/45)

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

12M 739518

BUREAU COPY

LICENSED FOR USE UNDER PATENT 1,772,492

1. NAME (IN FULL, SURNAME FIRST) | SERVICE OR FILE NO.

FLEMING, Harlie (n) | 103 555

2. RACE	DATE OF BIRTH	PLACE OF BIRTH
W-US	11-2-05	N.Carolina

3. RANK OR RATE	AVIA. STATUS	LENGTH OF SERVICE
WO Bos'n CG	-	21 yrs 10 mo

4. DIAG. NO.	DIAGNOSIS TITLE (NAVY NOMENCLATURE)
312	CIRRHOSIS LIVER, ATROPHIC

5. TAKEN UP AS	DATE	DISPOSITION	DATE	SICK DAYS
AD	4-15-46	D	4-19-46	4

6. EPTE?	PREVIOUSLY TAKEN UP?	DATE	KEY	SPECIALTY
NO				

7. PATIENT RECEIVED FROM-

change in diagnosis

8. TRANSFERRED AS A PATIENT TO-

9. DIAG. CHANGED (C)	TO-		
	DIAG. NO.	ON ACCOUNT OF-	FILED
10. (ACD)	DIAG. NO.	PRIMARY DIAGNOSIS	

11. THIS CARD SENT FROM-

U.S.N.H. CHARLESTON,S.C.

12. REMARKS:

Supernumerary Patient

C

INDIVIDUAL STATISTICAL REPORT OF PATIENT
NAVMED-FA CARD (REV. 1/45)

IBM 739518

BUREAU COPY

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

LICENSED FOR USE UNDER PATENT 1,772,492

FLEM MA

1. NAME (In full, surname first) File No. 103 555
FLEMING, Harlie ('n)

2. RACE	DATE OF BIRTH	PLACE OF BIRTH
W - US	11-3-05	Fla.

3. RANK OR RATE	AVIATION	LENGTH OF SERVICE
Bosn USCG	No	15 4

4. DIAG. NO.	DIAGNOSIS TITLE (Navy nomenclature)
210	ARTERIOSCLEROSIS

5. TAKEN UP AS	DATE	DISPOSITION	DATE	SICK DAYS
FT	7-13-45	T	7-19-45	6

6. EPTE?	PREVIOUSLY TAKEN UP?	DATE	KEY	SPECIALTY
No	no			

7. PATIENT RECEIVED FROM -
USNH #128

8. TRANSFERRED AS A PATIENT TO -
USN Rec. Hospital, San Francisco.

9. DIAG. CHANGED (C) — TO - | DIAG. NO. | ON ACCOUNT OF

10. (ACD) | DIAG. NO. | PRIMARY DIAGNOSIS

FILED

11. THIS CARD SENT FROM -
USS TRYON (APH-1)

12. REMARKS:

B

INDIVIDUAL STATISTICAL REPORT OF PATIENT
NMS - FORM FA CARD (REVISED 1942)

IBM 720099

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

BUREAU COPY

LICENSED FOR USE UNDER PATENT 1,772,492

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 6-12

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RA
FLEMING, Harlie	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Repair Base		Miami, Fla.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
07-101		13 June, 19

TIME 1630
DATE 13 June, 1947

REPORTED FROM: CG Depot, Key West, Fla.
FOR Assignment to temporary duty.

DUTY CODE NO. 04-D AUTH: VO, CCGD7(p)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

J. E. O'Hagan
J. E. O'HAGAN, LT., USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

PEA-E 62

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 6-28

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie	103-555	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG DEPOT	CGC ARIADNE	Key West, Fla.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
07-115		13 June, 1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1130
DATE 13 June, 1947

TRANSFERRED TO: CGRB, Miami, Fla.
FOR assignment to temporary duty.

AUTH: Vb. Ords. CCGD7(p)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

F. L. JOHNSON, BOS'N, USCG
EXECUTIVE OFFICER (*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

REF ID: A[illegible]

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name FLEMING, Herlie (Surname first) Service Number

Age: Years 40 Months 4 Color White

For: Annual Physical
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Boatswain

Place Chas., S. C. Date 2-26-46

Personal Medical History UCD Malaria - 1940 Recurrance of Malaria-1942, Apr. '45, June '45, Arteriosclerosis, changed "No disease - Sept., 1945

Vision: R.E. 20/ 20 L.E. 20/ 30 Corrected: R.E. 20/ L.E. 20/

Color blind? Mes-Partial Test used Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Normal

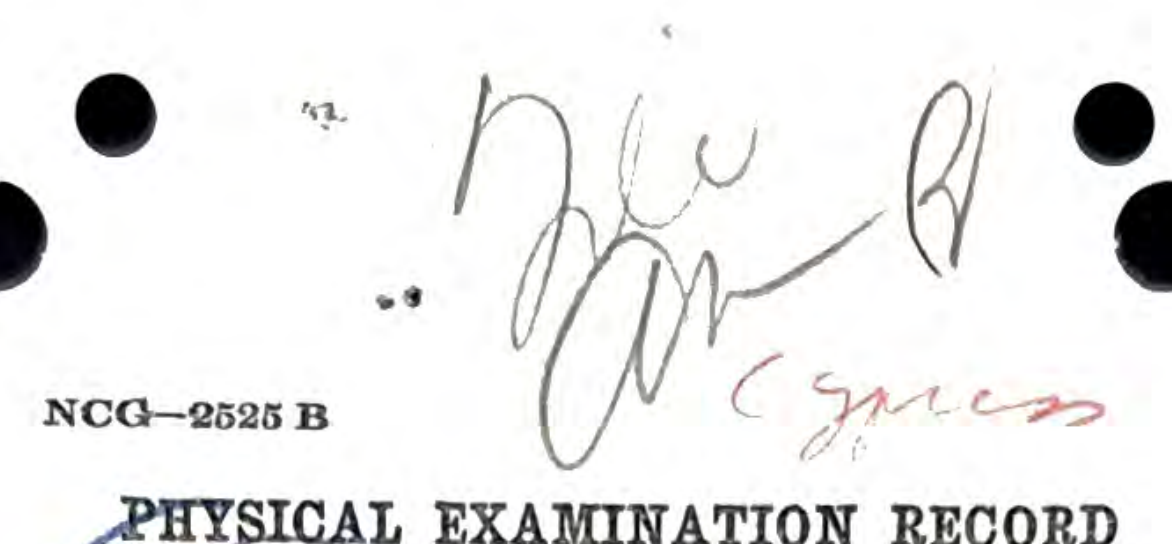
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "z"; carious, "I".)

(Right Side)



Gums Pyorrhea Temperature 98.4

Height 71 3/4 inches. Weight (stripped) 145 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 39½ Expiration 37

Heart and blood vessels Normal

Blood pressure: Systolic 128 Diastolic 88

Pulse before exercise 84, after exercise 102, after 2 min. 86

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Sugar 2 plus Shreds

Microscopical exam. (if indicated) epithelia Sp. Gr.

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 2-26-46 Result Neg.

Post Index
Clinical Sheet
Flexible
Abstract

16—27070-1

Cypress

REMARKS: Complains of chronic headaches-occipital - Reported to USNH, Chas., S.C. for Medical Observation on 3-13-46. Renal Glycosuria. Diagnosis-1944.

CERTIFICATE

{We / I} certify that {We / I} have personally made this physical examination and find that Herlie Fleming

He is ~~not~~ physically qualified for Annual Physical
(Enlistment, appointment, promotion)

He is ~~not~~ physically qualified to perform the duties of WO
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of (Being studied in USNH, Chas., S. C.)

J. H. McDonough

Surgeon, U.S. Public Health Service.

J. H. MCDONOUGH, S. A. (R

1st INDORSEMENT

29 March, 1946
(Date)

Place Charleston, S.C.

From: DCGO, 6ND

To: Commandant.

Ref: (a) Alcoast 30, 1946

1. Forwarded for action. Present status:

Attached: CGC CYPRESS

M. J. Ryan

Commanding—Dist. Comdr.-Off. in Chg.

M.J.RYAN, Commodore, USCG.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are ~~not~~ approved

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NMS-Form F Card (1942) **INDIVIDUAL STATISTICAL REPORT OF PATIENT** 16—27714-1

DO NOT WRITE IN THIS SPACE

1. NAME (In full, surname first): FLEMING, Harlie (n)

2. RACE	DATE OF BIRTH	PLACE OF BIRTH
W-US	10-2-05	N.C.

3. RANK OR RATE	AVIATION	LENGTH OF SERVICE
Bosn USCG	No	20 0

4. DIAG. NO.	DIAGNOSIS TITLE (Navy nomenclature)
2143	NO DISEASE (Med.Observ)

5. TAKEN UP AS	DATE	DISPOSITION	DATE	SICK DAYS
RA	4-4-45	T	4-16-45	12

6. EPTE?	PREVIOUSLY TAKEN UP?	DATE	KEY	SPECIALTY
No				

7. PATIENT RECEIVED FROM—
F.S. 347

8. TRANSFERRED AS A PATIENT TO—
USNBH #15

9. DIAG. CHANGED (C) | To— | DIAG. NO. | ON ACCOUNT OF—

10. (ACD) | DIAG. NO. | PRIMARY DIAGNOSIS

11. THIS CARD SENT FROM—
USS REFUGE (AH11)

12. REMARKS:

CRG/fm

File Copy

PROPERTY
BUY
UNITED
STATES
WAR
BONDS
AND
STAMPS

UNITED STATES COAST GUARD
DU PONT BUILDING
MIAMI, FLORIDA
ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT
REFER TO

File 3-5

Dep

RECORD OF PROCEEDINGS

of a

COAST GUARD RETIRING BOARD

Convened at

Miami, Florida

on

11 July, 1946

Case of Harlie Fleming, Boatswain,
U. S. Coast Guard

TREASURY DEPARTMENT

Washington

Jan. 21, 1946

To: Commander Emette B. Smith, USCG - Office of District Coast Guard Officer, Seventh Naval District, Miami, Florida

Subj: Precept for Coast Guard Retiring Board

Ref: (a) Article 950, Coast Guard Courts and Boards

A Coast Guard Retiring Board consisting of yourself as president, and any two of the following Coast Guard Officers, to be designated by you, as members: Commander Richard Baxter, USCG; Commander Robert F. Shunk, USCG; Commander Richard R. Smith, USCG; Lieutenant Commander Beverly E. Moodey, USCG; Lieutenant Commander William T. Murphy, USCG; Lieutenant Commander Edwin B. Ing, USCG; Lieutenant Commander James B. Weaver, USCG; Lieutenant Commander Herbert E. Callis, USCGR; Lieutenant Commander Rolf Thorsen, USCG; Lieutenant Commander Carl W. Rom, USCG; Lieutenant Clyde G. Tarkenton, USCG (retired); Lieutenant James E. Melvin, USCG; also any two of the following medical officers; Passed Assistant Surgeon (R) Clifford H. Babbit; Assistant Surgeon (R) Edward Flick; Assistant Surgeon (R) Abraham A. Kaufman; or any two of such medical officers of the U. S. Public Health Service as may be later designated for duty with this board by proper authority, is ordered to convene at the office of the District Coast Guard Officer, Seventh Naval District, Miami, Florida, from time to time as may be necessary, for the examination of such persons of the U. S. Coast Guard as may be ordered to appear before it.

The proceedings of the board will be in accordance with Coast Guard Courts and Boards.

The junior Coast Guard member of the Board will act as recorder.

The District Coast Guard Officer, 7th Naval District, will furnish the necessary clerical assistance.

This board is authorized to consider such cases as are pending before the board convened by the Secretary of the Navy precept dated December 28, 1945, of which you were president.

By direction of the President,

/s/ Joseph J. O'Connell
Acting Secretary of the Treasury.

CERTIFIED TO BE A TRUE COPY

WILLIAM T. MURPHY, Lieut. Comdr., USCG
Recorder

"A"

TREASURY DEPARTMENT

Washington

Feb. 28, 1946

To: Commander Emmette E. Smith, USCG - Office of DCGO, Seventh Naval District, Miami, Florida

Subj: Precept for Coast Guard Retiring Board; change in composition of

Department letter dated January 21, 1946 is amended in that Surgeon Claude G. Eccles, USPHS, and Assistant Surgeon John H. Morrison, USPHS, are substituted as members in lieu of Passed Assistant Surgeon (R) Clifford H. Babbit and Assistant Surgeon (R) Edward Flick.

By direction of the President,

/s/ Joseph J. O'Connell, Jr.
Acting Secretary of the Treasury

CERTIFIED TO BE A TRUE COPY:

WILLIAM T. MURPHY, Lieut. Comdr., USCG
Recorder

"A"

TREASURY DEPARTMENT

Washington,

Apr. 1 9:54 am '46

To: Captain Harold S. Berdine, USCG - Office of District Coast Guard Officer, 7th Naval District, Miami, Florida

Subj: Retiring Board; change in composition of

Treasury Department letter dated January 21, 1946, convening a Coast Guard Retiring Board and designating Commander Emette B. Smith, USCG, as president, is hereby amended in that you are designated president of this Board upon the detachment of Commander Smith from the Seventh Naval District. By copy of this letter, Commander Emette B. Smith, USCG, will consider himself relieved of all duties with the Retiring Board upon his detachment.

For the President,

/s/ Joseph J. O'Connell, Jr.
Acting Secretary of the Treasury.

CC:
Commander Emette B. Smith, USCG
DCGO, 7th Naval District

CERTIFIED TO BE A TRUE COPY:

WILLIAM T. MURPHY, Lieut. Comdr., USCG
Recorder

"A2"

UNITED STATES COAST GUARD

(PO) Washington 25, D. C.

CG-71

16 April, 1946

To: Captain Harold S. Berding, USCG - Office of Commander, 7th Coast Guard District

Subj: Retiring Board; Medical officers as members

1. The Administrator of the Federal Security Agency has provided for any two officers of the Public Health Service as may be available to a Commander of a Coast Guard district or are attached to a Public Health Service Station to serve on Coast Guard Retiring Boards.

2. A certified copy of the letters of authorization are forwarded herewith for the use of your Board whenever there are insufficient medical officers available from the list previously authorized.

/s/ F. P. Vetterick
F. P. VETTERICK
By direction

Inclosures:
1. Certified copy of Federal Security Agency ltr. to Admiral J. F. Farley dated 29 March, 1946.
2. Certified copy of Federal Security Agency ltr. to Medical Officers in Charge of USPHS, Stations dated 29 March, 1946.

CERTIFIED TO BE A TRUE COPY:

WILLIAM T. MURPHY, Lieut. Comdr., USCG
Recorder

"A3"

(PO)
CG-71-706

20 May, 1946

To: Boatswain Harlie Fleming, USCG - USNH, Charleston, South Carolina

Subj: Examination for retirement; travel

1. A Coast Guard retiring board of which Captain Harold S. Berdine, USCG, is president has been ordered to convene to examine you for retirement. When directed by Captain Berdine, proceed to Miami, Florida and present yourself before the board for examination at such place as may be designated by him. Upon completion of the examination and when excused from further attendance before the board return to your present station and duties.

2. The travel necessary to the execution of these orders is required by the public interests.

3. Per diem as prescribed in Article 412 (4), PANDSI, is hereby authorized, chargeable to HQ allotment, symbol No. 051-20.

F. P. VETTERICK
By direction

CERTIFIED TO BE A TRUE COPY:

WILLIAM T. MURPHY, Lt. Comdr., USCG
Recorder

"B"

YOUNG:hr room 3112 3-5

Seventh Coast Guard District
Miami, Florida
11 July, 1946

The board met at 1:25 p.m.

Present:

Captain Harold S. Berdine, U. S. Coast Guard, President;

Lieutenant Commander Edwin B. Ing, U. S. Coast Guard, Member;

Lieutenant Commander William T. Murphy, U. S. Coast Guard, Member and recorder;

Surgeon (R) Claude G. Eccles, U. S. Public Health Service, Member; and

Asst. Surgeon (R) Henry K. Schwartz, U. S. Public Health Service, Member.

Miriam Krupat, CAF-5, entered as reporter and was duly sworn.

The board decided to sit with open doors.

Harlie Fleming, Boatswain, U. S. Coast Guard, the party under examination, entered and stated that he did not desire counsel.

The recorder read the precept, the amendments thereto, and the order to the party under examination, copies hereto prefixed, marked "A", "A1", "A2", "A3", and "B".

The party under examination was informed of his rights.

The party under examination stated that he did not object to any member.

The board and the recorder were duly sworn.

No witnesses not otherwise connected with the inquiry were present.

A letter appended, marked "C", was received from Headquarters, transmitting the papers named therein, which are appended, marked "C1" to "C10". Those marked "C" and parts of those marked "C1" through "C10", were read by the recorder.

The medical members were directed to examine into the past and present physical and mental condition of Fleming; letter of instructions appended, marked "I1".

The party under examination was asked by the president whether he wished to be

retired and replied in the affirmative.

The party under examination was asked by the president whether he wished to be sworn as a witness and replied in the negative.

The medical members submitted a report, which was sworn to, read, and appended, marked "12".

Assistant Surgeon (R) Henry K. Schwartz, U. S. Public Health Service, the junior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Doctor, from what cause does Boatswain Fleming's disability proceed?

A. According to our findings, Boatswain Fleming has no disease, and therefore, no disability.

Examined by the board:

2. Q. Doctor Schwartz, the diagnosis of arteriosclerosis was previously made by the Board of Medical Survey; would you state the blood pressure of this man at the time of your examination.

A. At the time of the examination, this man's blood pressure was 128 systolic over 82 diastolic, which is entirely within the normal limits of an individual of his age.

3. Q. Did you have his blood pressure checked more than once?

A. No sir, because this individual had a thorough cardiovascular check-up and we didn't feel that it was necessary to recheck.

4. Q. Would you state this man's height and weight?

A. This man is 6 ft. tall and weighs 138 lbs. His weight is a little below normal for a man of his height. However, his thinness is normal for his bone structure. This man has weighed the same for the last 15 or 20 years and will probably weigh the same in the future.

same Board of Medical Survey. In your opinion, upon what findings did they make this diagnosis?

A. I am not sure as to why they made this diagnosis. However, I believe this diagnosis may have been made due to the fact that this man had evidence of hepatic insufficiency by which I think they meant the liver function tests were not normal. Also on the fact that he had collateral circulation of the abdominal veins and that bromosulphalein tests were abnormal. Also blood proteins were abnormal. Now, I believe that at the time these tests were made, that those were the findings, except for the collateral circulation of the abdominal veins, but when the bromosulphalein test was given by us, they were well within the normal limits and he gave no evidence of hepatic insufficiency. I will try to explain these facts. At the time of that examination, this man was at the U. S. Naval Hospital at Charleston. He had malaria and he was given atabrin therapy. As far as I know, when a person has malaria his icteric index is elevated, and when he was given a bromosulphalein test at that time, it would have to come out positive. Another thing is that he was given atabrin therapy. His tissues were saturated with this dye and his blood probably contained some of the dye. This is another contra-indication of the bromosulphalein test. Personally, I don't think we could put much faith in the bromosulphalein test which he was given at that time. He had some degree of hemolysis of the red blood cells and the protein tests would naturally come out all wrong too.

6. Q. So you think that it was an inopportune time to perform this so-called bromosulphalein test or this liver function test?

A. Yes sir, I do, because the very fact that the bromosulphalein test was only 10% at a 30 minute interval proves that the change could have been due to the fact

7. Q. Would you state the result of the

here in Miami.

A. The bromosulphalein test was performed at the Pratt General Hospital.

8. Q. That is an Army hospital?

A. Yes sir.

9. Q. What was the result of their test?

A. The result was 2.5% dye retained after 30 minutes; 5% retention at that period of time is normal. We tried other liver function tests on him which came out within the normal limits.

10. Q. Doctor Schwartz, did you find any evidence of collateral circulation of the abdominal veins?

A. No sir, I didn't, and this man was referred to Dr. Eccles on that point, who also found no evidence of collateral circulation of abdominal veins, and he was also referred to Dr. Thomas, who found no evidence of any. He was also referred to Major Spitz, who is medical consultant at the Pratt General Hospital and he also found that there was no evidence of any abnormalties of the abdominal veins.

11. Q. Was this man examined for malarial parasites?

A. He was and there were no malarial parasites found. Also on June 22, 1946, a complete blood count was done on the patient and his red blood cells and hemoglobin were well within the normal limits.

12. Q. Usually, when making a test like this, it would show an active clinical malaria?

A. Yes sir. There would be a decrease in the total R.B.C. I might also say that the patient has had no chills or fever at any time during the past month, that is during the time that Mr. Fleming has been at the infirmary, we have found no

clinical evidence of malaria.

13. Q. Has the man under consideration for retirement offered any complaints of any ill feelings?

A. No sir. His complaints were vague ones of headaches but I would say that essentially he had no complaints.

14. Q. To bring out one more point, atabrin is a definite dye?

A. Yes sir, it is and when it is absorbed through the digestive tract and goes to the blood, it is deposited in all the tissues of the body where it remains for some ten days to a number of weeks, depending on how much is given.

15. Q. Due to the presence of this dye in the blood stream, it will interfere or falsify the final results of a bromosulphalein test?

A. Yes sir, it will.

16. Q. Now a man having active clinical malaria...in other words he is having chills and fever, would you think there would be a sufficient discoloration of the blood to interfere with the bromosulphalein tests?

A. Yes sir, due to the dye in the blood, the blood of the individual would be discolored to some degree.

17. Q. According to the medical history, at the time the survey was made, the man had malaria?

A. Yes sir, he did. It was reported on the medical survey that they found malaria existing.

18. Q. They actually found the malarial parasites in the blood?

A. Yes sir, they found malarial parasites, I believe it was Plasmodium Vivax.

19. Q. When was that?

A. On March 14th.

20. Q. March 14, 1946?

A. Yes sir.

21. Q. From the medical history of Mr. Fleming, approximately how many attacks of malaria has he had?

A. Approximately eight.

22. Q. Are those attacks of malaria apt to reoccur?

A. Yes sir, malaria attacks are recurrent and they are usually less intense with every recurrent attack; and should a patient go to a cold climate, they sometimes disappear altogether.

23. Q. Are headaches a common symptom of malaria?

A. During the time that the patient has attacks of malaria, they usually do have headaches, but in this case, as I have pointed out, this patient did not have malaria during the period of time that he has been with us.

24. Q. Such disability as he may have from malaria, is that permanent?

A. No sir, I believe that his malaria attacks will stop in the future.

25. Q. Is Mr. Fleming's disability from malaria such as to incapacitate him for active service?

A. No sir, although I believe he should be sent to a shore station up north for a period of 6 months until further amelioration of his malaria condition has been effected.

26. Q. Have all reasonable measures for the amelioration of such disabling condition as may be present from malaria, have they been tried?

A. Well, I believe a tour of duty in a cool climate would further ameliorate his malaria condition.

27. Q. Is the condition of clinical malaria the result of incident of service?

A. Yes sir, it is.

28. Q. Was there any information before the medical members of the board which would lead you to believe that this condition of clinical malaria might be due to vicious practices of his own?

A. No sir.

Neither the board, the recorder, nor the party under examination desired further to examine this witness, the witness resumed his seat as a member.

Surgeon Claude G. Eccles (R), U. S. Public Health Service, the senior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Doctor, from what cause does Boatswain Fleming's disability proceed?

A. I find no disability....no physical disability that might incapacitate this man for regular duty.

Examined by the board:

2. Q. Doctor Eccles, would you tell us why this man should be diagnosed as having cirrhosis of the liver by the U. S. Naval Hospital at Charleston, whereas you and Doctor Schwartz don't find any evidence of cirrhosis of the liver.

A. The only thing I have to go by is the record of this board which states that there was an abnormally elevated bromosulphalein test demonstrated at the time this man was hospitalized in Charleston. Now there is evidence, too, that this man had active clinical malaria. He evidently had elevation in temperature, he had chills and malarial parasites were actually demonstrated on smears made from man's blood. At this time during this hospitalization, he received a product made from coal tar, which is a dye and the trade name is atabrine. We know, too, that in chronic malaria, red blood cells are actually torn apart. They are broken down and due to the disintergration of these red blood cells, our tests depending on color degrees are falsified or interfered with, so it seems reasonable to believe that this bromosulphalein test performed at that time was not a true picture of this man's condition and may have led to misleading conclusions and thus resulting in the diagnosis that shouldn't have been made. So on careful check, a physical examination

of this man, we found or it was demonstrated [illegible] within normal limitations. We were unable to demonstrate malarial parasites in the man's blood nor were we able to demonstrate dilated blood vessels of the abdominal wall. During his stay in our infirmary, there was no evidence of this man having clinical malaria. In other words, there was no elevation in temperature, nor did he have chills. As far as the man being underweight is considered, his weight is 138 lbs. and his height is 72 inches. I wouldn't think that this man could be deemed to be cachectic.

3. Q. At the time that the tests were made, the first bromosulphalein tests at the Naval Hospital at Charleston, was that the same time that he had received an attack of malaria and could that condition have possibly interfered with the results of the test?

A. He was given the atabrine first and then the test was performed. He certainly had malaria.

4. Q. Then in your examination recently, you said you found no trace of malaria present, but you then stated it probably could have been dormant malaria.

A. It is known as chronic malaria, but we were not able to demonstrate it now. During his stay in our infirmary, we were not able to demonstrate that as clinical malaria.

5. Q. Although you are not able to demonstrate that he had malaria, there is a possibility that he will have a further attack of malaria?

A. He has had chronic malaria, whether he will have another attack, I am unable to say. He may be well now. I am unable to predict what may happen in the future.

6. Q. Then you consider that he is practically cured?

A. Well, he doesn't have active malaria now.

7. Q. Doctor, such disability as may be present due to the man's history of chronic

malaria, would that condition be permanent?

A. No sir.

8. Q. Is this man's history of chronic malaria such as to incapacitate him for active service?

A. I wouldn't think so. I would say it was not; that is my opinion.

9. Q. Have all reasonable measures for the amelioration of the condition of chronic malaria been tried?

A. I think they have all been tried with the exception that it would be advisable for this man to have a tour of duty in a cool climate. He has received all the treatment for his condition of clinical malaria that could be tried.

10. Q. Is the condition of chronic malaria the result of an incident of service?

A. Yes sir, I think it is.

Neither the board, the recorder, nor the party under examination desired further to examine this witness; the witness resumed his seat as a member.

Neither the board, the recorder, nor the party under examination desired to call any more witnesses.

Harlie Fleming, Boatswain, U. S. Coast Guard, the party under examination, desired to make no statement.

Harlie Fleming, Boatswain, U. S. Coast Guard, the party under examination, desired to make no argument.

The recorder desired to make no argument.

The inquiry was finished, the party thereto withdrawing, having been informed that he would receive due notification when he might regard himself as discharged from further attendance before the board.

After full and mature deliberation, the board finds as follows:

FINDING OF FACTS

Harlie Fleming, Boatswain, ...

active service; that at the present time there is no disease present.

HAROLD S. BERDINE
Captain, U. S. Coast Guard, President;

EDWIN B. ING
Lieutenant Commander, U. S. Coast Guard,
Member;

CLAUDE G. ECCLES
Surgeon (R), U. S. Public Health Service,
Member;

HENRY K. SCHWARTZ
Asst. Surgeon (R), U. S. Public Health Service,
Member, and

WILLIAM T. MURPHY
Lieutenant Commander, U. S. Coast Guard,
Member and recorder.

The board then, 2:30 p.m., adjourned to await the action of the convening authority.

HAROLD S. BERDINE
Captain, U. S. Coast Guard, President;

WILLIAM T. MURPHY
Lieutenant Commander, U. S. Coast Guard,
Member and recorder.

(PO)
CC-71-706

20 May, 1946

To: Captain Harold S. Berdine, USCG - Office of Commander, 7th Coast Guard District

Subj: Boatswain Harlie Fleming, USCG

Refs: (a) Precept convening retiring board, 1/21/46, as amended
(b) H/L to Boatswain Harlie Fleming, USCG, directing his examination before the retiring board.

1. There are inclosed herewith such papers from the medical record of Boatswain Harlie Fleming, USCG, as are considered of interest to the board. Boatswain Fleming has been instructed to present himself before the board of which you are president at such time as shall be indicated in instructions issued by you. This board will be convened at any of the places authorized in reference (a).

2. This officer, a former enlisted man, was appointed Boatswain for temporary service on 12 July, 1944. In the event that this officer is found unfit for active duty the board will determine the date and rank in which the condition became disabling.

3. As soon as the finding of facts is determined a brief summary of it should be forwarded to HQ by dispatch.

4. Return to HQ inclosure 1 with the report of the board in this case.

F. P. VETTERICK
By direction

Inclosures:
Papers from the medical record of Boatswain Fleming
Copy of ref (b)

CERTIFIED TO BE A TRUE COPY:

WILLIAM T. MURPHY, Lt. Comdr., USCG
Recorder

"C"

YOUNG:hr room 3112 3-5

CG-71-706

19 June, 1946

From: President, Coast Guard Retiring Board

To: Surgeon Claude G. Eccles and Assistant Surgeon H. K. Schwartz, U. S. Public Health Service

Subj: Examination of Boatswain Harlie Fleming, USCG

1. You will make a careful examination into the past and present physical and mental condition of Fleming, whose case has been referred to this board for examination, and report as to his capacity to perform the duties appropriate to his commission.

2. Besides a personal examination, you will examine closely all matter transmitted to the board in this case from the files and records of Coast Guard Headquarters, and you will also endeavor to obtain from any other authentic source within your reach such information as will aid the board in the performance of its duties, and will report the result in writing, which shall be in the form of a sworn statement. The report shall fully cover the matters required by Article 958, Coast Guard Courts and Boards.

H. S. BERDINE
Captain, U. S. Coast Guard
President, Coast Guard Retiring Board

CERTIFIED TO BE A TRUE COPY:

WILLIAM T. MURPHY, Lt. Comdr., USCG
Recorder

"11"

11 July, 1946

From: Surgeon C. G. Eccles and Assistant Surgeon H. K. Schwartz

To: President, Coast Guard Retiring Board

Subj: Examination of FLEMING, Harlie, W.O. (Bos'n)

1. We have carefully and separately examined Warrant Officer FLEMING, USCG, as to his past and present physical and mental condition, together with the records pertaining to his case, and report as follows:

Warrant Officer FLEMING is forty-one (41) years old and has been twenty-two (22) years in the Coast Guard.

He has suffered from some of the common ailments, including Lymphadenitis, Cellulitis, Contusions, Influenza, Headaches, Scabies, abrasions, Burns, Tinea, Migraine, Constipation, Abrasions, Fracture of finger, Myalgia, Tonsillitis, Dengue fever, Rhinitis, Fracture of 5th. and 6th. rib, Common cold, Pharyngitis, Furuncle, Diarrhea, Neurasthenia, Malarial fever, U.R.I., Renal glycosuria, Atherosclerosis, and Atrophic cirrhosis of the liver.

On April 26, 1946 , he was transferred from 6th. Coast Guard District, Charleston, S.C. to U. S. Coast Guard Infirmary, Dinner Key, Miami, Fla. with Cirrhosis, Liver atrophic which originated in the line of duty.

MEDICAL HISTORY:

This patient relates that he has been suffering from repeated attacks of malaria since 1940. He also complains of vague headaches which he claims to have since 1942. Thorough questioning on all systems was negative.

Physical examination reveals a forty-one (41) year old white male in no acute distress. He is six (6) feet tall and weighs one hundred and thirty-eight (138) pounds. He is longilinear in type and his thinness is normal for his bone structure. His head, eyes, ears, nose and throat are normal. His lungs are clear and his heart is within normal limits (B.P.) Systolic is 128 and Diastolic is 82.

MEDICAL HISTORY CONT'D

Examination of his abdomen is essentially negative. There is no pain or sensitivity in the region of the liver which is one (1) finger below the costal margin. The spleen is not palpable. No masses were palpable. The one positive finding was slight sensitivity in the Gall Bladder region. His genitalia and extremities are normal and his reflexes are within normal limits. This patient was given an extensive laboratory work-up, the results of which are appended and were found to be essentially normal.

We believe that FLEMING, Harlie; Warrant Officer (Hos'm) is suffering from no disease at present. He does suffer however from chronic malaria and it is recommended that he be given duty in a cold climate for a period of time for the amelioration of this condition.

C. G. ECCLES
SURG. (R) USPHS

H. K. SCHWARTZ
ASS'T SURG. (R) USPHS

Subscribed and sworn to before me this 11th day of July, 1946.

WILLIAM T. MURPHY, Lt. Comdr., USCG
Recorder

FLETCHING Earlie
Warrant Officer (Bos'n) USCG

Laboratory Sheet

June 17, 1946	Urine:	S.G. 1.025
	Albumin:	Negative
	Sugar:	Negative
June 17, 1946	Protein:	5.10 g. %
	Albumin:	3.45 g. %
	A.G. ratio:	2.09
	Van Den Bergh:	Qual. Direct delayed
		Quant. 1.25 mgm.%
	Icteric index:	8.9
June 22, 1946	C.B.C.:	R.B.C. 4,560,000
		W.B.C. 6,500
		Hb. 15.8g.,95%
		Differential:
		Neutro: 41%
		Lympho: 50%
		Mono: 5%
		EOS: 6%
June 26, 1946	Takata Ara:	Positive in ½ hour
	Urobilinogen:	1.33 mgm.%
July, 2, 1946	Prothrombin time:	Straight plasma 98% normal
		12½% dilution 96% normal
	Hippuric Acid:	1.78g. NaBenzoate 0.927g. hippuric acid excreted in one (1) hour.
	Bromosulfalein Test:	2.5% dye retained after thirty (30) minutes.
July, 5, 1946	Malarial Blood Smear:	Negative.

"12"

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	CBM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
DISTRICT OFFICE		Miami, Fla.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
07-001		21 October, 1946

TIME
DATE — REPORTED FROM:
FOR

DUTY CODE NO. — AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

9 August, 1946
0001, Appointment as Boastswain revoked

9 August, 1946
0001 Reverted to permanent rating (CBM)

1030, 16 October, 1946: Reported from indefinite sick leave

0700, 22 October, 1946: Transferred to CGC ARIADNE for assignment to duty.

DUTY CODE NO.: 18-D

AUTH: HD/D 222000Z Sept. 1946
H/L Oct. 1946 CG-71
(PO) Com7thCGD/L 21 Oct. 1946, CG-73-531

J. R. HINNANT
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

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NAVCG-9626 (7-45)
UNITED STATES COAST GUARD

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSM

DATE 17 OCTOBER 1946

FROM

COMMANDANT (PO)

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
RRRRRR	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR ACTION)

COMMANDER 7TH COAST GUARD DISTRICT (P)

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

172116Z

TEXT

UR 162009 X REFER MY 222000 JUNE ACTION CHAS SECT UR INFO

File > FLEMING, HARLEY

TOD— 172116Z NTX 52 ER

OPERATOR'S RECORD YOUNG Jaw room 3108 3-5

OFFICE OF ORIGIN: (PO)

INITIALS OF RELEASING OFFICER: F. P. VETTERICK, CAPT USC

TIME RELEASED: DIV

U. S. GOVERNMENT PRINTING OFFICE 16—23739-2

U. S. COAST GUARD

3 - 0

MIAJC NR 11 R

OCT 17 03 34

M CCGD SEVEN 162009Z

PEA-A

INFORM TO COMDT CG WASHN

TEXT

RE [redacted] RE HQ LET DATED OCT 1 CG-71 TO CBM HARLIE FLEMING FINAL ACTIO
RETIREMENT X REQUEST DISPATCH CONFIRMATION PRESENT RANK OR
RATING X IF REVERTED CBM FWD COPY HQ LETTER DIRECTING SAME

2011/16 OCT RW 162009Z 1 71

OPERATOR'S RECORD AND DATE
ERFB

OFFICIAL

(PO)
CG-71

1 October, 1946

To: Chief Boatswain's Mate Harlie Fleming, USCG

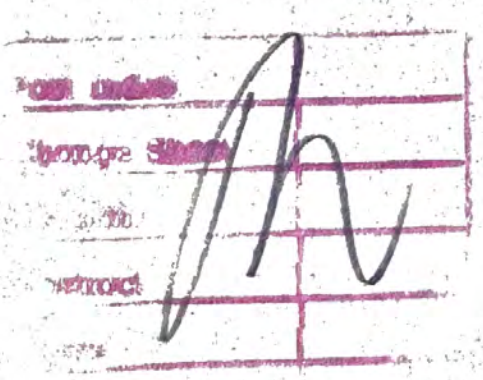
Via: Commander 7th Coast Guard District

Subj: Retirement for physical disability, final action concerning

1. The President of the United States on 25 September, 1946 approved the proceedings and findings of the retiring board held in your case.

2. Since the board did not find you incapacitated for active duty, you will not be retired by reason of your appearance before the board.

F. P. VETTERICK
By direction



U.S. COAST GUARD
MAIL SECTION (1)
MAILED OCT 2 1946

YOUNG:hr room 3112 3-5

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 147

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie		Bosn
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG REPAIR BASE		Chas.,S.C.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
07-011		25 Sept.1946

TIME 1300
DATE 25 Sept.1946

REPORTED FROM: CG Group Office, Charleston, S.C.
FOR duty

DUTY CODE NO.

AUTH: 7CGD/D 232202, Sept.1946 & Chasn Grp/L 9-25-46(CG-71-72)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

W.G. Wallace

W.G.WALLACE, Commander, USCG

(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

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REPORT OF CHANGE IN PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 127

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie		Bosn
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CHARLESTON GROUP OFFICE		Chas., S.C.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
7CGD		25 Sept.1946

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1300

DATE 25 Sept.1946

TRANSFERRED TO: CG Repair Base, Charleston, S.C.

FOR duty

AUTH: 7CGD/D 232202, Sept.1946 & Chasn Grp/L 9-25-46 (CG-71-72)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

W.G. Wallace

W.G.WALLACE, Commander, USCG.

(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie		Boatswain USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
District Office		Miami, Fla.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
07-001		12 July, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE No.
AUTH:

FILE
F.E.W.

TIME
DATE
TRANSFERRED TO:
FOR-

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE No.
AUTH:

OTHER CHANGES (SPECIFY)

0930 11 July, 1946 - Completed TD this office in connection with physical examination and appearing before a Retiring Board. Returned to home to resume status of being on indefinite sick leave. Address, subsequest to detachment from t is office will be:

706 Ashe Street,
Key West, Fla.

DUTY CODE No. 18-D AUTH: OCdr7CGDist./L. R. Smith
6-8-46
R. R. SMITH
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

(PO)
CG-71-706

20 May, 1946

To: Boatswain Harlie Fleming, USCG - USNH, Charleston, South Carolina

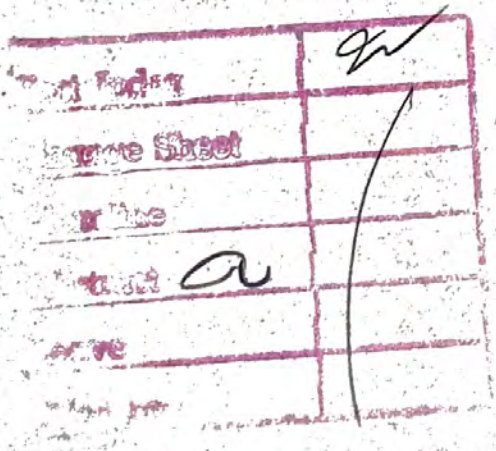
Subj: Examination for retirement; travel

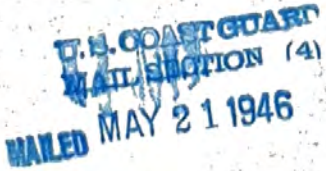
1. A Coast Guard retiring board of which Captain Harold S. Berdine, USCG, is president has been ordered to convene to examine you for retirement. When directed by Captain Berdine, proceed to Miami, Florida and present yourself before the board for examination at such place as may be designated by him. Upon completion of the examination and when excused from further attendance before the board return to your present station and duties.

2. The travel necessary to the execution of these orders is required by the public interests.

3. Per diem as prescribed in Article 412 (4), PANDSI, is hereby authorized, chargeable to HQ allotment, symbol No. 051-20.

F. P. VETTERICK
By direction





YOUNG:hr room 3112 3-5

REPORT OF CHANGE IN PERSON
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 10

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie		Boatswain, USCG
MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Chasn. Section		Chasn., SC
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
7th CG Dist.		5-2-46

TIME — REPORTED FROM:
DATE — FOR

CGC- Cypress

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:
DATE — FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

1130, 19 April, 1946 -- Rptd fr USNH, Chasn.,SC. Detached from CGC CYPRESS and picked up on rolls of this office for administrative purposes. Dptd. on indefinite sick leave pending action on retirement.

No change

DUTY CODE NO. — AUTH: Art.3002 REGS

S. T. BAKETEL (Commanding)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

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REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. "25"

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie		Boatswain, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CGC CYPRESS		Charleston, S.C.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
Chasn. Section, 7th CG Dist.		30 April, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1130, 19 April, 1946 - dropped from rolls of this vessel. Records and account transferred to Commander, Charleston Section, 7th CG District for administrative purposes while on indefinite sick leave pending action on retirement.

DUTY CODE NO.
76(S)

AUTH:
Cmdr, CS, 7CGD/VO 4-19-46

T. B. CHRISTIANSEN, Lt. Comdr. USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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C-3

316

MAR 4 - 46



UNITED STATES COAST GUARD

149 WENTWORTH STREET
CHARLESTON, S. C.

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
SIXTH NAVAL DISTRICT
REFER TO FILE: CG-51



28 February, 1946

To: THE COMMANDANT (FA-CP)

Subj: FLEMING, Harlie, Boatswain, USCG; Statement of Creditable Service; request for

It is requested that this office be furnished a Statement of Creditable Service on subject man for the purpose of computing longevity pay.

O. D. BROWN
By direction

C0-802493-94 File

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

Address reply to:
COMMANDANT
U.S. COAST GUARD
WASHINGTON, D.C. 20226

3-7

Retired 6-1-50.

PS-1
1741
10 February 1965

From: Commandant
To: BOSN Harlie FLEMING (26933) USCG, Retired
1501 N.W. 11th Place, Fort Lauderdale, Fla.

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1449 53 80

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your $5,000 National Service Life Insurance issued under policy number V 1449 53 80 will expire on 30 April 1965.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$ 8.25 allotment discontinued with month of last payment March 1965
$ 12.00 allotment established with month of first payment April 1965

3. CG Form 4222, Allotment Action Request, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS-1) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

2-10-65

R. C. BOARDMAN
By direction

Encl:
(1) VA Form 9-452b
(2) CG Form 4222
(3) Envelope
(4) CGHQ-3646

1965

Future With U.S. Savings Bonds

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. "14"

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING Harlie		Boatswain, USCG
MAJOR UNIT NAME: USCGC CYPRESS	MINOR UNIT NAME	LOCATION: Charleston, S.C.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT: 6th Naval District	MINOR UNIT ITEM NO.	DATE: 14 March, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0800
DATE 14 March, 1946

TRANSFERRED TO: US Naval Hospital, Navy Base, Charleston, S. C.
FOR inpatient treatment.

Duty Code No. 76(S)
AUTH: Art. 3002, CG Regs.

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

Post Index
Change Sheet
Flexoline
Abstract
Leave
Filed by

DUTY CODE NO.

AUTH:

T. B. Christiansen
T. B. CHRISTIANSEN, Lt. Comdr. USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

(PFA-E-14)
CG-72

3-7

1 February, 1946

To: Commanding Officer, CGC CYPRESS

Via: DCGO, 5ND

Subj: Boatswain Harlie Fleming, USCG; completion of service record

Ref: (a) Your letter dated 9 January, 1946, File CG-72

Inclosure has been completed in accordance with the request contained in reference (a).

M. K. HUTCHINSON
By direction

Incl
Service record

U.S. COAST GUARD
MAIL SECTION (4)
MAILED FEB 1 - 1946

adm

AWK:sjs
Walski 3[illegible] return to 313

Bof

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

Last Month "13"
1

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie		Boatswain, USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGC CYPRESS		Charleston, S. C.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
Sixth Naval District	2 January, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

Post Index
Change Sheet
Flexo
Microfilm
Leave
Filed in

0100, 20 December, 1945 departed this vessel on ten (10) days leave of absence.

1320, 30 December, 1945 reported aboard from leave on time.

Address while on leave: 706 Ashe St., Key West, Florida.

DUTY CODE NO.
76(S) Art. 1936, CG Regs.

AUTH:
T. B. Christiansen
T. B. CHRISTIANSEN, Lt. Comdr., USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

30/45 1320

Unit USCGC CYPRESS

Date 19 December, 1945

From: FLEMING, Harlie, Boatswain, USCG.
To: Commanding Officer, CGC CYPRESS.
Via: Executive Officer, CGC CYPRESS.

Subject: Leave of absence.

1. I request 10 days' leave of absence to depart 20 December, 1945

2. My reason for the above request is Annual leave

Address while on leave: 706 Ashe St., Key West, Florida.

[a]3. I have had 10 days' leave of absence ~~during my current enlistment~~ during the current fiscal year.

H. Fleming
(Signature)

1st Endorsement

[a]Leave account certified correct. FWB

~~[a]Forwarded, approved.~~ Returned granted.

~~[a]Forwarded, disapproved~~ Leave to expire prior to noon: 31 December, 1945

O. D. NELSON, Lt. Comdr., USCG.
~~Commanding~~ Executive Officer.

2d Endorsement

~~[a]Forwarded, approved.~~
Returned, granted.
~~[a]Returned, not granted~~ See attached sheet of instructions.

~~[a]Forwarded, disapproved~~

T. B. CHRISTIANSEN, Lt. Comdr., USCG.
~~District Commander~~ Commanding.

3d Endorsement

Coast Guard Headquarters,
Washington, D. C., (Date) _____

[a]1. Returned, granted.
2. Returned, not granted _____

---

[a] Strike out phrases not applicable.
[b] State reasons for disapproval.

Commandant.

[OVER]

16—8556-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2~~300 (REV. 5-44)~~

"25"

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie		Boatswain, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
USCGC CYPRESS		Jacksonville, Fla.
UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		**DATE**
6th Naval District		19 November, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

Abstract
Leave
Filed by

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

0100, 8 November, 1945 departed thia vessel on ten (10) days leave of absemce.

0700, 19 November, 1945 reported aboard from leave on time.

DUTY CODE NO.

AUTH:

76(S) Art. 1936, CG Regs.

T. B. Christiansen

T. B. CHRISTIANSEN, Lt. Comdr. USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

10-31-8-45

100-11-19-45

Unit USCGC CYPRESS

Date 7 November, 1945

From: Boatswain Harlie Fleming, USCG
To: Commanding Officer, CGC CYPRESS.
Via:

Subject: Leave of absence.

1. I request 10 days' leave of absence to depart 8 November, 1945

2. My reason for the above request is Annual leave.

Address while on leave: Pelham Road, Rt. 2, Greenville, S. C.

[a]3. I have had no days' leave of absence during my ~~current enlistment~~—during the current fiscal year.

H. Fleming Boatswain
(Signature)

1st Endorsement

[a]~~Leave account certified correct.~~
~~Forwarded, approved.~~ Returned, Granted.
[b]~~Forwarded, disapproved.~~ ~~Leave to~~ expire prior to noon 19 November, 1945.

T. B. CHRISTIANSEN Lt. Comdr. USCG.
Commanding—~~Executive Officer.~~

Post Index
Change Sheet
Flexoline
Abstract
Leave
Mail Box

2d Endorsement

[a]Forwarded, approved.
Returned, granted.
Returned, not granted

[b]Forwarded, disapproved

District Commander—Commanding.

3d Endorsement

Coast Guard Headquarters,
Washington, D. C., (Date)

[a]1. Returned, granted.
2. Returned, not granted

[a] Strike out phrases not applicable.
[b] State reasons for disapproval.

Commandant.

[OVER]

16—8556-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2598 (REV. 6-44)

"8"

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie		Boatswain, USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
USCGC CYPRESS		Jacksonville, Fla.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
6th Naval District	8 November, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

0100, 8 November, 1945 departed this vessel on ten (10) days leave of absence.

Address while on leave: Pelham Rd, Rt#2, Greenville, S. C.

DUTY CODE NO.
76(S)

AUTH:
Art. 1936, CG Regs.

T. B. CHRISTIANSEN, Lt. Comdr. USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

"30"--"1"

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie		Bos'n, USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGC CYPRESS		Jacksonville, Fla.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
Sixth Naval District	1 November, 1945

TIME — REPORTED FROM:

DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:

DATE — FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

Temporary duty made permanent this date.

DUTY CODE NO. 76(S) — AUTH: H/ L 10-4-45 (72)

T. B. CHRISTIANSEN, Lt. Comdr., USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

(POA)
CG-72

10 October, 1945

To: Boatswain Harlie Fleming, USCG - CYPRESS

Via: DCGO, 6th Naval District

Subj: Temporary duty made permanent; orders

1. Orders issued you 4 Oct., 1945, by the DCGO, 6th ND, are hereby confirmed and amended in that your assignment to temporary duty on board the CYPRESS is made permanent effective from the date you reported.

2. This order constitutes a permanent change of station from your last permanent station to the home port of the CYPRESS.

F. P. VETTERICK
By direction

OCT 29 1945
Filed by

U. S. COAST GUARD
MAIL SECTION (4)
OCT 10 1945

cms return to 3-5

Jacksonville, Fla.

Captain of the Port (p)

CG-72

3 October, 1945

To: Boatswain Harlie FLEMING, USCG.

Subj: Orders; transfer; travel

1. Having reported this unit 1600, 2 October, 1945 from U.S. Naval Hospital, Jacksonville, Fla. you are directed to proceed to Charleston, S.C. under verbal orders of DCGO,6thND. Upon arrival thereat, report to the DCGO,6thND, Charleston, S.C. for further assignment to duty.

2. The travel necessary to the execution hereof is required by the public interests.

3. Per diem is authorized in accordance with Art. 412(5) Pay and Supply Instructions, and chargeable against Charleston District travel allotment Symbol 06-20.

4. Issued Government Transportation Request 555,548 to cover one COACH FARE from Jacksonville, Fla. to Charleston, S.C. via ACL.R.R.

5. Health record and Pay Account are returned you herewith for delivery to the Office, DCGO,6thND.

6. Delivered and departed this unit, 1400 this date.

R.K. BERO

Incl
TR No. 555,548,
H/R & Pay Acct.

CC: DCGO,6thND
Pay
Mail Offr. (Jax.Fla.)
File

Ind-1
Office, DCGO 6ND
4 October, 1945.

Reported this office at 0830, this date.

M. J. RYAN

Ind-2
Office, DCGO 6ND
4 October, 1945.

To: Boatswain Harlie Fleming, USCG.

Subj: New assignment; orders; temporary duty.

1. You are detached from all duties previously assigned. Report to CO, CGC CYPRESS, Charleston, S. C., for assignment to temporary duty on board that vessel.

2. This order constitutes a permanent change of station, subject to final confirmation by HQ.

3. No travel is necessary for the execution hereof.

4. Delivered and departed this office at 1100, 4 October, 1945.

M. J. RYAN

3-5

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

UNITED STATES COAST GUARD

149 WENTWORTH STREET
CHARLESTON, S. C.

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
SIXTH NAVAL DISTRICT (p)
REFER TO FILE: 72

OCT 6 -

4 October, 1945.

To: Commandant (POA)

Subj: Boatswain Harlie Fleming, USCG; permanent assignment; request for.

It is requested that HQ authorize permanent assignment for subject named officer, who has been assigned to temporary duty on board the CGC CYPRESS.

M. J. RYAN

Incl:
Copy of orders to
Bos'n. Fleming, dated
4 October, 1945.

done 10/15

VETERANS ADMINISTRATION
Insurance Form 350

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

(For use by persons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in the active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 8, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, must make application on Insurance Form 350a, which requires a complete report of physical examination.) USE INK OR TYPE.

1. NAME IN FULL: (Please print or type) — First: Harlie; Middle: ; Last name: Fleming

2. HOME ADDRESS: Number: 9-12; Street or rural route: S.E. Second Avenue; County, city, town, or post office: Fort Lauderdale; State: Florida

3. I WAS BORN AT — City, town, or post office: Madison County; State: N. C.; Day of month: 2; Month: November; Year: 1905; Age nearest birthday: 37

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 22 June, 1940

5. PRESENT ORGANIZATION — Rank, grade, or rating: BM 1c USCG; Organization, regiment, station, ship, etc.: ~~NEMT~~ CGR-926

6. SERIAL NUMBER: 103-555

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") none

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: no

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $ 5,000.00

10. I WILL PAY PREMIUMS AS INDICATED BELOW:

BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS: Monthly	Quarterly	Semiannual	Annual
$	$ 3.95	$	$	$	$

11. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") no IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ ____ POLICY NO. ____
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

12.

	FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount for each beneficiary	Post-office address (Number and street, city, town, or post office)
PRINCIPAL	Lorie Fleming	wife	5,000.00	9-12 S. E. Second Avenue Fort Lauderdale, Fla.
CONTINGENT	John H. Fleming	son		9-12 S. E. Second Avenue Fort Lauderdale, Fla.

Permitted class of beneficiaries: Husband or wife, child, parent, brother or sister of the insured. (See reverse side, Paragraph 4.)

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of June, 19 42. If no date is specified the insurance herein applied for shall become effective as follows:
a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or
b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.
(See reverse side, Paragraph 1, for further information as to effective dates of insurance)
THE UNITED STATES IS NOT LIABLE FOR DEATH OCCURRING PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I REQUEST THE POLICY BE MAILED TO— Harlie Fleming BM 1c (Name) (Please print or type); U. S. Coast Guard Base, Fort Lauderdale, Florida (Address)

15. (A) I WILL AUTHORIZE {Allotment / Deduction} from my pay for month of May, 1942, to cover the monthly premium of $ 3.95 on the amount of insurance applied for. (This authorization may be effective during periods of active service only.)

(B) I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by {Draft / Money order / Check} in the amount of $ ____ to cover the first ____ premium of $ ____ on the amount of insurance applied for.
(Write above whether monthly, quarterly, semiannual, or annual)

SIGNED AT Fort Lauderdale, Fla. ON THE 16th DAY OF April, 19 42

WITNESSED BY: W. B. Sonntag, Pay Clerk, USCG

INFORMATION AS TO SERVICE CERTIFIED BY:

Roy Robinson
Lieutenant, USCG
(Rank and organization. See reverse side, Paragraph 6)

(Applicant sign here. Do not print signature)
Harlie Fleming

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: $1,000 to $5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

DO NOT USE THIS SPACE

Effective Date ____ Age ____ Amt., $ ____ Premium: Mo. $ ____ Qr. $ ____ S. A. $ ____ A. $ ____

Beneficiary ____

Action taken ____

Examiner ____ Reviewer ____

Certificate issued ____ Policy issued ____

16—18411-1

73

U. S. COAST GUARD (8)

RECD MAY 31 1942

FILE

NAVY ~~TREASURY~~ DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD BASE

FORT LAUDERDALE BASE

Fort Lauderdale, Fla.
18 May, 1942

From: Commanding Officer, FORT LAUDERDALE BASE.
To : Commandant.

Via: 1. District Coast Guard Officer, 7th Naval District.

Subject: FLEMING, Harlie (103-555) C.B.M.; examination of.

Reference: (a) DCGO/L 12 May, 1942 (73).

Inclosure: (A) Physical examination record of subject named man.

1. In compliance with reference (a) inclosure (A) is forwarded on subject named man.

ROY ROBINSON
By direction.

---

73 1st Indorsement District Coast Guard Officer
7th Naval District
Key West, Florida
28 May, 1942.

From: District Coast Guard Officer, 7th Naval District.
To: Commandant.

1. Forwarded.

C. H. HILTON
Chief of Staff

NAVY

PR5-73

paf

7 May, 1942.

From: Commandant.
To: District Coast Guard Officer, Seventh Naval District.

Subject: Advancements to chief petty officers (acting).

1. Upon receipt hereof, advance Marvin T. Duncan (201-460) B.M.1c. to chief boatswain's mate (acting) (provisional). Report action on Form 2599.

2. Have Harlie Fleming (103-555) B.M.1c. physically examined to determine his fitness for promotion. If found physically qualified, his advancement to chief boatswain's mate (acting)(provisional) is authorized without further action from Headquarters. Forward report of physical examination and report of action taken to Headquarters.

F. E. ALLISON,
By direction.

pef

COAST GUARD BASE
FORT LAUDERDALE BASE

NAVY

PR5-73

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

7 May, 1942.

Fort Lauderdale, Fla.
17 March, 1942

From: Commandant.
To: District Coast Guard Officer, Seventh Naval District.

Subject: Advancements to chief petty officers (acting).

1. Upon receipt hereof, advance Marvin T. Duncan (201-460) B.M.1c. to chief boatswain's mate (acting) (provisional). Report action on Form 2599.

Reference:

2. Have Harlie Fleming (103-555) B.M.1c. physically examined to determine his fitness for promotion. If found physically qualified, his advancement to chief boatswain's mate (acting)(provisional) is authorized without further action from Headquarters. Forward report of physical examination and report of action taken to Headquarters.

Inclosure

1. In compliance with reference (a) the above named man is recommended for advancement to chief petty officer (acting) (provisional).

F. E. ALLISON,
By direction.

2. Fleming is qualified in all respects except health, as set forth in above reference and an abstract of his efficiency marks for his current enlistment is shown below.

	Proficiency in rating	Ability as leader of men	Health
6-22-40	Less than a month	Less than a month	
6-9-40	Less than a month	Less than a month	
6-3-40	3.2	3.2	4.0
5-30-40	Less than a month	Less than a month	
5-30-40	3.5	3.2	
5-31-41	3.6	3.2	
6-[illegible]-41	3.6	3.5	
6-[illegible]-41	3.6		
6-30-41	3.6		

A mark below 4.0 was given in [illegible] this time.

3. Inclosure (A) is forward[illegible]

P.
Acti

next
factory

NAVY

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD BASE

FORT LAUDERDALE BASE

Fort Lauderdale, Fla.
17 March, 1942

From: Commanding Officer, FORT LAUDERDALE BASE.
To : Senior Coast Guard Officer, 7th Naval District.

Subject: FLEMING, Harlie (103-555) B.M.1c., appointment of chief petty officer (acting) (provisional) recommendation for.

Reference: (a) Personnel Bulletin No. 10-42.
(b) Letter, SCGO., 7th Naval District, 18 February, 1942 (73-701).

Inclosure: (A) Health record of subject named man.

1. In compliance with reference (a) the above named man is recommended for advancement to chief petty officer (acting) (provisional).

2. Fleming is qualified in all respects, except health, as set forth in above reference and an abstract of his efficiency marks for his current enlistment is shown below.

	Proficiency in rating	Ability as leader of men	Health
6-22-40	Less than a month	Less than a month	
6-30-40	Less than a month	Less than a month	
9-3-40	3.5	3.2	4.0
9-30-40	Less than a month	Less than a month	
12-31-40	3.5	3.2	4.0
3-31-41	3.6	3.2	4.0
6-30-41	3.6	3.5	2.6
9-30-41	3.6	3.5	3.49
12-31-41	3.6	3.5	-

No mark below 4.0 was given in Sobriety or Conduct during this time.

3. Inclosure (A) is forwarded for consideration.

P. L. STINSON,
Acting.

APR 28 1942

Recommended provided present physical condition is satisfactory

U. S. COAST GUARD (71)
RECD MAR 22 1942

73
703

1st Indorsement

Office, District CG Officer,
7th Naval District,
Jacksonville, Florida,
20 March, 1942.

From:
To : District Coast Guard Officer, 7th Naval District.
Commandant, Coast Guard.

Subject: FLEMING, Harlie (103-555) B.M.1c.; Appointment of chief petty officer.

1. Forwarded approved, subject to physical examination to determine his fitness to perform the duties of his rating both ashore and afloat. Several vacancies exist in this district in the rating of chief boatswain's mate.

M. J. RYAN.

Fleming, Charles (103-55) Mm 2c 3/24/32

(NAME) (NUMBER) (RATE) (DATE)

ENLISTED	RATING	DATE	BORN	NAVY OR ARMY
	Seaman	6/19/28	11/2/03	
RATING CHANGED TO	Cox	4/1/30		(COMMENDATION)
	Mm 2c	8/7/30		
	Mm 1c	4/4/33		
				(CENSURE ETC)

(COURTS)

YRS.	SHIPS AND STATIONS	PROF.	CON.	SOB.	LD. SHP.
2	Crescent, Yangtze Sqdn 6	3.53	3.64	4	3
1	" "	35	4	4	3.15
1/2	" "	337	4	4	3.25
1/2	" "	345	4	4	3.45
3	Marine Div & " "	3.57	4	4	3.5
3	Div, Pontiac & ar 349	367	4	4	3.5

(REMARKS)

Ht Medical Records.

46 Mos + 13

(G.C.M. & B.

(YES) (NO) (?)

(OFFICER CHECKING)

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FYLE Cg,

FLEMING, Harlie (Name, surname first) — ~~XXXXX~~ 103-555 (Service number) — Bm. Ic (Rank or rating) — Base (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

U.S. MARINE HOSPTTAL

Place Ellis Island, New York., Date 18 February, 1942.

To: Commandig Officer
(Coast Guard unit)
Ft. Lauderdale Base
(Address)

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
DIAGNOSIS CHANGED TO: Sinusitis, chronic.	1645	1-14-42	2-16-42
Deviated nasal septum.	0448	1-14-42-	2-16-42

OFFICE
MAR 8 - 1942
INSPECTOR IN CHIEF

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

No longer in need of hospitalization. Discharged from hospital fit for regular duty.

Condition on discharge, IMPROVED.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

F. L. Price,
P. A. Surgeon, *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

2—663

FLEMING, HARLIE

REMARKS:

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that Harlie Fleming

He is physically qualified for Promotion.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of C.B.M.
(Use in case of promotion of commissioned officer or annual examination) (Rank)

Elliott M. Hendricks

Surgeon, U.S. Public Health Service.

Elliott M. Hendricks A A Surg.

1st INDORSEMENT

16 May, 1942
(Date)

Place FORT LAUDERDALE, FLA.

From: Commanding Officer, Ft. Lauderdale BASE

To: Commandant.

1. Forwarded for action. Present status:

Advanced this date to Chief Boatswain's Mate (a)(Pro).

Commanding—

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

JUN 1 1942
(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

I. O. C. No. 102—(Service) — 8 September 1941 — Page Six

Commodit
Grains and prepa
Biscuits and c
Wheat cereal f
Wheat cereal f
Wheat semolina
Cereal foods
Other grains a
Fodders and feed
Hay (ton 2,240
Oil cake and o
Copra oilcak
Cottonseed c
Linseed cake
Other oil cake
Cottonseed mea
Linseed meal
Babassu cake a
Soybean oilcak
Other oilcake
Fish meal for
Mixed dairy an
Oyster shells
Other prepared
Wheat feeds,br
Other feeds
Vegetables and p
Beans,dried exc
Seed beans
Peas,dried,exce
Seed peas
Vegetables,fres
Beans
Onions
Peas,green
Peppers
Potatoes,whit
Tomatoes
Other fresh v
Farinaceous sub
Vegetables,cann
Asparagus
Baked beans,a
Corn
Peas
Soups
Tomatoes
Tomato paste
Tomato juice

N. C. G. 2525 B
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name FLEMING, Harlie (Surname first) Service Number _____

Age: Years 37 Months 7 Color White.

For: Promotion.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating _____

Place Ft. Lauderdale, Fla. Date May 16, 1942.

Personal Medical History Usual childhood deseases.
Malaria 1940.

Vision: R.E. 20/ 20 L.E. 20/ 25 Corrected: R.E. 20/ - L.E. 20/ -

Color blind? No. Test used Plates.

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

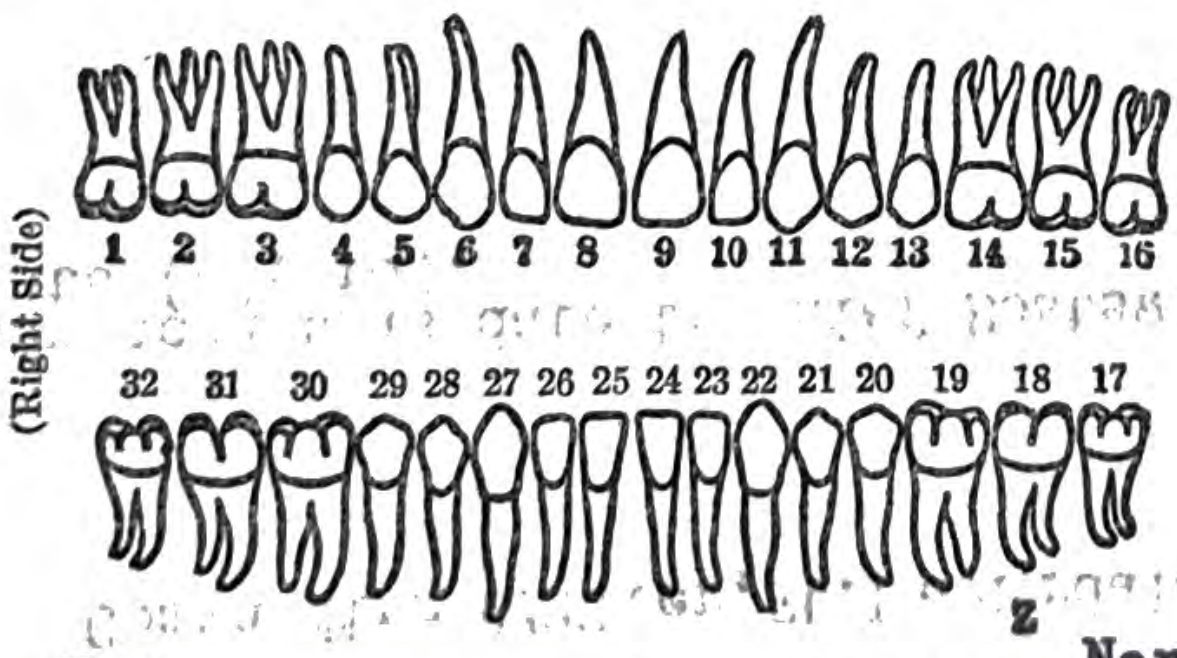
Eyes, eyelids, and reflexes Neg.

Ears: Right Neg. Left Neg.
(Condition of drum, discharge, etc.)

Head, face, and neck Neg.

Mouth, nose, and throat Neg.

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums Neg. Temperature Normal.

Height 71 inches. Weight (stripped) 144 Lbs. Obesity NO.

Skin Neg.

Lymph. glands Neg.

Chest: Inspiration 37 Expiration 33

Heart and blood vessels Neg.

Blood pressure: Systolic 126 Diastolic 82

Pulse before exercise 78, after exercise 86, after 2 min. 80

Lungs Neg.

Abdomen and pelvis Neg.

Genito-urinary organs Neg.

Spine and extremities Neg.

Nervous and mental conditions Neg.

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Microscopical exam. (if indicated) epithelia - Sp. Gr. 1.025

Blood cells - Pus cells - Casts -

Reds - Whites -

73

73-701-531

New York, New York,
16 February, 1942.

U. S. COAST GUARD (9)
RECVD FEB 18 1942

From: Senior Coast Guard Officer, THIRD NAVAL DISTRICT.
To: FLEMING, Harlie (103-555), B.M.1c.

Subject: Orders; completion of hospitalization; travel.

Reference: (a) Headquarters' letter 5 January, 1942 (P-73-701-531).
(b) Commanding Officer, FORT LAUDERDALE BASE letter 13 January, 1942 (P-73-701-531).

Inclosure: (A) Government Transportation Request No. Tog _____.
(B) Government Transportation Request No. Tog 286,483 / 286,484.

1. In accordance with reference (a) and (b), you are hereby directed to proceed to Fort Lauderdale, Florida, and upon arrival thereat, report to the Commanding Officer, FORT LAUDERDALE BASE, for resumption of your regular status.

2. Inclosure (A), covering your transportation from New York, New York to Fort Lauderdale, Florida, and inclosure (B), covering your pullman accommodations from New York, New York to Fort Lauderdale, Florida, are handed you herewith.

3. The travel necessary to the execution of this order is required by the public interests, and is chargeable against Headquarters' Symbol No. 27-19. Allowances for subsistence and quarters as prescribed by Article 248, Pay and Supply Instructions, are applicable in this case.

4. Departed this office at 1500 this date.

F. J. SEXTON,
Chief OffStaff.

Copy to:
Headquarters.
Fort Lauderdale Base.
Personnel

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie (Name, surname first) | 103-555 (Service number) | Bm. 1c (Rank or rating) | Base (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

Place Ft. Lauderdale, Fla., Date 13 January 1942, 19

U.S. COAST GUARD (illegible) FEB 4 1942

To: Medical Officer In Charge
U.S. Marine Hospital
Staten Island, N.Y.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, Ft. Lauderdale, Base

Harlie Fleming
(Signature of patient)
Fleming, OFFICE

P.M. Pedersen
P.M. Pedersen Ch. Bosn. U. S. Coast Guard.

FEB 26 1942
INSPECTOR IN CHIEF

RETURN MEDICAL CERTIFICATE

U.S. MARINE HOSPITAL
Place Ellis Island, New York., Date 30 January, 19 42.

I CERTIFY that I have examined the above-named person and find him suffering from

1795--Under observation, weakness and nervousness.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 2 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Ellis Island, New York. {*hospital} on 14 January, 1942

F. L. Price,
P. A. Surgeon, U. S. Public Health Service.

U. S. COAST GUARD
RECD FEB 5 1942 BY
MEDICAL SECTION

*Having been informed that I am suffering from (Diagnosis) and that in the opinion of the medical officer this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

FLEMING	HARLIE	-	103-555	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

FORT LAUDERDALE BASE	FORT LAUDERDALE, FLA.	13 January, 1942
(Unit)	(Place)	(Date)

9:30 a.m., departed for inpatient treatment at U. S. Marine Hospital, Ellis Island, New York for treatment of disability not due to own misconduct.

NO LEAVE OR TRAVEL TIME ENROUTE.

AUTHORITY: H/L 5 Jan.1942(P-73-701-531)

P. L. STINSON, Lieut. USCG.,
(Commanding)

Acting Commanding Officer.
(Title)

(illegible) U. S. COAST GUARD
JAN 21 1942

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE

404

P-73
701
531

5 January, 1942.

From: Commandant.
To: Commanding Officer, FORT LAUDERDALE BASE.

Subject: FLEMING, Harlie (103-555) B.M.1c.; orders; hospitalization; travel.

1. Direct Harlie Fleming, boatswain's mate, first class, to proceed to New York, New York, and report to the Medical Officer in Charge, U. S. Marine Hospital, Ellis Island, for observation. Upon completion of hospitalization, he will return to his regular station and resume present status. Travel will be charged against Headquarters Symbol No. 27-19.

S. P. MEHLMAN,
By direction.

Copy to:
Sr CG Officer, 3rd Naval District.

JAN 6 1942

Recommendation
to Marine Hospital

P.C.B.

3-531

73
531

NAVY
TREASURY DEPARTMENT
UNITED STATES COAST GUARD

)AST GUARD BASE

Fort Lauderdale, Florida

T LAUDERDALE BASE

2 December, 1941

U. S. COAST GUARD (7)
RECD DEC 8 - 1941

From: Commanding Officer, FORT LAUDERDALE BASE.
To: Senior Coast Guard Officer, 7th. Naval District.

Subject: FLEMING, Harlie (103-555) B.M.1c.; hospitalization; request for travel incident thereto.

Reference: (a) Letter, Medical Officer, Fort Lauderdale Base, 1 December, 1941 (73).

Inclosure: (A) Copy of reference (a).

1. It is requested that authority for travel from Fort Lauderdale, Florida, to New York, N.Y. be issued in the case of subject named man in order that he may report to the Medical Officer in Charge, U. S. Marine Hospital, Ellis Island, New York, for a complete examination and treatment as recommended by reference (a), a copy of which is inclosed herewith.

P. L. Stinson,
Acting.

73-531 First Indorsement Office of Senior Coast Guard Officer, 7th Naval District. Jacksonville, Florida, 5 December, 1941.

From: Senior Coast Guard Officer, 7th Naval District.
To: Commandant.

1. Forwarded, with the recommendation that the travel authority requested above be authorized.

N. G. RICKETTS,
Chief of Staff.

DEC 8 1941

Recommendation

OK Orders to N.Y. to report to C.O. 3rd Naval

N A V Y
XXXXXXXXXXXX

Fort Lauderdale, Florida,
1 December, 1941.

FORT LAUDERDALE BASE.

From: Base Medical Officer.
To: Commanding Officer.

Subject: FLEMING, Harlie (103-555) B.M.1c.; recommendation for hospitalization of.

1. The subject named man's medical history for the past several years has shown a great decline of his physical condition, due for most part to the effects of malaria fever.

2. It is felt and recommended that this man should be transfered to some Marine Hospital such as Staten Island where complete diagnostic methods are available in order that a true evaluation of his physical condition may be made, and rehabilitation effected.

ELLIOTT M. HENDRICKS,
A.A.Surg. P.H.S.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD (157)
RECD OCT 11 1941

FLEMING, Harlie (103-555) B.M.1c. Ft. Lauderdale Base
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Fort Lauderdale, Florida, Date 8 October, 19 41

To: Commanding Officer, Coast Guard Base
(Coast Guard unit)
Fort Lauderdale, Fla.
(Address)

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Upper respiratory infection.	0859	9-30-41	10-8-41

He {*~~is~~ / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

It is recommended that patient be granted 8 days sick leave after which he should be fit to resume regular duty.

OFFICE OF THE OCT 15 1941 INSPECTOR IN CHIEF

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

Elliott L. Hendricks
ELLIOTT L. HENDRICKS,
A.A. Surg. U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ (Diagnosis) _____ since _____, 19 , has been
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (16)
REC'D OCT 3 1941

FLEMING, Harlie (103-555) B.M.1c. Ft. Lauderdale Base
(Name, surname first) (Service number) (Rank or rating) (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
~~TEMPORARY~~
(Enlistment status)

Place Fort Lauderdale, Florida., Date 30 September, 19 41

To: Medical Officer, Coast Guard Base

Fort Lauderdale, Fla.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, Coast Guard Base

Harlie Fleming
(Signature of patient)
HARLIE FLEMING

P.M. PEDERSEN
Ch. Bosn. U. S. Coast Guard.

OFFICE
OCT 8 - 1941
DIRECTOR IN CHIEF

RETURN MEDICAL CERTIFICATE

Place Fort Lauderdale, Florida., Date 30 September, 19 1941

I certify that I have examined the above-named person and find him suffering from

Upper respiratory infection (0859)
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 7 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at Broward General {*hospital / *~~office~~} on 30 September, 19 41

P. M. Hendricks
ELLIOTT M. HENDRICKS,
A.A. Surg.
U. S. Public Health Service.

---

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—863

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie	(103-555)	BM1c.	Ft. Lauderdale Fla.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

U.S.MARINE HOSPITAL,

Place SAVANNAH, GA., Date 27 June, 19 41.

To: Commanding Officer, CG Base F
(Coast Guard unit)

Ft. Lauderdale, Fla.
(Address)

The above-named patient was discharged from {*inpatient / ~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
MALARIAL FEVER, (Hysterical).	0276	6-10-41	6-27-41.

He {*is / ~~*is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / ~~*No.~~} Absent without permission? {~~*Yes.~~ / *No.} Guilty of insubordination? {~~*Yes.~~ / *No.}

S.P.Sanford
A.A.Surgeon., *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19__, has been
(Diagnosis)
transferred this date _____, 19__, to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

22
PARTMENT
F GUARD
arch 1938

FOLLOW INSTRUCTIONS ON BACK

MING, Harlie (103-555) BM1c. Ft. Lauderdale Base
(Name, surname first) (Service number) (Rank or rating) (Unit)

CATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

REGULAR
SPECIAL
~~TEMPORARY~~
(Enlistment status)

Place Ft. Lauderdale, Fla., Date 9 June, 19 41

To: Medical Officer in Charge
U.S. Marine Hospital
Savannah, Ga.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, CG Base Ft. Lauderdale Fla

Harlie Fleming
HARLIE FLEMING.
(Signature of patient)

P.L. STINSON
Lieut. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

U.S. MARINE HOSPITAL

Place SAVANNAH, GA., Date 10 June, 19 41

I CERTIFY that I have examined the above-named person and find him suffering from

0976., Malarial fever ((Hysterical).
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S.MARINE HOSPITAL SAVANNAH, GA. {*hospital / *office} on 10 June, 1941.

S.P.Sanford
S.P.Sanford
A.A.Surgeon., U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

Form No. 2668
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

U. S. CO ST GUARD
REC'D MAR 26 1941

S. V. No. 11
PAY No. 2-6

File 7

REPORT OF CHANGE IN PAY STATUS

FLEMING (Surname) Harlie (First name) - - - (Middle initial) 103-555 (Service No.) B.M.1c. (Rank or rating)

CGC-7 (Unit) Ft.Lauderdale,Fla. (Place) 24 March, 1941. (Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Completed 16 years service 24 February, 1941.

Entitled to sundry credit in the amount of $0.84 as follows:

Entitled to pay at rate of $105.00 per month for period 25-28 February, 1941- - - - - - - - - - - - - - - - -$21.00
Credited pay at rate of $100.80 per month for period 25-28 February, 1941 on Picket Boats, etc., Fort Lauderdale Base 1-28 February, 1941 payroll settled in the February, 1941 accounts of C.F.Allen, CDO 101-106, Voucher No. 6-135283 Atlanta Regional Office- - - -$20.16

Underpaid- - - - - - - - - - - - - - - - -$0.84

AUTHORITY: R/L 3-20-41(PR-73) copy attached
Article 169 PaSI.

P.L.Stinson, Lieut. USCG (Commanding)

Acting Commanding Officer,
Fort Lauderdale Base. (Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

3-24-41 (Date)

E.O.Hannaford, Chief Pay Clerk USCG (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE O 10936

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie (103-555) B.M.1c. Ft. Lauderdale Base
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Ft. Lauderdale, Fla., Date 10 May, 1941, 19

To: Commanding Officer, C.G. Base
(Coast Guard unit)
Ft. Lauderdale, Fla.
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} x treatment at BROWARD GENERAL HOSPITAL as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Changed to Malarial fever, estivo-atumnal	0972	5-4-41	5-10-41

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

RECD MAY 12 1941 U. S. COAST GUARD

BY MEDICAL SECTION

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

ELLIOTT M. HENDRICKS
A.A. Surg.
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

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FOLLOW INSTRUCTIONS ON BACK

MAY 17 1941

ING, Harlie (Name, surname first) 103-555 (Service number) B.M.1c. (Rank or rating) FT. LAUDERDALE BASE (Unit)

TION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

~~REGULAR~~
~~SPECIAL~~
TEMPORARY
(Enlistment status)

Place Ft. Lauderdale, Fla., Date 4 May, 1941, 19

Medical Officer, C.G. Base.
Ft. Lauderdale, Fla.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, C.G. Base

Harlie Fleming
(Signature of patient)
HARLIE FLEMING.

P.L. STINSON,
Lieut. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ft. Lauderdale, Fla., Date 4 May, 1941, 19

I CERTIFY that I have examined the above-named person and find him suffering from
Malarial fever, type undetermined. (0976)
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 10 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at BROWARD GENERAL {*hospital / *~~office~~} on 4 May, 1941, 19

ELLIOTT M. HENDRICKS
A.A. Surg.
U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie (103-555) B.M.1c. Ft. Lauderdale Base
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Ft. Lauderdale Fla., Date 4 May, 1941, 19

To: Commanding Officer, Ft. Lauddrdale Base
(Coast Guard unit)

Ft. Lauderdale Fla.
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below: at HOME

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Malarial fever type undetermined.	0976	5-3-41	5-4-41

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
To be transfered to Browder General Hospital.

RECD U. S. COAST GUARD MAY 7 1941 SECTION

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

ELLIOTT M. HENDRICKS
A.A. Surg.
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19, has been transferred this date , 19, to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

2—663

522
PARTMENT
T GUARD
larch 1938

FOLLOW INSTRUCTIONS ON BACK

MAY 17 1941

MING, Harlie (103-555) B.M'1c. Ft. Lauderdale Base
(Name, surname first) (Service number) (Rank or rating) (Unit)

CATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

REGULAR
SPECIAL
TEMPORARY
(Enlistment status)

Place Ft. Lauderdale Fla., Date 3 May, 1941, 19

o: Medical Officer, C.G. Base

Ft. Lauderdale, Fla.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, C.G. Base

Harlie Fleming
(Signature of patient)
HARLIE FLEMING.

P. L. STINSON,
Lieut. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ft. Lauderdale Fla., Date 3 May, 1941, 19

I CERTIFY that I have examined the above-named person and find him suffering from

Malarial fever (0976) type undetermined.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 3 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at HOME {*hospital / *office} on 3 May, 1941, 19

ELLIOTT M. HENDRICKS,
A.A. Surg.
U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

WITNESS: _____ (Patient's signature)

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD
RECD FEB 7 - 1941

REPORT OF CHANGE IN PERSONNEL

FLEMING.	Harlie	- - -	103-555	B.M.1c.,
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CGC-837

FORT LAUDERDALE BASE	FORT LAUDERDALE, FLA.	1 February, 1941.
(Unit)	(Place)	(Date)

Reported at 4.10 p.m., this date, from temporary duty in the vicinity of the grounded S.S. MANHATTAN.

AUTHORITY: Base Commanders' Letter 31 January, 1941 (701-522).

H. E. GROGAN (Commanding) Lieut. Comdr.,

Commanding Officer.
(Title)

SPACE BELOW IS FOR [illegible] TERS' USE ONLY

2599
Department
oast Guard

U.S. COAST GUARD
RECD FEB 5 - 1941

REPORT OF CHANGE IN PERSONNEL

NG,	Harlie	[illegible]	103-555	R.M. 1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank - Rating)

GC-837)

LAUDERDALE BASE	Fort Lauderdale, Fla.	31 January, 1941
(Unit)	(Place)	(Date)

2:00 a.m., this date departed on temporary duty in vicinity of grounded S.S. MANHATTAN, to clear that area of small craft, during salvage operations

AUTHORITY: Base Commanders' letter, 31 January, 1941 (701-522)

H.E. GROGAN (Commanding Lieut. Comdr. USCG.

Commanding Fort Lauderdale Base.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW		PERSONNEL RECORDS	
	Statistics	Correspondence	Records

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

REC'D JAN 21 19

FLEMING, Harlie (Name, surname first) | 103-555 (Service number) | BM1c Ft. Lauderdale, Base. (Rank or rating) (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Fort Lauderdale, Florida., Date 1-15-41, 19

To: Commanding Officer, Ft. Lauderdale, Base.
(Coast Guard unit)
Fort Lauderdale, Florida.
(Address)

U. S. COAST GUARD
REC'D JAN 21 1941 By
MEDICAL SECTION.

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Influenza	0668	1-11-41	1-15-41
Malarial Fever(Estive-Autumnal Type)	0972	1-11-41	1-15-41

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

Gilbert M. Hendricks

A.A. Surgeon. U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for
(Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

8—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE
F. La. B.

FLEMING, Marlie (Name, surname first) | 103-555 (Service number) | B.M.1c (Rank or rating) | Ft. Lauderdale, Base. (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Fort Lauderdale, Florida., Date 1-11-41, 19

U. S. COAST GUARD
REC'D JAN 16 1941 By
MEDICAL SECTION

U. S. COAST GUARD
REC'D JAN 16 1941

To: Medical Officer Ft. Lauderdale, Base.
Fort Lauderdale, Florida.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, Ft. Lauderdale, Base.

Marlie Fleming
Marlie FLEMING
(Signature of patient)

P. L. STINSON
Lieutenant. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Fort Lauderdale, Florida., Date 1-11-41, 19

I CERTIFY that I have examined the above-named person and find him suffering from

Influenza (0565) Malarial Fever, (Native autumnal Type)(0972)
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less / *More} Treatment will require approximately 10 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Broward GENERAL {*hospital / *office} on 1-11-41, 19

Elliott M. Hendricks
Elliott M. HENDRICKS,
A.A. Surgeon. U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

WITNESS: _____ (Patient's signature)

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

U. S. COAST GUARD
RECD NOV 7 1940

73

73 Second Indorsement St. Louis, Mo.,
ST. LOUIS DISTRICT 30 October, 1940.

From: Commander, St. Louis District.
To: Commanding Officer, Base SIX.

Subject: FLEMING, Harlie (103-555) B.M.1c. -good conduct bar.

Reference: (b) Headquarters' letter, 22 August, 1940 (P-73-701).

1. Forwarded with inclosure. Subject man was transferred from the CGC-5212 on 3 September, 1940, under authority of reference (b), to the unit under your command.

L. H. Baker,
Acting.

Copy to:
Headquarters.

FORT LAUDERDALE BASE (73) 3rd Indorsement Fort Lauderdale, Fla.,
2 November, 1940.

From: Commanding Officer, Fort Lauderdale Base.
To : Commandant, (via Commander, Jacksonville District).

1. Receipt is hereby acknowledged of the good conduct bar as noted in basic letter.

H.E.GROGAN.

4th Indorsement

Jacksonville District

Jacksonville, Fla.
5 NOV 1940

1. Forwarded.

U.S. COAST GUARD
JACKSONVILLE DISTRICT
RECEIVED
6

H. H. LESLIE,
Acting.

TREASURY DEPARTMENT

RECEIVED
U. S. COAST GUARD
OCT 26 1940
HEADQUARTERS
ST. LOUIS DISTRICT

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. P-73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON

OCT 24 19 '0

From: Commandant.
To: Commander, New Orleans District.

Subject: FLEMING, Harlie (103-555) B.M.1c. - good conduct bar.

Reference: (a) Your letter, 22 June, 1940.

1. Replying to reference (a), the following is forwarded herewith for delivery to subject-named man:

Good conduct medal
Good conduct medal and bar
X Good conduct bar

2. The award of the above will be noted in current service record of man concerned, and if practicable, will be delivered at general muster.

3. Upon receipt hereof, acknowledge receipt of inclosure by indorsement hereon.

By direction,

J. R. HINNANT,
Chief, Welfare Section.

NEW ORLEANS DISTRICT 73 1st Indorsement New Orleans, La., 28 October, 1940.

From: Commander, New Orleans District.
To: Commander, St. Louis District.

1. Forwarded. The records at this office indicate that subject man was transferred to the St. Louis District on 22 June, 1940.

By direction,

T. Y. AWALT,
Personnel Officer.

U. S. COAST GUARD
RECEIVED
NOV 1 1940
FORT LAUDERDALE BASE

P-73

OCT 24 1940

From: Commandant.
To: Commander, New Orleans District.

Subject: FLEMING, Harlie (103-555) B.M.1c. - good conduct bar.

Reference: (a) Your letter, 22 June, 1940.

1. Replying to reference (a), the following is forwarded herewith for delivery to subject-named man:

Good conduct medal
Good conduct medal and bar
X Good conduct bar

2. The award of the above will be noted in current service record of man concerned, and if practicable, will be delivered at general muster.

3. Upon receipt hereof, acknowledge receipt of inclosure by indorsement hereon.

By direction,

J. R. HINMAN,
Chief, Welfare Section.

ADDRESS REPLY TO:
COMMANDER, NEW ORLEANS DISTRICT
AND REFER TO No. 73

OFFICE OF COMMANDER
NEW ORLEANS DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

NEW ORLEANS, LA.
22 June, 1940

From: Commander, New Orleans District.
To: Commandant.

Subject: FLEMING, Harlie (103-555) B.M.1c.; recommendation for good conduct medal bar.

Reference: (a) Article 5166, Personnel Instructions.

Inclosure: 1. Service record dated 22 June, 1937, of subject named man.

1. It is recommended that the subject named man be awarded a good conduct medal bar for the period of service which terminated 21 June, 1940. His conduct during the period, as shown in inclosure (1), meets with the requirements of reference (a).

Bar 6-20-37

R. L. JACK

Bar CGC-5212 6-20-40

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

FLEMING, Harlie (Name, surname first) 103-555 (Service number) B.M.1c Ft. Lauderdale, Base. (Rank or rating) (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Fort Lauderdale, Florida., Date 9-12-40, 19

To: Commanding Officer, Ft. Lauderdale, Base.
(Coast Guard unit)

Fort Lauderdale, Florida.
(Address)

U. S. COAST GUARD
REC'D SEP 16 1940 BY
MEDICAL SECTION

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Malarial Fever (Estivo Autumnal Type)	0927	9-6-40	9-12-40

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

It is recommended that this patient be granted seven days sick leave.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

Elliott M. Hendricks

Elliott M. HENDRICKS,
A.A. Surgeon, *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
(Diagnosis)
_____ since _____, 19__, has been transferred this date _____, 19__, to the U. S. Marine Hospital at _____ for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

2—663

U. S. COAST GUARD

REC'D SEP 14 1940 By

FILE C.M.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie N. (Name, surname first) 103-555 (Service number) B.M.1c (Rank or rating) Ft. Lauderdale, Base. (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

Place Fort Lauderdale, Florida., Date 9-6-40, 19

To: Medical Officer, Ft. Lauderdale, Base.

Fort Lauderdale, Florida.

U. S. COAST GUARD
RECEIVED SEP 9 1940 BY
MEDICAL SECTION

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U.S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, Ft. Lauderdale, Base.

Harlie Fleming
Harlie FLEMING.
(Signature of patient)

P.L. STINSON,
Lieutenant. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Fort Lauderdale, Florida., Date 9-6-40, 19

I CERTIFY that I have examined the above-named person and find him suffering from

Malarial Fever (Estivo-Autumnal Type) (0972)
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes, *No.} Fit for duty? {*Yes, *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes, *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes, *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less, *More.} Treatment will require approximately 7 days absence from duty. He was admitted to {*inpatient, *outpatient} treatment at BROWARD GENERAL {*hospital, *office} on 9-6-40, 19

Elliott M. Hendricks
Elliott M. HENDRICKS,
A.A. Surgeon. U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

P-73
701

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TREASURY DEPARTMENT
UNITED STATES COAST GUARD
DISTRICT Barrea, Alabama
13 July, 1940.

22 August, 1940.

From: FLEMING, Harlie (103-555) B.M.1c.
To: Commander, St. Louis District; Commander, Jacksonville District; Commanding Officer, Base Six).

From: Commandant.
To: Commander, St. Louis District.

Subject: FLEMING, Harlie (103-555) B.M.1c.; transfer; mutual exchange of duty.

1. It is requested that he be transferred to Base Six in mutual ex

Reference: (a) Request, 18 July, 1940, with indorsements thereon. (73).

1. In accordance with the request contained in reference (a), you are authorized to transfer Harlie Fleming, boatswain's mate, first class, to Base Six, directing him to proceed to Fort Lauderdale, Florida, and report to the commanding officer of the unit indicated for assignment to duty in mutual exchange with Alton E. Selz, (109-368) boatswain's mate, first class, provided such transfer is effected without expense to the Government. Report action on Form 2599. (via Commander, Jacksonville District; and Commanding Officer, Base Six).

By direction,

Reference: (a) Selz' request, 10 July, 1940 (73).

1. Forwarded, approved. Fleming has not been assigned any marks during current enlistment.

F. E. ALLISON,
Assistant Chief, Detail Section.

2. Reference (a) was forwarded, approved to Headquarters on 19 [illegible] 40.

Copy to:
Base Six.
Jacksonville District.

By direction,

B. Jordan
By Jordan.

From: Commander, Jacksonville District. 2nd Indorsement Jacksonville, Fla., 22 July, 1940.
To : Commandant.

MAILED
AUG 23 1940
MAIL DESK

1. Forwarded. The request of Selz, Alton E. (109-368) B.M.1c. was forwarded, approved and returned on [illegible] to the St. Louis District.

pg PLD.

U. S. COAST GUARD 3

73
701

U. S. COAST GUARD REC'D JUL 24 1940 By

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

ST. LOUIS DISTRICT

.C.-5212.

Gorgas, Alabama
18 July, 1940

RECEIVED
22 1940
U. S. COAST GUARD
Jacksonville District

From: FLEMING, Harlie (103-555) B.M.1c.
To: Commandant (via Commander, St. Louis District; Commander, Jacksonville District; and Commanding Officer, Base Six).

Subject: Request for mutual transfer.

1. It is requested that I be transferred to Base Six in mutual exchange with SELZ, Alton E. (109-368) boatswain's mate, first class.

Harlie Fleming.
Harlie Fleming.

---

73 First Indorsement St. Louis, Mo.,
ST. LOUIS DISTRICT 20 July, 1940.

From: Commander, St. Louis District.
To: Commandant (via Commander, Jacksonville District; and Commanding Officer, Base Six).

Reference: (a) Selz' request, 10 July, 1940 (73).

1. Forwarded, approved. Fleming has not been assigned any marks during current enlistment.

2. Reference (a) was forwarded, approved to Headquarters on 15 July, 1940.

By direction,

B. Jordan.
B. Jordan.

---

73 - JACKSONVILLE DISTRICT 2nd Indorsement Jacksonville, Fla.,
22 July, 1940.

From: Commander, Jacksonville District.
To : Commandant.

1. Forwarded. The request of SELZ, Alton E. (109-368) B.M.1c. was forwarded, approved to Headquarters on 12 July, 1940, via the St. Louis District.

W. K. Scammell
W. K. SCAMMELL,
By direction.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

REC'D JUL [illegible] 1940

FOLLOW INSTRUCTIONS ON BACK

FILE

FLEMING, Harlie	103-555	B.M.1c.	C.G.C. No. 49
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*~~SPECIAL~~
*~~RESERVE~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place New Orleans, Louisiana, Date 7/8/40, 193

To: Commander, New Orleans District, U.S.C.G., (Coast Guard unit)
Customs House, New Orleans, Louisiana (Address)

U. S. COAST GUARD

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
~~neurasthenia~~,	1116	5/23/40	5/27/40
Discharged Absent over 30 Days.			

REC'D JUL 12 1940 BY
MEDICAL SECTION

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

J. P. Gillespie
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since, 193, has been transferred this date, 193, to the U. S. Marine Hospital at for further treatment.

Approved forwarded JUL 10 1940

[signature]
U. S. Public Health Service.
New Orleans District
Chief of Staff

*Strike out words not applicable.

2—663

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General U.S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

File E0474

CGC-5212
(Unit)

FLEMING, Harlie
(Name in full—surname to the left)

22 June, 1940
(Date)

103-555
(Service number)

B.M.1c.
(Rating on discharge)

Date of last enlistment (for 3 years) 1937 (Year) 6 (Month) 22 (Day)

Date of discharge (Honorable) 1940 (Year) 6 (Month) 21 (Day)
(Character of discharge)

	Years	Months	Days
Total time of last enlistment period	3	0	0

ABSENT TIME DURING PERIOD (inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
	None			None			None	
Total			Total			Total		

Total absence (0 days)

	Years	Months	Days
Creditable time served during last enlistment period	3	0	0

Reenlisted 22 June, 1940, for a period of three years in the regular establishment.

F. J. BIRKETT, Commander, U.S.C.G.,
Chief of Staff, New Orleans District.

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

Commander, U.S.C.G.,
F. J. BIRKETT,
(Rank) Chief of Staff, New Orleans District, U.S.C.G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE: 2—16278

73-701

RECD JUN 17 1940

FILE E.E.A.2 73

14 June, 1940.

From: Commander, New Orleans District.
To: FLEMING, Harlie (105-114) B.M.1c., (Via Commanding Officer, New Orleans Group).

Subject: Orders; transfer.

Reference: (a) Article 720, Regulations.
(b) Article 756, Regulations.

1. Effective 17 June, 1940, upon being relieved as Officer in Charge, CGC-49, by HARTSON, Floyd L. (104-641) B.M.1c., you will report to the CGC-5212 and relieve the present Officer in Charge of that vessel. In this connection, the instructions contained in reference (b) will be fully complied with.

2. Your permanent station remains, New Orleans, Louisiana.

3. No travel expense is deemed necessary to the execution of this order, and none is authorized.

R.L. JACK.

Copy to:
Headquarters.
Pay Officer.

Form 2582
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD REC'D MAY 25 1940

FLEMING, Harlie	103-555	B.M.1c.	C.G.C. No. 49
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

Place New Orleans, La., Date 23 May, 1940, 193

To: Medical Officer in Charge,
U.S.Public Health Service Outpatient Office, Customs House, New Orleans, La.

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commander, New Orleans District, U.S.C.G., Customs House, New Orleans, Louisiana

Harlie Fleming
Harlie Fleming
(Signature of patient)

F. J. BIRKETT,
Commander, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place New Orleans, Louisiana, Date 5/23/40, 193

I CERTIFY that I have examined the above-named person and find him suffering from
No diagnosis pending laboratory reports.
(Give diagnosis by number and name according to official nomenclature)

U. S. COAST GUARD RECD MAY 27 1940 MEDICAL SECTION

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately No days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Out Patient Office {*hospital / *office} on 5/23/40, 193

A.A. SURG. J.P. GILLASPIE.
U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

Approved ~~forwarded~~ May 23 1940
F. J. Birkett
New Orleans District
Chief of Staff

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie	103-555	B.M.1c.	AB-49
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

U.S.P.H.S. DENTAL OFFICE, (Contract)

Place Pascagoula, Miss., Date 9 Feb., 1940., 193

To: Officer-in-Charge, AB-49,
(Coast Guard unit)
Pascagoula, Miss.
(Address)

The above-named patient was discharged from {~~*inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Caries, dental	0255	2-8-40	2-8-40

He {*is / ~~*is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

U. S. COAST GUARD
RECD FEB 14 1940
MEDICAL SECTION
BY

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / ~~*No.~~} Absent without permission? {~~*Yes.~~ / *No.} Guilty of insubordination? {~~*Yes.~~ / *No.}

C.H. Gray.

C.H. Gray, A.A. Dental Surgeon.
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

Approved forwarded

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Commander, New Orleans District. Acting.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

U.S. COAST GUARD

FOLLOW INSTRUCTIONS ON BACK

RECD FEB 14 1940

NEW ORLEANS DISTRICT
U.S. COAST GUARD
NEW ORLEANS, LOUISIANA

FLEMING, Harlie	103-555	B.M.1c.	AB-49
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
~~TEMPORARY~~
(Enlistment status)

Place Pascagoula, Miss., Date 8 Feb., 1940., 193

To: Contract Dental Officer, USPHS.,
Pascagoula, Miss.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer-in-Charge, AB-49,

Harlie Fleming
Harlie Fleming. (Signature of patient)

George Talledo.
George Talledo, B.M.1c.
Officer in Chg. AB-49. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Contract Dental Office, USPHS.,
Place ~~Pascagoula, Miss.~~, Date 9 Feb., 1940., 193

I CERTIFY that I have examined the above-named person and find him suffering from

0255 Caries, dental.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately no days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Contract Dental Office, Pascagoula, Miss. {*~~in~~office} on 9 Feb., 1940., 193

C.H. Gray.
C.H. Gray, A.A. Dental Surgeon.
U. S. Public Health Service.

U.S. COAST GUARD
RECD FEB 14 1940 BY
MEDICAL EXAMINER

*Having been informed that I am suffering from _____ (Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)
_____ U. S. Public Health Service.
*Strike out words not applicable.

Approved forwarded
F. J. Burkett
Commander, New Orleans District
Acting.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (3)
REC'D JAN 25 1940 By
ANS'D

FLEMING, Harlie (Name, surname first) | 103-555 (Service number) | B.M.1c. (Rank or rating) | AB-49. (Unit)

NEW ORLEANS DISTRICT
U.S. COAST GUARD
NEW ORLEANS, LOUISIANA

JAN 22 9 48 AM '40

DIST. COMDR. / CH. OF STAFF / OPERAT. / MAINT. / RESERVE / PERSONNEL / INTELL. / P & S / REPORT / ORDNANCE / RETURN TO

*REGULAR
*SPECIAL
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

U.S.C.G. Dispensary,
Place Pascagoula, Miss., Date 18 January, 1940., 193

To: Officer-in-Charge,
(Coast Guard unit)
AB-49, Pascagoula, Miss.
(Address)

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Influenza, Respiratory type	0868	1-10-40	1-18-40

U. S. COAST GUARD
REC'D JAN 25 1940 BY
MEDICAL SECTION

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

J.N. LOCKARD, A.A.S.
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 193 , has been transferred this date JAN 22 1940, 193 , to the U. S. Marine Hospital at for further treatment.

Approved forwarded

New Orleans, La.
Chief of Staff

U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

U. S. COAST GUARD

FOLLOW INSTRUCTIONS ON BACK

REC'D JAN 13 1940

FILE

FLEMING, Harlie	103-555	B.M.1c.	AB-49
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

NEW ORLEANS DISTRICT
U. S. COAST GUARD
NEW ORLEANS, LOUISIANA
JAN 11 9 16 AM '40

DIST. COMDR. CH. OF STAFF OPERAT. MAINT. RESERVE CONSTR. PERSON. RECOM. REPORT INTELL. P & S ORDNANCE

*REGULAR
*SPECIAL
~~TEMPORARY~~
(Enlistment status)

Place Pascagoula, Miss., Date 10 January, 1940., 193

To: Medical Officer, in Charge,
U.S.C.G. Dispensary,
Pascagoula, Miss.

SIR: You are requested to examine the above-named {~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer-in-Charge, AB-49.

Harlie Fleming.
Harlie Fleming.
(Signature of patient)

U. S. COAST GUARD
JAN 15 1940
MEDICAL SECTION

BY George Talledo
George Talledo, B.M.1c.
~~Officer-in-Charge, AB-49.~~ U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

U.S.C.G. Dispensary,
Place Pascagoula, Miss., Date 10 January, 1940., 193

I CERTIFY that I have examined the above-named person and find him suffering from

0868 Influenza, Respiratory type.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No~~} Fit for duty? {*~~Yes~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 4 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U.S.C.G. Dispensary, Pascagoula, Miss. {*~~hospital~~ / *office Sick Bay} on 10 January, 1940., 193

J. N. LOCKARD, A.A.S.
U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

Approved forwarded _____ 1940

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
REC'D JAN 8 1940

FLEMING, Harlie	103-555	B.M.1c.	AB-49.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Contract Dental Office, USPHS,

Place Pascagoula, Miss., Date 2 January, 1940., 193

To: Officer in Charge, AB-49,
(Coast Guard unit)

Pascagoula, Miss.
(Address)

U. S. COAST GUARD
REC'D JAN 8 1940 BY
MEDICAL SECTION

The above-named patient was discharged from {*~~inpatientx~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR THIS CONDITION: FROM	TO
Caries, dental	0255	12-26-39	12-26-39

RECEIVED
JAN 5 1940
NEW ORLEANS
DISTRICT

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

C.H. Gray.

C.H. Gray, A.A. Dental Surgeon.
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for
(Diagnosis)

~~since~~ _____, 193 , has been transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

Approved forwarded JAN 5 - 1940

_____
U. S. Public Health Service.
Commander, New Orleans District. Acting.

*Strike out words not applicable.

2-663

(Name, surname first) (Service number) (Rank or rating) (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

-REGULAR
-SPECIAL
-TEMPORARY
(Enlistment status)

Place Pascagoula, Miss., Date 23 December, 1939., 193

To: Contract Dental Officer, USPHS.,
Pascagoula, Miss.

U. S. COAST GUARD

REC'D JAN 8 1940 BY

MEDICAL SECTION

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, AB-49,

Halie Fleming.
(Signature of patient)

George Talledo, Officer in Charge,
AB-49, U. S. Coast Guard.

RECEIVED
JAN 5 1940
NEW ORLEANS
DISTRICT

RETURN MEDICAL CERTIFICATE

Contract Dental Officer, USPHS,

Place Pascagoula, Miss., Date 2 January, 1940., 193

I CERTIFY that I have examined the above-named person and find him suffering from

0255 Caries, dental.

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately no days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Contract Dental Office, Pascagoula, Miss. {*hospital / *office} on 23 December, 1940., 193

C.H. Gray.

C.H. Gray, A.A. Dental Surgeon.
U. S. Public Health Service.

*Having been informed that I am suffering from

(Diagnosis)

and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

Approved forwarded JAN 5 - 1940

A. J. Burkett

Commander, New Orleans District.
Acting.

24-653

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie	103-555	B.M.1c.	AB-49
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S.C.G. Dispensary, Pascagoula, Miss., Date 27 December, 1939, 193

To: Officer in Charge, AB-49,
(Coast Guard unit)
Pascagoula, Miss.
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Anti-inoculation, smallpox	0119	12-27-39	12-27-39

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

U. S. COAST GUARD
REC'D JAN 2 1940 BY
MEDICAL SECTION

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

J.E. Melvin by direction
J.N. LOCKARD, A.A.S.
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
(Diagnosis)
since _____, 193 , has been transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

Forwarded: DEC 29 1939

_____
U. S. Public Health Service.
New Orleans District
Chief of Staff

*Strike out words not applicable.

2—663

(service number) (Rank or rating) (Unit) AB-49

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Pascagoula, Miss., Date 27 December, 1939., 193

RECEIVED
DEC 29 1939
NEW ORLEANS DISTRICT

To: Medical Officer, in Charge,
U.S.C.G. Dispensary,
Pascagoula, Miss.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, AB-49,

Harlie Fleming.
(Signature of patient)

George Talledo
George Talledo, B.M.1c.
Officer in Charge, AB-49. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

U.S.C.G. Dispensary,
Place Pascagoula, Miss., Date 27 December, 1939., 193

I CERTIFY that I have examined the above-named person and find him suffering from

0119 Anti-inoculation, smallpox.
(Give diagnosis by number and name according to official nomenclature)

U. S. COAST GUARD
REC'D, 1940 BY
MEDICAL SECTION

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately no days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S.C.G. Dispensary, Pascagoula, Miss. {*hospital / *office} on 27 December, 1939., 193

H. Melvin - by direction
J.N. LOCKARD, A.A.S.
U. S. Public Health Service.

*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)
U. S. Public Health Service.
*Strike out words not applicable.

Forwarded: DEC 29 1939
W. Burkett
2—663
New Orleans District
Chief of Staff

CRY

FILE P-73 WHC

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Morgan City, Louisiana,
6 November, 1939.

13 November, 1939.

From: Commandant.
To : Commander, New Orleans District.

Subject: FLEMING, Harlie (103-555) B.M.1c.; transportation of household effects.

Reference: (a) Subject man's letter, 6 November 1939 (73-701-552).

1. Authority is granted for subject man to incur expense for the transportation of household effects from Panama City, Florida to Pascagoula, Mississippi during the month of November.

2. Vouchers and supporting papers should be forwarded to Headquarters without delay. Checkage of personal pay account is acknowledged.

3. I hereby authorize checkage of my personal pay account for all expense cost involved.

By direction,

Harlie Fleming.

S. P. MEHLMAN.

1st Indorsement

New Orleans, Louisiana,
7 November, 1939.

From: Commander, New Orleans District.
To: Commandant.

1. Forwarded approved.

By direction,

Chief Pay Clerk.

MAILED
NOV 14 1939
MAIL DESK

-532

73
532

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

5-49

Morgan City, Louisiana,
6 November, 1939.

U. S. COAST GUARD (11)
REC'D. NOV 9 - 1939 By
ANS.

From: FLEMING, Harlie (103-555) B.M.1c.
To: Commandant (via Commander, New Orleans District).

Subject: Transportation of household effects.

Reference: (a) Commander, New Orleans District letter, 4 October, 1939 (73-701-531).

1. Reference (a) authorized a permanent change of station for me from Panama City, Florida to New Orleans, Louisiana.

2. It is requested that I be granted authority to incur expense incident to the transportation of approximately 500 pounds of household effects from Panama City, Florida to Pascagoula, Mississippi, during the month of November, 1939.

3. I hereby authorize checkage of my personal pay account for all excess cost involved.

Harlie Fleming.

NEW ORLEANS DISTRICT
73-701-532

1st Indorsement

New Orleans, Louisiana,
7 November, 1939.

From: Commander, New Orleans District.
To: Commandant.

1. Forwarded approved.

By direction,

ALBERT TRACHTENBERG,
Chief Pay Clerk.

15,000 ltr

73

73-531

RECEIVED

OCT 20 1939

NEW ORLEANS DISTRICT

U. S. COAST GUARD 4

REC'D OCT 23 1939

FILE

Patrol Boat
BOUTWELL

Panama City, Florida
6 October, 1939

From: Commanding Officer, BOUTWELL.
To: FLEMING, Harlie (103-555) B.M.1c - Present.

Subject: Orders; amendment to.

Reference: (a) Commander, New Orleans District letter 4 October, 1939 (73-7010531).
(b) BOUTWELL letter, 6 October, 1939 (73-531).

1. Reference (b) is amended in that the orders contained therein constitute a permanent change of station for you from Panama City, Florida to New Orleans, Louisiana.

R. H. [illegible]

FILE
E.F.C.

OP-73
650
651

21 August, 1939.

From: Commandant.
To: Harlie Fleming (103-555), B.M.1c. - BOUTWELL (via Commander, New Orleans District).

Subject: Appreciation of services rendered.

Reference: (a) Cruise report, BOUTWELL, 17 August, 1939 (601) to Commander, New Orleans District.
(b) Letter, Commander, New Orleans District, 18 August, 1939 (601-65).

1. Headquarters is pleased to note the contents of the above references and appreciates your efforts in endeavoring to rescue three boys adrift in St. Andrews Bay during a tropical storm on the evening of August 12, 1939.

L. C. COVELL,
Acting Commandant.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE

FLEMING, Harlie (103-555) B.M.1c. BOUTWELL
(Name, surname first) (Service number) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Panama City, Florida, Date June 26, 1939

To: US CG " BOUTWELL"
(Coast Guard unit)

Panama City, Florida
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Pharyngitis, catarrhal, acute	1351	June 19/39	June 26/39

U. S. COAST GUARD
REC'D JUL 10 1939 BY
MEDICAL SECTION

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

N O N E

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes / *No.} Guilty of insubordination? {*Yes / *No.}

APPROVED FORWARDED JUL 7 1939

Donald S. Fraser
A.A. Surgeon U. S. Public Health Service.

New Orleans Division
Chief of Staff

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

(Rank or rating) BOUTWELL (Unit)

HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Panama City, Florida, Date 19 June, 193 9

NEW ORLEANS DIVISION JUL 7 1939

To: Medical Officer in Charge,
U.S.P.H.S. Relief Station,
Panama City, Florida.

Inclosure: Health record.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. BOUTWELL, Panama City, Florida.

Harlie Fleming
(Signature of patient)

R.H. Leek,
Chief Boatswain, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Panama City, Florida, Date June 19, 1939

I CERTIFY that I have examined the above-named person and find him suffering from

No. 1351-Pharyngitis, catarrhal, acute
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*hospital / *outpatient} treatment at US PHS Relief Station Panama City, Florida {*hospital / *office} on June 19, 193 39

APPROVED FORWARDED JUL 7 1939

Donald S. Fraser
A.A. Surgeon, U. S. Public Health Service.

New Orleans
Chief of Staff.

*Having been informed that I am suffering from U. S. COAST GUARD (Disease)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.) REC'D JUL 10 1939 BY MEDICAL

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (3)
REC'D JUN 1 0 1939 By
ANS'D

FILE

FLEMING, Harlie (103-555) B.M.1c. BOUTWELL
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
[redacted]
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Panama City, Florida, Date May 31, 1939

To: US CG " BOUTWELL"
(Coast Guard unit)

Panama City, Florida
(Address)

The above-named patient was discharged from {*[redacted] / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Pharyngitis, catarrhal, acute	1351	May 27/39	May 31/39

He {*is / *[redacted]} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.)

U. S. COAST GUARD
REC'D JUN 12 1939 BY
MEDICAL SECTION

NONE

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *[redacted]} Absent without permission? {*[redacted] / *No.} Guilty of insubordination? {*[redacted] / *No.}

Donald S. Fraser
A.A. Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD (3)
REC'D JUN 1 1939 By
ANS'D

FLEMING, Harlie (103-555) B.M.1c. BOUTWELL
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
~~RESERVE~~
~~EMERGENCY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Panama City, Florida, Date May 31, 1939

To: US CG " BOUTWELL"
(Coast Guard unit)

Panama City, Florida
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Pharyngitis, catarrhal, acute	1351	May 27/39	May 31/39

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

U. S. COAST GUARD
REC'D JUN 12 1939 BY
MEDICAL SECTION

NONE

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~No.~~ / *No.} Guilty of insubordination? {*~~Yes~~ / *No.}

Donald S. Fraser
A.A. Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ (Diagnosis) since _____, 193 , has been
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

U. S. COAST GUARD
Revised March 1938

INSTRUCTIONS ON BACK

RECD JUN 1 1939 By

FLEMING, Harlie (103-555) ANS'D B.M.1c. BOUTWELL
(Name, surname first) (Service number) (Rank or rating) (Unit)

FILE O.Q.

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
~~SPECIALXX~~
~~XTEMPORARYXX~~
(Enlistment status)

Place Panama City, Florida, Date 27 May, 1939

To: Medical Officer in Charge,
U.S.P.H.S. Relief Station,
Panama City, Florida.

Inclosure: Health Record.

SIR: You are requested to examine the above-named {~~*officerxx~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. BOUTWELL, Panama City, Florida.

Harlie Fleming
Harlie Fleming
(Signature of patient)

L.R. Daniels,
Boatswain, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Panama City, Florida, Date May 27, 1939

I CERTIFY that I have examined the above-named person and find him suffering from

1351 - Pharyngitis, catarrhal, acute
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No~~} Fit for duty? {*Yes. / *~~No~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {~~*Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? ~~*Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately -0- days absence from duty. He was admitted to {*~~in~~patient / *outpatient} treatment at US PHS Relief Station Panama City, Florida {*~~hospital~~ / *office} on May 27, 1939

U. S. COAST GUARD
RECD JUN 1 1939 BY
MEDICAL SECTION

Donald S. Fraser
A.A. Surgeon U. S. Public Health Service.

*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1937

REC'D FEB 7-

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Patrol Boat BOUTWELL (Unit) — Panama City, Florida, (Place)

6 February, 1939 (Date)

FROM: FLEMING, Harlie (103-555) B.M.1c.

TO: COMMANDANT (via Commanding Officer, BOUTWELL)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	Panama City, Florida. (Address of wife)
Harlie John Fleming, Jr. (son, age 3 mos.) date of birth 8 November, 1938. (Full name of child; if none, so state)	Panama City, Florida. (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve Fleming (Full name of relative)	Father (Relationship)	286 Moore St., Greenville, S.C. (Address of relative)

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

None (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY: R.H. Leek
R.H. Leek,
Rank Chief Boatswain, USCG.

SIGNED: Harlie Fleming
Harlie Fleming,
Rank or Rating B.M.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE M.O.C.

FLEMING, Harlie (103-555) B.M.1c. DIX
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Panama City, Florida, Date October 25, 1938

To: US CG Patrol Boat "Dix"
(Coast Guard unit)

Panama City, Florida
(Address)

The above-named patient was discharged from {~~*inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Antityphoid inocualtion	0122	October 10/38	October 25/38

RECD NOV 9 1938

He {*is / ~~*is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

NONE

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

Donald S. Fraser
A.A. Surgeon *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

(Name, surname first) ..... (Service number) B.M.1c. (Rank or rating) DIX (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

FILE U.S.C.G.

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

Place Panama City, Florida, Date 10 October, 1938

To: Medical Officer in Charge,
U.S.P.H.S. Relief Station,
Panama City, Florida.

Inclosure: Health Record.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. DIX, Panama City, Florida.

Harlie Fleming
Harlie Fleming
(Signature of patient)

A.J. Brown,
Chief Boatswain U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Panama City, Florida, Date October 10, 1938

I CERTIFY that I have examined the above-named person and find him suffering from
Antityphoid inoculation --- No. 0122
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No~~} Fit for duty? {*Yes. / *~~No~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at US PHS Relief Station PanamaCity, Florida {*~~hospital~~ / *office} on OCTOBER 10, 1938

Donald S. Fraser
Donald S. Fraser
A.A. Surgeon U. S. Public Health Service.

*Having been informed that I am suffering from .....
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

..... U. S. Public Health Service.

*Strike out words not applicable.

NOV 9 1938
MEDICAL SECTION

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie (103-555) B.M.1c. DIX
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*~~SPECIAL~~
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Key West, Florida, Date October 14, 1938., 193

To: The Commanding Officer
(Coast Guard unit)
U. S. Coast Guard DIX
Panama City, Florida
(Address)

The above-named patient was discharged from {~~*inpatient~~ *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Caries, dental	0255	10/13/38	10/13/38
Pyorrhea alveolaris	1523	10/13/38	10/13/38

He {*is *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

U. S. COAST GUARD
REC'D OCT 21 1938 By
MEDICAL SECTION

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. *~~No.~~} Absent without permission? {~~*Yes.~~ *No.} Guilty of insubordination? {~~*Yes.~~ *No.}

Kenneth D. Eye
Kenneth D. Eye, Asst. Dental Surgeon (R)
U. S. Public Health Service.

ml

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office *hospital} at _____ for
_____ (Diagnosis) since _____, 193 , has been
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

FLEMING, Harlie (Name, surname first) (103-555) (Service number) B.M.1c. (Rank or rating) DIX (Unit)

FILE M.A.

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*~~SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

Place Key West, Florida, Date 13 October, 193 8

To: Medical Officer in Charge,
U.S.Marine Hospital,
Key West, Florida.

Inclosure: Form 2525-A.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. DIX, Panama City, Florida.

Harlie Fleming
(Signature of patient)

A.G. Brown,
Chief Boatswain, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Key West, Florida, Date October 14, 1938, 193

I CERTIFY that I have examined the above-named person and find him suffering from

0255. Caries, dental. 1523. Pyorrhea alveolaris.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No~~} Fit for duty? {*Yes. / *~~No~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ..... days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at U. S. Marine Hospital Key West, Fla. {*~~hospital~~ / *office} on October 13, 1938, 193

Kenneth D. Eye
Kenneth D. Eye, Asst. Dental Surgeon (R)
U. S. Public Health Service.

ml

*Having been informed that I am suffering from .....
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

REC'D OCT 21 1938 By
MEDICAL SECTION.

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

..... U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD (4) REC'D AUG 8 1938 A.M. McG.

FILE

FLEMING, Harlie (103-555) B.M.1c. DIX
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
~~SPECIAL~~
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Panama City, Florida, Date July 30, 1938

To: US CG Patrol Boat " DIX "
(Coast Guard unit)

Panama City, Florida
(Address)

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Wound, Contuesed - Left forearm	4123	July 4/38	July 30/38

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

NONE

U. S. PUBLIC HEALTH SERVICE
REC'D AUG 8 1938 By
MEDICAL SECTION

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*~~Yes~~ / *No.} Absent without permission? {*~~Yes~~ / *No.} Guilty of insubordination? {*~~Yes~~ / *No.}

Donald S. Fraser

A.A. Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 193 , has been
(Diagnosis)

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

(Name, surname last) (Service number) B.M.1c. (Rank or rating) DIX (Unit)

FILE B.M.C.G.

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*~~SPECIAL~~ X
~~TEMPORARY~~
(Enlistment status)

Place Panama City, Florida, Date 4 July, 193 8

To: Medical Officer in Charge,
U.S.P.H.S. Relief Station,
Panama City, Florida.

Incl:Health Record.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. DIX,Panama City,Florida.

Harlie Fleming
Harlie Fleming,
(Signature of patient)

A.J. Brown,
Chief Boatswain, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Panama City, Florida, Date July 4, 193 8

I CERTIFY that I have examined the above-named person and find him suffering from

Wound,Contused - No. 4123 - Left forearm
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No~~} Fit for duty? {*~~Yes~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 14 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at US PHS RELIEF STATION PanamaCity, Florida {*~~hospital~~ / *office} on July 4, 1938

U.S. COAST GUARD RECD JUL 5 1938 By MEDICAL SECTION

Donald S. Fraser
Donald S. Fraser
A.A. Surgeon, U. S. Public Health Service.

*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

WITNESS:

(Patient's signature)

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

U. S. COAST GUARD (12)
REC'D APR 11 1938 By
ANS.

FOLLOW INSTRUCTIONS ON BACK

FLEMING Harlie	(103-555)	B.M.1c.	DIX
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Panama City, Florida, Date March 19, 1938

To: US CG " DIX " Panama City, Florida
(Coast Guard unit)

Panama City, Florida
(Address)

The above-named patient was discharged from {*~~in~~patient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Common Cold	0331	March 15/38	March 19/38

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

RECEIVED APR 11 1938 By
MEDICAL SECTION.

NONE

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No~~} Absent without permission? {*~~Yes~~ / *No.} Guilty of insubordination? {*~~Yes~~ / *No.}

Donald S. Fraser
A.A. Surgeon, U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____, U. S. Public Health Service.

*Strike out words not applicable.

2—663

U. S. COAST GUARD (12)
REC'D APR 11 1938 By

...LLOW INSTRUCTIONS ON BACK

FLEMING, Harlie
(Name, surname first)

(103-555) ANS. B.M.1c. DIX
(Service number) (Rank or rating) (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
~~SPECIAL~~
~~TEMPORARY~~
(Enlistment status)

Place Panama City, Florida, Date 15 March, 193 8

To: Medical Officer in Charge,
U.S.P.H.S. Relief Station,
Panama City, Florida.

Inclosure: Health Record.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. DIX, Panama City, Florida.

Harlie Fleming
Harlie Fleming
(Signature of patient)

A.J. Brown,
Boatswain, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Panama City, Florida, Date March 15, 193 8

I CERTIFY that I have examined the above-named person and find him suffering from

Common Cold No. 0331
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at US PHS Relief Station March 15, 1938 Panama City, Florida {*~~hospital~~ / *office} on March 15, 193 8

Donald S. Fraser
Donald S. Fraser
A.A. Surgeon, U. S. Public Health Service.

REC'D APR 11 1938 By
MEDICAL SECTION.

*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

U. S. COAST GUARD
REC'D FEB 7 - 1938 By
ANS.

FOLLOW INSTRUCTIONS ON BACK

FILE
E.McG.R.

FLEMING Harlie (103-555) B.M.1c. DIX
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Panama City, Florida, Date January 6, 1938

To: U.S.C.G. DIX
(Coast Guard unit)

Panama City, Florida
(Address)

The above-named patient was discharged from {*inpatient / ~~*outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Under observation - Hookworm disease	1790	January 4/38	January 6/38

U. S. COAST GUARD
REC'D FEB 8 1938 By
MEDICAL SECTION.

He {*is / ~~*is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

NONE

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {~~*Yes.~~ / *No.} Guilty of insubordination? {~~*Yes.~~ / *No.}

Donald S. Fraser
Don S. Fraser
A.A. Surgeon
U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—563

(Name, surname first) (103-555) (Service number) B.M.1c. (Rank or rating) DIX (Unit)

REC'D FEB 7 1938 By

FILE

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

Place Panama City, Florida., Date 4 January., 1938

To: Medical Officer in Charge,
U.S.P.H.S. Relief Station,
Panama City, Florida.

Inclosure: Health Record.

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. DIX, Panama City, Florida.

Harlie Fleming
(Signature of patient)

A.J. Brown,
Boatswain U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Panama City, Florida, Date January 4, 1938

U.S. COAST GUARD
REC'D FEB 8 1938 By
MEDICAL SECTION

I CERTIFY that I have examined the above-named person and find him suffering from Under observation - 1790 - Uncinariasis - Hookworm disease
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {~~*Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {~~*inpatient~~ / *outpatient} treatment at US PHS Relief Station Panama City, Florida {~~*hospital~~ / *office} on January 4, 1938

Donald S. Fraser
A.A. Surgeon, Panama City, Fla. U. S. Public Health Service.

*Having been informed that I am suffering from .....
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

..... U. S. Public Health Service.

*Strike out words not applicable.

2—663

HEADQUARTERS

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.

PR-73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON

SEP 4 1937

U. S. COAST GUARD
RECD SEP 9 1937
A.M.

From: Commandant.
To: Commanding Officer, DIX.

Subject: FLEMING, Harlie (103-555) B.M.1c - Good conduct bar.

Reference: (a) Your letter, 22 June, 1937.

1. Replying to reference (a), a good conduct medal is forwarded herewith for delivery to subject named man. The award of this medal will be noted in current service record of man concerned, and if practicable, the medal will be delivered at general muster.

2. Upon receipt hereof acknowledge receipt of inclosure by indorsement hereon.

By direction.

E. T. Osborn.
E. T. OSBORN,
Chief, Enlisted Personnel Section.

DIX - 73 **First Indorsement** **Panama City, Florida, 6 September, 1937.**

U. S. COAST GUARD
JACKSONVILLE DIVISION
8 SEP 1937
RECEIVED

From: Commanding Officer, DIX.
To: Commandant. (Via Commander, Jacksonville Division).

1. Receipt is hereby acknowledged of 1 good conduct bar for delivery to Harlie Fleming (103-555) B.M.1c. in accordance with basic communication.

CHAS. LUCAS

1st Indorsement
JACKSONVILLE DIVISION
Jacksonville, Fla.
8 SEP 1937
1. FORWARDED.
W. K. SCAMMELL,
Acting.

PR-73

SEP 4 1937

From:
To: Commandant.

Subject: Commanding Officer, DIX.

FLEMING, Harlie (103-555) B.M.1c - Good conduct bar.

Reference: (a) Your letter, 22 June, 1937.

1. Replying to reference (a), a good conduct medal is forwarded herewith for delivery to subject named man. The award of this medal will be noted in current service record of man concerned, and if practicable, the medal will be delivered at general muster.

2. Upon receipt hereof acknowledge receipt of inclosure by indorsement hereon.

By direction.

E. T. Osborn.
E. T. OSBORN,
Chief, Enlisted Personnel Section.

COAST GUARD CUTTER
Patrol Boat DIX

JUN 24 1937 BY
ANS'D TREASURY DEPARTMENT

UNITED STATES COAST GUARD
Panama City, Florida,
22 June, 1937.

73

U. S. COAST GUARD
Jacksonville Division
JUN 23 1937
RECEIVED
Jacksonville, Florida

From: Commanding Officer, DIX.
To: Commandant. (Via Commander, Jacksonville Division).

Subject: FLEMING, Harlie (103-555) B.M.1c.; Good Conduct Bar; recommendation for.

Reference: (a) Continuous Service Certificate No. 1509.
(b) Article 5164, Personnel Instructions.

1. It is recommended that subject man be awarded a Good Conduct Bar in accordance with reference (b).

2. Reference (a) indicates that subject man was awarded a Good Conduct Medal on 8 June, 1935, and that he has received a mark of 4.0 in conduct for the entire periods of service listed below:

Reenlisted	6-19-30	Discharged	6-18-31
Reenlisted	6-19-31	Discharged	6-20-32
Reenlisted	6-21-32	Discharged	6-20-34
Reenlisted	6-21-34	Discharged	6-21-37
Reenlisted	6-22-37	Now serving.	

Medal 6-20-34

CHAS. LUCAS

.....Indorsement
JACKSONVILLE DIVISION
Jacksonville, Fla. 23 JUN 1937

1, Forwarded, approved.

W. K. SCAMMELL,
By direction.

Bar 6-20-37 Dix

6-21-34-3-4-6-21-37
6-22-37 Reen.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD (2)
AUG 31 1937

FLEMING, Harlie (103-555) B.M.1c. DIX
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Panama City, Florida, Date August 23, 193 7

To: US CG Patrol Boat " DIX "
(Coast Guard unit)

Panama City, Florida
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Foreign body in R. Eye	0619	August 18/37	August 21/37

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

U. S. COAST GUARD
RECD AUG 31 1937 By
MEDICAL SECTION

N

O

N

E

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes~~ / *No.} Guilty of insubordination? {*~~Yes~~ / *No.}

Donald S. Fraser Donald S. Fraser
A.A. Surgeon *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 193 , has been
(Diagnosis)

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2622
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (2)
C'D AUG 30 1937 By

FLEMING, Harlie (103-555) B.M.1c, USCG DIX
(Name, surname first) (Service number) (Rank or rating) (Unit)

FILE
H.McG.R.

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
~~SPECIAL~~
~~TEMPORARY~~
(Enlistment status)

Place Panama City, Florida, Date 18 August, 1937

To: Medical Officer in Charge,
U.S.P.H.S. Relief Station,
Panama City, Florida.

Incl. Health Record.

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. DIX, Panama City, Florida.

Harlie Fleming
Harlie Fleming
(Signature of patient)

Chas. Lucas,
Chief Boatswain, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Panama City, Florida, Date August 18, 1937

I CERTIFY that I have examined the above-named person and find him suffering from

No. 0619, Foreign Body in R. Eye
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No~~.} Fit for duty? {*Yes. / *~~No~~.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~hospital~~ / *outpatient} treatment at US PHS Relief Station Panama City, Florida {*~~hospital~~ / *office} on August 18, 1937

Donald A. Fraser
Donald A. Fraser
A.A. Surgeon, U. S. Public Health Service.

*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

U. S. COAST GUARD
RECD AUG 30 1937 By
MEDICAL SECTION.
(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
H.McG.R.

FLEMING, Harlie (103-555) B.M.1c. DIX
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*~~SPECIAL~~
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Panama City, Florida, Date July 16, 1937, 193

To: US Coast Guard Patrol Boat DIX
(Coast Guard unit)

Panama City, Florida
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Common Cold	0331 M	July 14/37	July 16/37

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

U. S. COAST GUARD
REC'D JUL 29 1937 By
MEDICAL SECTION.

NONE

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*~~Yes.~~ / *No.} Absent without permission? {*Yes. / *~~No.~~} Guilty of insubordination? {*~~Yes.~~ / *No.}

Donald S. Fraser
A.A. Surgeon *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for since 193, has been

Form 2622
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (5)
REC'D JUL 19 1937 By
FILE
McG.R.

FLEMING, Harlie (103-555) B.M.1c. DIX
(Name, surname first) (Service number) (Rank or rating) (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
~~SPECIAL~~
~~RESERVE~~
(Enlistment status)

Place Panama City, Florida, Date 14 July, 193 7

To: Medical Officer in Charge,
U.S.P.H.S. Relief Station,
Panama City, Florida.

Inclosure: Health Record.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. DIX, Panama City, Florida.

Harlie Fleming
Harlie Fleming
(Signature of patient)

A.J. Brown,
Boatswain U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Panama City, Florida, Date July 14, 1937, 193 7

I CERTIFY that I have examined the above-named person and find him suffering from

Common cold No.0331
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at US PHS Relief Station Panama City, Florida {*~~hospital~~ / *office} on July 14, 193 7

Donald S. Fraser
A.A. Surgeon U. S. Public Health Service.

*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

U. S. COAST GUARD
REC'D JUL 19 1937 By
MEDICAL SECTION

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE

FLEMING, Harlie (103-555) B.M.1c. DIX
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
~~*SPECIAL~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Key West, Florida, Date April 29, 1937

To: U.S.C.G. DIX
(Coast Guard unit)
Panama City, Florida
(Address)

U. S. COAST GUARD
REC'D MAY 4 1937 By
MED

The above-named patient was discharged from {~~*inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Caries, dental.	0255	4/14/37	4/15/37

He {*is / ~~*is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

U. S. COAST GUARD
REC'D MAY 4 1937 By
MEDICAL SECTION.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*~~Yes~~ / *No.}

E. H. Carnes, Surgeon
Medical Officer in Charge *U. S. Public Health Service.*
U.S. Marine Hospital, Key West, Fla.

mw

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
H.McG.R.

FLEMING, Harlie (103-555) B.M.1c. DIX
(Name, surname first) (Service number) (Rank or rating) (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

Place Key West, Florida, Date 14 April, 1937.

To: Medical Officer in Charge,
U.S.Marine Hospital,
Key West, Florida.

Inclosure: Health Record.

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. DIX, Panama City, Florida.

Harlie Fleming
Harlie Fleming
(Signature of patient)

A.J. Brown,
Boatswain U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S.Marine Hospital, Key West, Fla., Date April 29, 1937

I CERTIFY that I have examined the above-named person and find him suffering from

0255 Caries, dental.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / ~~*No.~~} Fit for duty? {*Yes. / ~~*No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {~~*Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {~~*Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ..... days absence from duty. He was admitted to {~~*inpatient~~ / *outpatient} treatment at U. S. Marine Hospital, Key West, Fla. {~~*hospital~~ / *office} on April 14, 1937

E. H. Carnes
E. H. Carnes, Surgeon U. S. Public Health Service.
Medical Officer in Charge
U. S. Marine Hospital, Key West, Fla.

mw

*Having been informed that I am suffering from .....
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

U. S. COAST GUARD
REC'D MAY 4 1937 By
MEDICAL SECTION.

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

COAST GUARD (7)
REC'D FEB 11 1937 By FILE

FLEMING, Harlie (103-555) ANS'D B.M.1c. DIX C.G.R.
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Panama City, Florida., Date ~~MAY~~ January 25, 1937

To: U.S.C.G. Patrol Boat DIX
(Coast Guard unit)

Panama City, Florida
(Address)

The above-named patient was discharged from ~~*inpatient~~ *outpatient treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Pharyngitis, catarrhal, acute	1351	Jan. 21/37	Jan. 25/37

He {*is ~~*is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

U.S. COAST GUARD
REC'D FEB 12 1937 By
MEDICAL SECTION.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. ~~*No.~~} Absent without permission? ~~*Yes~~ *No. Guilty of insubordination? ~~*Yes~~ *No.

Don S. Fraser
A.A. Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient *outpatient
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD (6)
REC'D JAN 28 1937 BY
ANS'D
FILE

FLEMING, Harlie (103-555) B.M.1c. DIX C.G.R.
(Name, surname first) (Service number) (Rank or rating) (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Panama City, Florida., Date 21 January., 193 7

To: Medical Officer in Charge,
U.S.P.H.S. Relief Station,
Panama City, Florida.

Inclosure: Health Record of Harlie Fleming (103-555) B.M.1c.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to U.S.C.G. DIX, Panama City, Florida.

Harlie Fleming
Harlie Fleming
(Signature of patient)

A.J. Brown,
Boatswain U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place PanamaCity, Florida, Date January 21, 193 7

I CERTIFY that I have examined the above-named person and find him suffering from

Pharyngitis, acute, catarrhal No. 1351
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at US PHS Relief Station Panama City, Florida {*hospital / *office} on January 21, 193 7

Don S. Farser
A.A. Surgeon U. S. Public Health Service.

*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

U.S. COAST GUARD
JAN 28 1937
R.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised, Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (2) FILE
REC'D SEP 14 1936 By McG.R.

FLEMING, H.	103-555	A.M.1c/	TAMPA.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Mobile, Ala., Date Sept. 8, 1936, 193

To: Commanding Officer, USCG Tampa,
(Coast Guard unit)
Mobile, Ala.
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Calculus dental	0202	Sept. 3, 1936	Sept. 3, 1936
Caries dental	0255	Sept. 3, 1936	Sept. 3, 1936

U. S. COAST GUARD
REC'D SEP 14 1936
MEDICAL SECTION.

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes, / *~~No.~~} Absent without permission? {*~~Yes~~ / *No.} Guilty of insubordination? {*~~Yes~~ / *No.}

SEP 10 1936

C. A. Doerfler
P. A. Surg. (R) U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

REG. ESTABLISHMENT U. S. COAST GUARD (6)

FOLLOW INSTRUCTIONS ON BACK

REC'D SEP 8 - 1936 BY FILE H.McG.R.

FLEMING, H. (Name, surname first) 103-555 (Service number) ANS'D B.M.1c. (Rank or rating) TAMPA (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Mobile, Alabama, Date 3 September, 1936.

U.S.C.G. TAMPA
Rec'd SEP 1936
Ans'd

To: Medical Officer in Charge,
Mobile Marine Hospital

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer,

Harlie Fleming Jr. (Signature of patient)

U.S.C.G. TAMPA, C.G., Mobile, Ala.

G. W. McKEAN, Lieutenant, U. S. Coast Guard.

3-3

RETURN MEDICAL CERTIFICATE

Place Mobile, Ala., Date Sept. 3, 1936

I CERTIFY that I have examined the above-named person and find him suffering from

0202 Calculus dental; 0255 Caries dental

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately .....days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at

Marine {*hospital / *office} on Sept. 3, 1936

SEP 4 - 1936

C.O. Dr Fount

P. A. Surg. (R) U. S. Public Health Service.

*Having been informed that I am suffering from .....
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

U. S. COAST GUARD
REC'D SEP 8 1936
MEDICAL SECTION.

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

..... U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (4)
REC'D MAR 24 1936 By
ANS.

FLEMING, Harlie (Name, surname first) | 103-555 (Service number) | B.M.1c. (Rank or rating) | Base SIX. (Unit)

FINAL MEDICAL CERTIFICATE

Place Fort Lauderdale, Fla., Date 20 March, 1936

To: Commander, Base SIX. (Coast Guard unit)

Fort Lauderdale, Fla. (Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Influenza, resp.type	0868	3-17-36	3-19-36

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

RECD MAR 24 1936 U. S. COAST GUARD MEDICAL SECTION By

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

Elliott M. Hendricks,
A.A.Surgeon, U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at (*office / *hospital) at for (Diagnosis) since , 193 , has been transferred this date , 193 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie (Name, surname first) | 103-555 (Service number) | B.M.1c. (Rank or rating) | Base SIX. (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

Place Fort Lauderdale, Fla., Date 17 March, 1936

To: Medical Officer, Base SIX.
Fort Lauderdale, Fla.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commander, Base SIX.

Harlie Fleming (Signature of patient)

J.E.Fairbank, Lieut., *U. S. Coast Guard.*

RETURN MEDICAL CERTIFICATE

Place Ft.Lauderdale, Fla., Date 17 March, 1936

I CERTIFY that I have examined the above-named person and find him suffering from

0868 Influenza, resp.type
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 4 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at Ft.Lauderdal, Fla. MEMORIAL {*hospital / *~~clinic~~} on 17 March, 1936

Elliott M. Rendtorff

A.A.Surgeon, *U. S. Public Health Service.*

U. S. COAST GUARD RECEIVED MEDICAL SECTION

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

2—433

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
A.I.Md.

FLEMING, Harlie, (Name, surname first) 103-555 (Service number) R.M.1c (Rank or rating) Base Six. (Unit)

FINAL MEDICAL CERTIFICATE

Place Memorial Hospital Ft. Lauderdale, Fla. Date 6, September, 1934

To: Commander Base Six.
(Coast Guard unit)

Fort Lauderdale, Fla.
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Dengue fever	0399	9-3-34	9-6-34

U. S. COAST GUARD
REC'D SEP 10 1934
MEDICAL SECTION.
By

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

5 days Sick Leave

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

H.J.Peavy, By Direction. U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 193 , has been
(Diagnosis)

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised-Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD FILE
REC'D SEP 10 1934 A.I. Mgt.

FLEMING, Harlie (Name, surname first) 103-555 (Service number) B.M.1c (Rank or rating) Base Six. (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

Place Fort Lauderdale, Fla., Date 3 September, 1934

To: Medical Officer in Charge

Memorial Hospital Fort Lauderdale, Fla.

U. S. COAST GUARD REC'D SEP 5 1934 MEDICAL SECTION By

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commander Base Six

Harlie Fleming (Signature of patient)

Fort Lauderdale, Fla.

J.E.Fairbank, Lieut. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Memorial Hospital Ft.Lauderdale, Fla. 3, September, 1934

I CERTIFY that I have examined the above-named person and find him suffering from

0399 Dengue Fever.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 5 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at Memorial Hospital Ft.Lauderdale, Fla. {*hospital / *~~office~~} on 3 September, 1934

H.J.Peavy By Direction, U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

U.S. COAST GUARD
REC'D NOV 17 1933

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie (103-555) B.M.1c Base Six
(Name, surname first) (Service number) (Rank or rating) (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

Place Fort Lauderdale, Fla., Date 13, November, 193 3

To: Medical Officer in Charge,

U. S. Marine Hospital, Key West, Fla.

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer
U. S. Coast Guard Base Six
Fort Lauderdale, Fla.

Harlie Fleming
(Signature of patient)

H. C. Herman
H. C. Herman, Chief Gunner, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Key West, Florida., Date November 18, 1933., 193

I CERTIFY that I have examined the above-named person and find him suffering from

1678. Tonsillitis, chronic.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 10 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U. S. Marine Hospital Key West, Florida, {*hospital / *~~office~~} on November 14, 1933., 193

R. W. Hart
R. W. Hart, Surgeon U. S. Public Health Service.

DCE:ml

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

U.S. COAST GUARD

RECD DEC 4 1933

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

ANS'D

FLEMING, HARLIE	103-555	B.M. 1c.	Base 6
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

FINAL MEDICAL CERTIFICATE

Place Key West, Florida., Date November 28, 1933., 193

To: The Commanding Officer,
U. S. Coast Guard Base 6,
Fort Lauderdale, Florida.
(Address)

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Tonsillitis, chronic,	1678	11/14/33	11/25/33

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

CE:ml

R. W. Hart, Surg. *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 193 , has been
(Diagnosis)

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

2—663

TREASURY DEPARTMENT
U. S. Coast Guard
Form 3522 —Ed. 20,000—Revised June, 1924
(2d part)

REC'D NOV 30 1928 ANS'D NOV 28 1928

FILE
W. W. K.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place U.S. Marine Hospital, Portland, Maine, Date Nov. 11, 1928, 192

U.S. COAST GUARD
MEDICAL SECTION
REC'D NOV 30 1928

To the *Officer in Charge,
*Commanding Officer,

USCTGC Ossipee, Portland, Maine
(Name and address of Coast Guard unit)

The following patient on Nov. 11, 1928, 192 , was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Harlie Fleming	Ossipee	1. Cellulitis, circumscribed, left leg; 2. Lymphadenitis, acute left inguinal region. 3. Cellulitis, acute suppurative right hand. 4. Gonorrheal urethritis, acute.	July 20, 1928

CONDUCT REPORT: Treatment for gonorrheal urethritis acute began Aug. 15, 1928 as per statement of Resident Officer attached. W. W. Wheeler Asst Surg U.S.C.G.

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? No.

Was he guilty of insubordination? No.

G. Parcher
Medical Officer in Charge. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 1:59 {a. m. / p. m.} July 2, 192 8.

Returned to duty 7:30 {a. m. / p. m.} November 12, 192 8.

H. E. RIDEOUT, Commander.
*Commanding Officer ~~*District Superintendent~~ ~~*Officer in Charge~~

NOV 28 1928
Forwarded ....., 192

H. E. RIDEOUT
*Division Commander
By direction
~~*District Superintendent~~

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 192

The following patient was this date transferred to the U. S. Marine Hospital No. .....,
....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—668

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

..... *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

73 - 701

23 October, 1928.

From: Commandant.
To: Commanding Officer, OSSIPEE (via Commander, Eastern Division).

Subject: FLEMING, Harlie, Sea.1c.; physical status.

Reference: (a) Your letter 15 October, 1928 (73).

1. Replying to reference (a), you are advised that your recommendation that subject man be discharged for physical disability is not approved at this time.

2. From the report of the board of medical survey in this case it is apparent that Fleming will be fit for duty within the near future. Upon receipt hereof it is requested that you communicate with the medical officer concerned and ascertain the probable date on which subject man will be rendered fit for resumption of duty. Upon receipt of this information you will advise Headquarters accordingly.

F. C. BILLARD.

GEO. E. WILCOX,
Chief, Personnel Section.

F.C.B.

HEADQUARTERS

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON

October 19, 1928.

MEMORANDUM FOR COMMANDER WILCOX.

Subject: Harlie Fleming, Sea. 1c, OSSIPEE.

1. With reference to the recommendation that the above-named man be discharged from the Service, apparently on account of physical disability, it appears that he has been under treatment for several successive diseases, the last of which,gonorrhea, appeared August 18th.

2. In the absence of evidence to the contrary, it is to be presumed that a case of gonorrhea having been under treatment for two months should be approaching recovery, and on this presumption it seems probable that the man can soon be returned to duty.

3. His discharge from the Service on account of this physical disability is not recommended without further evidence showing this advisability. It is suggested that inquiry be made as to the probable duration of further treatment.

W. W. KING,
Surgeon.

WWK/ah

U.S. COAST GUARD
REC'D OCT 18 1928

above named man's case as a preliminary to the determination of further action in his case, and reference (d) is the report requested. Reference (d) states that this man on August 18, 1928, developed gonorrheal urethritis acute, that this condition had improved under treatment, but that further treatment of approximately three weeks will be necessary before he can be returned to duty. On October 11, 1928, the Commanding Officer informed the Medical Officer in Charge, U.S. Marine Hospital No.16, in reference (e), that under the regulations no pay accrued to this man beginning August 18, 1928, by reason of absence from duty on account a disease the result of his own misconduct, that because no report of such disease had been made by the hospital, this man had been regularly paid up to and including September 30, 1928, the over-payment amounting to $77.40, covering the period August 18, to September 30, 1928, and asked for such comments as the medical officer in charge desired to make before the whole matter was submitted to Headquarters for action. Reference (f) contains such comments and submitted a new Form 2522, dated October 12, 1928, as of August 18, 1928, reporting the new disability of gonorrheal urethritis acute.

3. Headquarters is requested to issue instructions regarding the over-payment made to the above named man.

4. The recommendation contained in reference (d) that the above named man be discharged from the service is approved.

H.E. Rideout

H.E. RIDEOUT.

Eastern Division-73 1st indorsement Boston, Mass., 17 October 1928.

From: Commander Eastern Division.
To: Commandant.

1. Forwarded with inclosures.

H. H. Searles
By direction.

CLH/RP

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER

OSSIPEE

U. S. COAST GUARD
EASTERN DIVISION

Portland, Maine,
October 15, 1928.

REC'D OCT 17 1928

U. S COAST GUARD

REC'D OCT 18 1928

ANS.

From: Commanding Officer, OSSIPEE.
To : Commandant (via Eastern Division).

Subject: Harlie Fleming, Sea.1c.; absence from duty; veneral disease.

Reference: (a) Article 79 (2), Pay and Supply Instructions.
(b) Form 2522, Return Medical Certificate, subject man, July 20, 1928.
(c) Form 2522, Return medical certificate, subject man, October 12, 1928 (as of August 18,1928).
(d) Letter, Medical Officer in Charge, U.S. Marine Hospital No.16, of October 4, 1928.
(e) OSSIPEE letter of October 11, 1928 (73).
(f) Letter, Medical Officer in Charge, U.S. Marine Hospital No.16, of October 12, 1928.
(g) Letter, Medical Officer in Charge, U.S. Marine Hospital No.16, of August 17, 1928.

Inclosure: (1) Reference (c).
(2) Reference (d).
(3) Copy of reference (e).
(4) Reference (f).
(5) Copy of reference (g).

1. The above named man was admitted to U.S. Marine Hospital No.16, at Portland, Maine, on July 20, 1928, suffering from "cellulitis, circumscribed, left leg; lymphadenitis, acute, left inguinal region", and has remained under treatment at this hospital continnously to present date. On August 16, 1928, the day before the departure of the OSSIPEE from Portland for Boston to undergo annual repairs, the hospital authorities were informed of the vessel's intended movements and probable duration of her absence from Portland, and were requested to discharge from further treatment at the hospital in sufficient time to report on board prior to sailing time, all men whose condition warranted it. Reference (g) refers such request.

2. On or about October 2, 1928, by direction of the Commanding Officer, the executive officer requested the hospital authorities by telephone to submit a report on the

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1924

U S COAST GUARD

OCT 18 1928

FLEMING, Harlie (Name) | Sea. 1c. (Rank or rating) | OSSIPEE (Coast Guard unit)

APPLICATION TO U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Portland, Maine, Date as of October 11, 1928, August 18, 1928, 192

To Medical Officer-in-Charge.
U. S. Marine Hospital No. 16.
Portland, Maine.

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

N. M. Nelson.

N. M. Nelson, Lieutenant (jg), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant ..... Age 22 Years.

Height 5'10½" Nativity NB Color of hair brown Eyes brown

RETURN MEDICAL CERTIFICATE

Place U.S.Marine Hospital, Portland, Maine, Date as of October 12, 1928, August 18, 1928

I CERTIFY that I have examined the above-named person and find him suffering from

Gonorrheal urethritis acute
(Write plainly)

which is *~~xxx~~communicable. The disability is *not an incident of the service and is *~~not~~ due to his own vicious habits. He is *not now fit for duty. He will require approximately 60 days' *~~office~~ *hospital treatment.

*He was admitted to U.S.Marine Hosp.Portland,Maine Hospital, on July 20, 1928
(This line to be used by Public Health Service Officer only)
because of Cellulitis circumscribed,left leg; Lymphadenitis ,acute, left inguinal region. This report mailed Oct.12,1928.

Surgeon, U. S. Public Health Service

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ..... Is he able to travel now? .....

Alone? ..... How many attendants should accompany him? .....

Remarks: .....

*Strike out words not applicable

2—663

(Attending Physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

U. S. MARINE HOSPITAL No. 16
WOODFORD'S STATION

TREASURY DEPARTMENT
UNITED STATES
PUBLIC HEALTH SERVICE
PORTLAND, MAINE

October 4, 1928.

U. S. COAST GUARD
REC'D OCT 18 1928
ANS

Commanding Officer,
U. S. Coast Guard Cutter "Ossipee",
Portland, Maine.

Sir:

The following report is forwarded in the case of Harlie Fleming, Seaman 1/cl, U. S. Coast Guard Cutter "Ossipee", who has been under treatment at this hospital since July 20, 1928.

This patient was admitted to hospital with lymphadenitis acute left inguinal region. This condition was due apparently to an infected abrasion of left leg. Shortly after admission to hospital he developed an abscess of the right hand which was opened and drained. On August 18, he developed gonorrheal urethritis acute. This condition has improved under treatment, but further treatment of approximately three weeks will be necessary before he can be returned to duty. He has recovered from lymphadenitis acute inguinal region and abscess of hand, and is now being treated only for the venereal condition.

Inasmuch as this patient has been under treatment for gonorrheal urethritis since August 18 and requires still further treatment, his discharge from the service is recommended.

U. S. COAST GUARD
CUTTER OSSIPEE
RECEIVED
OCT 11 1928

Very truly yours,

G. Parcher, Surgeon,
Medical Officer in Charge.

GP:MAR

U S COAST GUARD
RECD OCT 18 1928
ANS.

Portland, Maine.
October 11, 1928.

OSSIPEE

From: Commanding Officer, OSSIPEE.
To: Medical Officer-in-Charge, U. S. Marine Hospital No. 16, Portland, Maine.

Subject: Harlie Fleming, Sea.1c., OSSIPEE; absence from duty; venereal disease.

Reference: (a) Your letter dated October 4, 1928.
(b) Form 2522, Return Medical Certificate, Subject man, July 20, 1928.

1. Your letter reference (a), received this date states that the above named man was, on August 18, 1928, found to be suffering from " gonorrheal urethritis acute ", contracted while under treatment in your hospital for the ailment of " cellulitis, circumscribed, left leg; lymphadenitis, acute, left inguinal region," for which latter disability he was admitted to the hospital on July 20, 1928.

2. Under the regulations no pay accrues in the case of a man who is absent from duty on account of a disability or disease the result of his own misconduct. It would appear that no pay accrued to the above named man beginning August 18, 1928. No prior report of this man's venereal disease having been made by you to this ship, the above named man has been regularly paid up to and including September 30, 1928. He has thus been overpaid in the sum of $77.40, covering the period August 18, to September 30, 1928, at the rate of $54.00 per month. As the result of your report, reference (a), his pay has now been stopped, and the whole case must be reported to Headquarters for its action.

3. You are requested to make such comments in the premises as you may desire, either by indorsement on this letter or by separate letter. All the papers in the case will then be forwarded to Headquarters for action.

4. You are requested to fill out the inclosed new set of Form 2522 reporting the new disability of gonorrheal urethritis acute.

H. E. Rideout.

U. S. MARINE HOSPITAL No. 16
WOODFORD'S STATION

TREASURY DEPARTMENT
UNITED STATES
PUBLIC HEALTH SERVICE
PORTLAND, MAINE

October 12, 1928.

U. S. COAST GUARD
REC'D OCT 18 1928
ANS.

Commanding Officer,
U.S.Coast Guard Cutter "Ossipee",
Portland, Maine.

Sir:

Receipt is acknowledged of your letter of October 11, 1928 relative to Harlie Fleming, Seaman 1/cl, Ossipee, who has been under treatment at this hospital since July 20, 1928.

With reference to the various disabilities that this man has been suffering since admission to this hospital, you are advised as follows:

At time of admission to hospital, July 20,1928, diagnosis was Cellulitis circumscribed, left leg; Lymphadenitis,acute, left inguinal region.
On July 23, 1928, he developed swelling, redness and pain in right hand. On July 25, 1928 incision and drainage of abscess of hypothenar eminence right hand was performed. Diagnosis, abscess right hand. Treatment was continued for both the leg and hand condition. He was sufficiently recovered from the cellulitis of leg and lymphadenitis to be discharged from hospital July 31, 1928, but condition of right hand still required hospital care.
On August 18, 1928, he developed gonorrheal urethritis acute. At this time treatment for abscess of hand was being continued. By August 31st he had recovered from the infection of the right hand but still required treatment for gonorrheal urethritis. A report of this man's having contracted gonorrheal urethritis was inadvertently not forwarded to you. At the present time he is being treated solely for gonorrheal urethritis.

Reference is made to previous correspondence in this case, viz. letter of August 17, 1928 and of October 4, 1928.

New set of Form 2522 is forwarded herewith as

requested.

U. S. COAST GUARD
CUTTER OSSIPEE
RECEIVED
OCT 15 1928

Respectfully,

G.Parcher, Surgeon,
Medical Officer in Charge.

GP:MAR

U. S. COAST GUARD
REC'D OCT 18 1928 BY
ANS

August 17, 1928.

U. S COAST GUARD

REC'D OCT 18 1928 KY

ANS

Commanding Officer,
U.S.Coast Guard Cutter "Ossipee",
Portland, Maine.

Sir:

As per your request of August 16, arrangments were made to discharge the three men from your boat, who were confined in this hospital. It appears that one of these men, Harlie Fleming, was on pass at the time these discharges were made out and could not be located in sufficient time to send to the boat before sailing. As he will require hospitalization for at least ten days, he will be held in this hospital until fully recovered, at which time transportation will be sent for him.

Respectfully,

U. S. COAST GUARD
CUTTER OSSIPEE
RECEIVED
AUG 20 1928

G.Porcher, Surgeon,
Medical Officer in Charge.
MAG

MAG:MAR

FA32-531
73

FILE
W. H.

3 February, 1937.

From: Commandant.
To: FLEMING, Harlie (103-555), B.M.1c., DIX.

Subject: Reimbursement for travel of dependent from Fort Lauderdale, Florida to Panama City, Florida.

Reference: (a) Your voucher, 11-12 September, 1936, $23.93.

Inclosure: 1. Pre-Audit Difference Statement, 28 January, 1937.

1. From inclosure one it will be seen that the General Accounting Office has returned your voucher without certification for the reason that, the transfer being authorized without expense to the Government, there is no authority for payment of transportation of dependent within sixty days when change is requested by the enlisted man.

2. By letter of Commanding Officer, BASE SIX, 13 July, 1936 (73-701-531), you were granted permanent change of station from Fort Lauderdale, Florida to Mobile, Alabama. Not having availed yourself of the transportation of your dependent to Mobile, Alabama, you are not entitled to reimbursement for transportation to Panama City, Florida, as this travel was authorized without expense to the Government and at your own request.

W. H. WEBB,
By direction.

city 531 Harlie Fleming

JR-73
701

RED

1 September, 1936.

From: Commandant.
To: Officer in Charge, McLANE.

Subject: HARTSON, Floyd L. (104-641), B.M.1c.; mutual transfer of.

Reference: (a) Subject man's request, 24 August, 1936, with indorsements thereon (73).

1. You are authorized to transfer subject man to the TAMPA, directing him to proceed to Mobile, Alabama, and report to the commanding officer of the unit indicated for assignment to duty in mutual exchange with Harlie Fleming (103-555), boatswain's mate, first class, provided such transfer is effected without expense to the Government.

By direction.

CHAS. W. DEAN,
Acting Chief, Enlisted Personnel Section.

Copy to:
TAMPA.

RED

U. S. COAST GUARD
REC'D AUG 26 1936 By
ANS'D

PR-73
701

73 - McLANE

Third Indorsement

1 September, 1936.
Panama City, Florida,
24 August, 1936.

From: HARTSON, Floyd L. (104-641) B.M.1c.
To: Commandant. (Via Officer in Charge, McLANE and Commander, Jacksonville Division).

From: Commandant.
To: Commanding Officer, TAMPA.

Subject: FLEMING, Harlie (103-555), B.M.1c.; mutual transfer of.

Reference: (a) Subject man's request, 20 August, 1936, with indorsements thereon (73).

1. You are authorized to transfer subject man to the McLANE, directing him to proceed to Panama City, Florida, and report to the officer in charge of the unit indicated for assignment to duty in mutual exchange with Floyd L. Hartson (104-641), boatswain's mate, first class, provided such transfer is effected without expense to the Government.

Floyd L. Hartson.
Floyd L. Hartson

By direction.

McLANE - 73

Fourth Indorsement

Panama City, Florida,
24 August, 1936.

From: Officer in Charge, McLANE.
To: Commandant. (Via Commander, Jacksonville Division).

CHAS. W. DEAN,
Acting Chief, Enlisted Personnel Section.

Copy to:
McLANE.

Forwarded, approved.

2. The average quarterly marks of Hartson during his current enlistment are as follows: Proficiency in rating 3.49; Conduct 4.0; Sobriety 4.0; Ability as leader of men 3.36, and Health 3.95.

MAIL DESK
SEP 1 - 1936

B. J. Brown
B. J. Brown

73-701 JACKSONVILLE DIVISION

5th Indorsement

Jacksonville, Florida,
25 August 1936.

MAIL DESK

1. Forwarded, approved.

C. H. [illegible],
By direction.

U. S. COAST GUARD
Jacksonville Division
25 AUG 1936
RECEIVED
Jacksonville, Florida

73

U. S. COAST GUARD
REC'D AUG 26 1936 By
ANS'D

McLANE — Third Indorsement — Panama City, Florida, 24 August, 1936.

From: HARTSON, Floyd L. (104-641) B.M.1c.
To: Commandant. (Via Officer in Charge, McLANE and Commander, Jacksonville Division).

Subject: FLEMING, Harlie (103-555) B.M.1c.; request for transfer; mutual exchange of stations.

1. Transfer in mutual exchange with Harlie Fleming (103-555) B.M.1c. TAMPA, is hereby requested as I desire to be stationed near my relatives at the present time, and also desire duty onboard a Coast Guard cutter.

2. It is understood that if this transfer is effected that no expense incident thereto will be borne by the Government.

Floyd L. Hartson.
Floyd L. Hartson

McLANE - 73 — Fourth Indorsement — Panama City, Florida, 24 August, 1936.

U.S. COAST GUARD
Jacksonville Division
25 AUG1936
RECEIVED
Jacksonville, Florida

From: Officer in Charge, McLANE.
To: Commandant. (Via Commander, Jacksonville Division).

1. Forwarded, approved.

2. The average quarterly marks of Hartson during his current enlistment are as follows: Proficiency in rating 3.49; Conduct 4.0; Sobriety 4.0; Ability as leader of men 3.36, and Health 3.95.

A. J. Brown
A. J. Brown

73-701 JACKSONVILLE DIVISION — 5th Indorsement — Jacksonville, Florida, 25 August 1936.

1. Forwarded, approved.

C. H. DENCH,
By direction.

Ok and so ordered

U. S. COAST GUARD (7)
REC'D AUG 26 1936 By
ANS'D

73

COAST GUARD CUTTER

TAMPA

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PATROL BOAT McLANE
AUG 23 1936
RECEIVED

Mobile, Alabama,
20 August, 1936.

From:
To: FLEMING, Harlie (103-555) B.M.1c.
Commandant, (via Commanding Officer, TAMPA, Commander, New Orleans Division, Officer In Charge McLane, and Commander, Jacksonville Division).

Subject: Mutual transfer; request for.

1. It is requested that I be transferred to duty on the McLANE in exchange with Floyd L. Hartson (104-641) B.M.1c who has signified his intention of making this mutual exchange of duties.

2. My reason for this request is the fact that my wife is in Florida and circumstances make it impossible for her to come to Mobile.

3. I have no outstanding indebtedness which cannot be liquidated in the event that I am transferred.

4. It is understood that any expense incident to this transfer if approved will be borne by me.

Harlie Fleming.
Harlie Fleming.

TAMPA-73 First Indorsement Mobile, Alabama,
20 August, 1936.

1. Forwarded, approved. Fleming's marks for the last quarter are: Proficiency in rating, 3.5; Conduct, 4.0; Sobriety, 4.0; Ability as leader of men, 3.5; Health, 4.0.

F.J. Birkett
F.J. BIRKETT.

73-701 - NEW ORLEANS DIVISION 2nd Indorsement Mobile, Alabama,
20 August, 1936.

1. Forwarded, approved.

F. P. Vetterick
F. P. VETTERICK,
By direction.

RED

FR-73
701

1 September, 1936.

From: Commandant.
To: Commanding Officer, TAMPA.

Subject: FLEMING, Marlie (103-586), B.M.1c.; mutual transfer of.

Reference: (a) Subject man's request, 20 August, 1936, with indorsements thereon (73).

1. You are authorized to transfer subject man to the McLANE, directing him to proceed to Panama City, Florida, and report to the officer in charge of the unit indicated for assignment to duty in mutual exchange with Floyd L. Hartson (104-64) boatswain's mate, first class, provided such transfer is effected without expense to the Government.

By direction.

CHAS. W. DEAN,
Acting Chief, Enlisted Personnel Section.

Copy to:
McLANE.

73-701-531

U. S. COAST GUARD (6)
REC'D JUL 15 1936 By
ANS'D

73

ref

FILE
M. H. Q.

BASE SIX

Fort Lauderdale, Florida,
13 July, 1936.

From: Commanding Officer, Base Six.
To : FLEMING, Harlie (103-555) B.M.1c.

Subject: Orders; transfer.

Reference: (a) Jacksonville Division dispatch 7010 1625, July, 1936.
(b) Jacksonville Division dispatch 7010 2113, July, 1936.

1. In accordance with instructions contained in reference (a) you will proceed to Mobile, Alabama, and upon arrival there report to the Commanding Officer, TAMPA for assignment to duty.

2. This order constitutes a permanent change of station for you from Fort Lauderdale, Florida, to Mobile, Alabama.

3. Under authority contained in reference (b) you are hereby granted three (3) days leave of absence enroute from Fort Lauderdale, Fla. to Mobile, Ala. upon the expiration of which you will carry out instructions contained in paragraph 1 above. Your leave, together with one day train travel time, will expire at Mobile, Ala. at Noon, 18 July, 1936.

4. Transportation via privately owned conveyance in lieu of transportation via Service craft is authorized, at your own expense, by reference (b).

5. No travel at Government expense is indicated to the execution of this order and none is authorized.

6. Transportation of dependents under this permanent change of station order is authorized, chargeable against Headquarters travel allotment symbol 72. This transportation is subject to routine request for specific authority from Headquarters.

N. H. LESLIE.

USCG BASE SIX
73-701-531

First Indorsement

Fort Lauderdale, Fla.,
13 July, 1936.

1. Departed this unit at 1115 this date.

N. H. LESLIE.

Hdq

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

Noted
N.L.

U. S. COAST GUARD
REC'D JAN 23 1936 By
ANS'D

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

USCG. BASE SIX (Unit) — Fort Lauderdale, Florida. (Place)

17 January, 1936. (Date)

FROM: FLEMING, Harlie (103-555) B.M.1c.

TO: COMMANDANT (via Commander, Base SIX.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	311 N.E.4th Court, Ft. Lauderdale, Fla. (Address of wife)
None (Full name of child; if none, so state)	(Address of child)
None (Full name of child; if none, so state)	(Address of child)
None (Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve Fleming (Full name of relative)	Father (Relationship)	286 Moore St., Greenville, S.C. (Address of relative)

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

No others (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY: P. M. Pedersen
P. M. PEDERSEN

SIGNED: Harlie Fleming
HARLIE FLEMING

Rank Chief Boatswain, USCG. *Rating* Boatswain's Mate 1st class

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1933

HEADQUARTERS

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO.

TREASURY DEPARTMENT

P-73

UNITED STATES COAST GUARD

WASHINGTON

18 February, 1935.

RECD FEB 20 1935

U. S. COAST GUARD
REC'D FEB 26 1935 By
ANS'D

From: Commandant.
To : Commander, Base Six.

Subject: FLEMING, Harlie (103-555) B.M.1c.; good conduct medal.

Reference: (a) Your letter, 10 December, 1934, (73).

1. Replying to reference (a), a good conduct medal is forwarded herewith for delivery to subject man. The award of this medal will be noted in subject's current service record and if practicable, the medal will be delivered at general muster. Acknowledge receipt of the medal on this letter.

By direction.

J. A. ALGER,
Chief, Personnel Section.

BASE SIX - 73 First Indorsement Fort Lauderdale, Florida, 21 February, 1935.

From: Commander, Base Six.
To : Commandant.

1. Receipt of good conduct medal for delivery to Harlie Fleming (103-555) B.M.1c., is hereby acknowledged.

F.A. NICHOLS.

18 February, 1935.

From:
To : Commandant.
Commander, Base Sig.

Subject: FLEMING, Harlie (105-555) B.M.1c.; good conduct medal.

Reference: (a) Your letter, 10 December, 1934, (73).

1. Replying to reference (a), a good conduct medal is forwarded herewith for delivery to subject man. The award of this medal will be noted in subject's current service record and if practicable, the medal will be delivered at general muster. Acknowledge receipt of the medal on this letter.

By direction:

J. A. ALGER,
Chief, Personnel Section.

73

COAST GUARD SECTION BASE
SIX

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Fort Lauderdale, Florida,
10 December, 1934.

U. S. COAST GUARD
REC'D DEC 13 1934 By
ATL...

From: Commander, Base Six.
To : Commandant. (Via Commander, Jacksonville Division).

Subject: FLEMING, Harlie (103-555) B.M.1c.; Good Conduct Medal; recommendation for.

Reference: (a) Continuous Service Certificate No. 1509.
(b) Article 5162, Personnel Instructions.

1. Inasmuch as subject man has fulfilled the requirements of reference (b), it is recommended that he be awarded a Good Conduct Medal.

2. Reference (a) shows that subject man received a mark of 4.0 in conduct for the entire periods of service listed below:

Reenlisted 6-19-30	Discharged 6-18-31
Reenlisted 6-19-31	Discharged 6-20-32
Reenlisted 6-21-32	Discharged 6-20-34
Reenlisted 6-21-34	Now serving.

F. A. NICHOLS.

---

73 JACKSONVILLE DIVISION 1st Indorsement. Jacksonville, Fla., 12 December, 1934.

1. Forwarded.

C. H. BENCH,
Acting.

6-19-28-04 3.66
6
6-19-30-1-4
6-19-31-1-4
6-21-32-2-4
4
6-21-34-3

6/20/34
Base Set
June 20, 1934

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

AHS'D

BASE SIX (Unit) Fort Lauderdale, Florida (Place)

21 June, 1934. (Date)

FROM: FLEMING, Harlie (103-555) B.M.1c.

TO: COMMANDANT (via Commander, Base Six)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

NONE (Full name of wife; if not married, so state)	(Address of wife)
NONE (Full name of child; if none, so state)	(Address of child)
NONE (Full name of child; if none, so state)	(Address of child)
NONE (Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve Fleming (Full name of relative)	Father (Relationship)	286 Moore Street, Greenville, South Carolina. (Address of relative)

Potential (State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

Ollie Caryon Fleming (Full name of relative)	Sister (Relationship)	286 Moore Street, Greenville, South Carolina. (Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY: J.E. FAIRBANK, *Rank* LIEUTENANT, USCG.

SIGNED: Harlie Fleming
HARLIE FLEMING, *Rank or Rating* B.M.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1935

73.
531.

Accounting Copy. 73

Mileage $4.48

Subsistence $3.00

SIX

Fort Lauderdale, Florida,
13 November, 1933.

U.S. COAST GUARD
REC'D NOV 17 1933
ANS'D

From: Commander, Base Six.
To : Harlie FLEMING (103-555) B.M.1c.

Subject: Orders; travel, hospitalization.

1. You are directed to proceed to Key West, Florida, and upon your arrival at that place report to the Medical Officer in Charge, U.S. Marine Hospital, for medical treatment.

2. Upon completion of this treatment and when released from further hospitalization of the medical officer in charge return to Base Six for resumption of your regular duty.

3. Transportation requests Nos.T-859-961 and 2 are furnished you herewith for transportation from Fort Lauderdale to Miami, Florida, and from Miami, Fla. to Key West, Florida, respectively.

4. The travel necessary to the execution of this order is chargeable to Jacksonville Division travel allotment, Symbol No.62.

5. Obtain indorsements from the Marine Hospital for time of your arrival there, departure from, and cost of return transportation.

W. J. AUSTERMANN.

73-531. 1st Indorsement. Fort Lauderdale, Florida,
Base Six. 13 November, 1933.

1. Departed Base Six at 5:00 p.m. this date.

W. J. AUSTERMANN.

By.

FLEMING, Harlie BM2c

ST-22

16 February, 1933

From: Commandant.
To: Lieutenant H. J. Austermann, Commander, Base Six.

Subject: Commendation - assistance rendered gas yacht PRISCILLA III.

Reference: (a) Report of Assistance No. 41-S, dated 21 January, 1933.

1. Headquarters has noted the above reference with much interest, and is gratified at the splendid service rendered by the Officer in Charge and the crew of the CG-220, in rescuing two persons, and after heroic efforts, in extinguishing the fire on board the PRISCILLA III. I take pleasure in commending each person that participated in this arduous duty.

2. A copy of this letter will be filed with the official records of the Officer in Charge of the CG-220 and the enlisted men whose names are mentioned in Reference (a).

H. G. [illegible] U.S.C.G.

701.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

File open 13

COAST GUARD SECTION BASE

SIX

Fort Lauderdale, Florida,
15 November, 1932.

U. S. COAST GUARD
R. C'D NOV 21 1932
ANS'D

From: Commander, Section Base Six.
To : Commandant, (via Florida East Coast Patrol Area).

Subject: Certification of competency.

Reference: (a) Headquarters' letter, 3 October, 1930 (701).

1. The below named man, now assigned to the CG-220. was examined relative to his competency to take charge of a watch under way on board such vessel. He was found to be fully qualified and I certify that he is competent.

FLEMING, Harlie (103-555), B.M.2c.

W.J. AUSTERMANN.

v.

701
F.E.C.P.A.

1st Indorsement

Fort Lauderdale, Florida,
18 November, 1932.

1. Forwarded.

C.F. HOWELL.

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

FILED S. A. S.

COAST GUARD SECTION BASE

SIX

Fort Lauderdale, Florida,

19 September, 1932.

U.S. COAST GUARD
REC'D SEP 28 1932
ANS'D

From: Harlie Fleming (103-555) B.M.2c.
To : Commandant, (via Section Base Six and Florida East Coast Patrol Area).

Subject: Continuous Service Certificate.

Reference: (a) Personnel Section Bulletin Number 4-32.
(b) Continuous Service Certificate Number 1509.

1. Receipt of reference (b) is hereby acknowledged.

Harlie Fleming
Harlie Fleming.

73
SECTION BASE SIX.

1st Indorsement.

Fort Lauderdale, Florida,
19 September, 1932.

1. Forwarded.

W. J. AUSTERMANN.

73
F.E.C.P.A.

2nd Indorsement

Fort Lauderdale, Fla.,
21 September, 1932.

1. Forwarded.

C. F. HOWELL.

PR-73

15 September, 1932.

From: Commandant.
To : Commander, Base Six, Ft. Lauderdale, Fla., (via Commander, East Coast Patrol Area).

Subject: FLEMING, Harlie, (103-555), B.M.2c.
Continuous Service Certificate.

Reference: (a) Personnel Section Bulletin 4-32.

Inclosure: (1) Honorable Discharge No. A29885.
(2) Continuous Service Certificate No. 1509.

1. Deliver Inclosure (1) to the subject-named man.

2. Inclosure (2) will be handled in accordance with instructions contained in reference (a).

By direction,
F. C. BILLARD.

W. B. SCHEIBEL,
Assistant Chief, Personnel Section.

73

COAST GUARD SECTION BASE
SIX

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Fort Lauderdale, Florida,
21 June, 1932.

U. S. COAST GUARD
R.C'D JUN 27 1932
ANS'D

From: Harlie FLEMING (103-555), B.M.2c.
To : Commandant, (via Commander, Section Base Six and Florida East Coast Patrol Area).

Subject: Continuous Service Certificate; request for.

Reference: (a) Headquarters' letter, 10 December, 1931. (701).

Inclosure: (1) Honorable discharge No.A-29885.

1. It is requested that I be issued a Continuous Service Certificate.

Harlie Fleming
HARLIE FLEMING.

73
SECTION BASE SIX.

1st Indorsement.

Fort Lauderdale, Florida,
21 June, 1932.

1. Forwarded, approved. The above named man has served continuously, under honorable conditions, for three years, and has reenlisted within three months of his last discharge

W. J. Austermann
W.J. AUSTERMANN.

V.

73
F.L.C.P.A.

2nd Indorsement

Fort Lauderdale, Fla.,
24 June, 1932.

1. Forwarded.

C. A. Howell
C. A. HOWELL.

PA3-73-822.

8 August, 1932.

General Accounting Office,
Claims Division,
Washington, D.C.

Sirs:

Receipt of your letters of June 28 (Serv-0247265-EWM), July 28 (Serv-0383016-EWM) and July 30 (Serv-0383044-EWM), 1932, relative to the following claims, is acknowledged.

NAME	RATING	PERIOD OF CLAIM
MILLER, Huber	Mo.M.M.2c	May 1 to June 30, 1931
TUCKER, Russell S.	Mo.M.M.2c	April 13 to August 31, 1931.
KIRK, Albert M.	E.C.3c.	April 13 to Sept. 1, 1931.
HATHAWAY, Robert H.	F.1c.	April 13, to Sept. 1, 1931.
HUTTO, William C.	C.M.2c.	May 4 to August 31, 1931.
STEPHENS, John D.	Sea.1c.	April 13, to Sept. 1. 1931.
JACKSON, Charles L.	S.C.2c.	July 1, to Sept. 1. 1931.
SHIELDS, William F.	Sea.1c.	August 17 to Sept.1, 1931.
WACHOB, Walter B.	Mo.M.M.2c.	June 1, to Sept.1, 1931.
BURNETT, Roy L.	Mo.M.M.2c.	April 27 to August 31, 1931.
STEWARD, Chas D.	C.B.M.	April 13 to August 31, 1931.
STRICKLAND, Wilbur H.	Q.M.3c.	April 13 to Sept. 1, 1931.
MICHOT, Spaulding E.	Mo.M.M.2c.	April 13 to Sept. 1, 1931.
STEWART, Alexander P.	C.C.M.	April 13 to August 31, 1931.
FLEMING, Harlie	B.M.2c.	May 14 to August 15, 1931.
ALLEN, Claude E.	Y.3c.	May 1, to Sept. 1, 1931.

In reply thereto, you are advised that it was necessary for Coast Guard Headquarters to communicate with the Commander, Coast Guard Section Base 6 in connection with this matter. A copy of the reply of the Commander, Coast Guard Section Base 6, is forwarded for your information.

In connection with your request for information relative to the availability of quarters, it is has been determined that a condemned building was available for occupancy but as no sleeping equipment was in the building, quarters were not occupied by any of the enlisted personnel at the base. Replies to the other questions contained in your letter are covered in the letter of the Commander, Coast Guard Section Base 6, 7 July, 1932.

By direction of the Commandant.

Respectfully,

W. H. WEBB,

73-521

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

FILE
L.S.

COAST GUARD SECTION BASE

SIX

Fort Lauderdale, Florida,
1 July, 1932.

U. S. COAST GUARD
REC'D JUL 8 - 1932 By

$3.75 — Dr. Audy 23496 7/11/32

From: Commander, Section Base Six.
To: Commandant (via Florida East Coast Patrol Area).

Subject: FLEMING, Harlie (103-555), B.M.2c; Debit Adjustment, request for.

Reference: (a) Voucher, Harlie Fleming, period 1-20 June, 1932, $87.80.

1. Subject named man was honorably discharged 20 June, 1932, and was over paid $3.75 quarters allowance on reference (a). He was carried on reference (a) at the rate of 75¢ per diem, in the sum of $15.00, for the period 1-20 June, 1932, inclusive; whereas, he should have been carried at the rate of 75¢ per diem for the period 1-15 June, 1932, inclusive, having been transferred from Base Proper to Base Six at 9:00 a.m., 16 June, 1932.

2. Reference (a) was settled by Special Disbursing Agent, Thos. D. Gibson, (18-192), 21 June, 1932, Voucher No. 707, Check No. 14444.

3. A debit adjustment for $3.75 is requested.

W. J. Austermann

g W. J. AUSTERMANN.

73-521
F.E.C.P.AREA

1st Indorsement

Ft. Lauderdale, Fla.,
5 July, 1932

1. Forwarded.

C. F. Howell

C. F. HOWELL,

73-521

SIX

Fort Lauderdale, Florida,
1 July, 1932.

U. S. COAST GUARD
REC'D JUL 8 - 1932 By

From: Commander, Section Base Six.
To: Commandant (via Florida East Coast Patrol Area).

Subject: FLEMING, Harlie (103-555), B.M.2c; Debit Adjustment, request for.

Reference: (a) Voucher, Harlie Fleming, period 1-20 June, 1932, $87.80.

1. Subject named man was honorably discharged 20 June, 1932, and was over paid $3.75 quarters allowance on reference (a). He was carried on reference (a) at the rate of 75¢ per diem, in the sum of $15.00, for the period 1-20 June, 1932, inclusive; whereas, he should have been carried at the rate of 75¢ per diem for the period 1-15 June, 1932, inclusive, having been transferred from Base Proper to Base Six at 9:00 a.m., 16 June, 1932.

2. Reference (a) was settled by Special Disbursing Agent, Thos. D. Gibson, (18-192), 21 June, 1932, Voucher No. 707, Check No. 14444.

3. A debit adjustment for $3.75 is requested.

E

W. J. AUSTERMANN.

73-521
F.E.C.P.AREA

1st Indorsement

Ft. Lauderdale, Fla.,
5 July, 1932

1. Forwarded.

C. F. HOWELL,

PA20-73

FILE
L.S

2 July, 1952.

From: Commandant.

To: Commander, Section Base 6 (via Florida East Coast Patrol Area).

Subject: FLEMING, Harlie (103-555) B.M.2c.; enlistment allowance.

References: (a) Article 35(1), Amendment 49, Pay and Supply Instructions.

(b) Statement of service.

Inclosure: 1. Reference (b)

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 50.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

MF

W. H. WEBB,
By direction

MEMORANDUM TO PAY & ALLOTMENT SECTION

Name FLEMING, Barlie (103-555) Date 30 June, 1932.

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Re-enl.	6-19-31	Reg.	one	B.M.2c.	Base 6.

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
None			

ENLISTMENT EXTENDED

Days	Reason
2	Adj. of accounts.

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	6-20-32	Base 6	B.M.2c.	1	0	2

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
6-21-32	Reg.	two	B.M.2c.	Base 6.

C.P.N.P.

S. R. MORGAN
In charge of Personnel Records Section.

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

SECTION BASE SIX, U.S.C.G. (Unit.) Fort Lauderdale, Florida (Place.)

21 June, 1932. (Date.)

FROM: Harlie FLEMING (103-555), B.M.2c.

To: COMMANDANT (via Section Base Six and Florida East Coast Patrol Area).

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

None. (Full name of wife; if not married, so state.)	— (Address of wife.)
None (Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve FLEMING (Full name of relative.)	Father (Relationship.)	286 Morre Street, Greenville, South Carolina. (Address of relative.)

Potential (State briefly wherein dependency exists.)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

Ollie Caryon FLEMING (Full name of relative.)	Sister (Relationship.)	286 Morre Street, Greenville, South Carolina (Address of relative.)

Potential (State briefly wherein dependency exists.)

WITNESSED BY: J.A. Kerbins

J.A. KERBINS,

Rank, Lieutenant, U.S.C.G.

SIGNED: Harlie Fleming

HARLIE FLEMING

Rank or rating, B.M.2c., U.S.C.G.

2—10348

U. S. GOVERNMENT PRINTING OFFICE: 1930

PA20-73

FILE
L S

2 July, 1931.

From: Commandant.

To: Commander, Section Base 6 (via Florida East Coast Patrol Area).

Subject: FLEMING, Harlie (103-555) B.M.2c.; enlistment allowance.

References: (a) Your letter, 19 June, 1931 (73), bearing indorsement of Commander, Florida East Coast Patrol Area, 19 June, 1931 (73).
(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 50.00 if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

W. H. WEBB,
By direction

R. P.

ST GUARD SECTION BASE

SIX

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Fort Lauderdale, Florida.

19 June, 1931

U. S. COAST GUARD
REC'D JUN 25 1931
ANS'D 7/2/31

From: Commander, Section Base Six.
To : Commandant. (via Commander, Florida East Coast Patrol Area).

Subject: FLEMING, Harlie (103-555) BM2c., Enlistment allowance, statement of service; request for.

Reference: (a) Article 35(1), Pay and Supply Instructions.

1. It is requested that this unit be furnished a statement of service in the case of the subject named man for the purpose of determining whether he is entitled to the enlistment allowance as prescribed by reference (a).

2. The service record of the subject man shows the following:

Re-enlisted 19 June, 1930, at SECTION BASE 6, Ft.Lauderdale, for a period of (1) yr., in the rating of coxswain. (REGULAR)

Honorably discharged 18 June, 1931, at SECTION BASE 6, Ft.Lauderdale, in the rating of boatswain's mate, second class.
Re-enlisted 19 June, 1931, at SECTION BASE 6, Ft. Lauderdale, for a period of (1) yr., in the rating of boatswain's mate, second class. (REGULAR)

H. W. Stinchcomb
H. W. STINCHCOMB.

73
F.E.C.P.A.

1st. Indorsement. Fort Lauderdale, Florida.
19 JUNE, 1931

1, Forwarded.

C. F. Howell
C. F. HOWELL.

$50.00 Pay

STATEMENT REQUESTED 6/26/31

MEMORANDUM TO PAY AND ALLOWANCES SECTION

Name FLEMING, Harlie (103 555) Date 6-30-31

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Reenl.	6-19-30	Reg.	One	Coxswain	Base Six.

ABSENCE NOT CREDITABLE				ENLISTMENT EXTENDED	
From	To	No. of days	Reason	Days	Reason
None					

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	6-18-31	Base Six.	B.M.2c.	1	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
6-19-31	Reg.	One	B.M.2c.	Base Six.

S. R. MORGAN
In charge of Personnel Records Section.

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

FILE F. F.

SECTION BASE SIX (Unit.) Fort Lauderdale, Florida. (Place.)

19 June, 1931. (Date.)

FROM: FLEMING, Harlie (103-555) B.M.2c.

TO: COMMANDANT (via Commander, Section Base Six.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

NOT MARRIED (Full name of wife; if not married, so state.) (Address of wife.)

NONE (Full name of child; if none, so state.) (Address of child.)

NONE (Full name of child; if none, so state.) (Address of child.)

NONE (Full name of child; if none, so state.) (Address of child.)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mollie W. Fleming (Full name of relative.) (mother) (Relationship.) 286 Moore St., Greenville, S. C. (Address of relative.)

NOT DEPENDANT. (State briefly wherein dependency exists.)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

Steave C. Fleming (Full name of relative.) (father) (Relationship.) 286 Moore St., Greenville, S. C. (Address of relative.)

NOT DEPENDANT. (State briefly wherein dependency exists.)

9-3441

WITNESSED BY: H. W. Stinchcomb
H. W. STINCHCOMB,
Rank, LIEUTENANT, USCG.

SIGNED: Harlie Fleming
HARLIE FLEMING,
Rank or rating, BM2c. USCG.

2—10348

U. S. GOVERNMENT PRINTING OFFICE: 1930

COPY.

00-601-73

73-701 2nd Indorsement. Fort Lauderdale, Florida, 10 March, 1931.

25 March, 1931.

From: Commander, Florida East Coast Patrol Area.
To : Commandant (via Captain C.F. Howell).

Subject: FLEMING, Harlie (103-555), B.M.2c; transfer; request for.

From: Commandant.
To: Commander, Section Base Six, Fort Lauderdale, Florida (via Commander, Florida East Coast Patrol Area).

Subject: Applications of certain enlisted men for transfer to Norfolk Division.

1. This office has received applications for transfer to the Norfolk Division from the following enlisted men of your command:

73-701
NORFOLK DIVISION

From:
To :

1.

CLEMONS, Ralph W. (102-100) C.Mo.M.M.(a).,
MILLER, Huber (107-351) Mo.M.M.1c.,
TAYLOR, Robert F. (110-192) Mo.M.M.1c.,
MESKA, Arthur R. (107-211) E.M.1c.,
HUTCHISON, George M. (105-204) S.K.1c.,
FLEMING, Harlie (103-555) B.M.2c.,
MURPHY, Louis E. (107-688) Mo.M.M.2c.,
MICHOT, Spaulding E. (107-243) Mo.M.M.2c.,
COLE, Henry I. (102-165) Mo.M.M.2c.,
FLOWERS, Jack A. (103-571) Mo.M.M.2c.,
BURNETT, Roy L. (101-536) Mo.M.M.2c.,
OVERSTREET, Edward P. (108-050) Mo.M.M.2c.,
TUCKER, Russel S. (110-437) Mo.M.M.2c.,
JACKSON, Charles L. (105-257) S.C.2c.,
MATTHEWS, James H. (106-863) Q.M.3c.,
STRICKLAND, Wilbur H. (110-015) Q.M.3c.,
EKE, Edward T. (106-247) C.M.3c.,
BURNETT, Harold R. (101-535) Sea. 1c.,
SELF, Lawrence R. (109-363) Sea.1c.,
HATHAWAY, Robert H. (216-000) F. 1c.,

Norfolk, Virginia., 19 March, 1931.

C. F. HOWELL.

2. In each instance the request is made because the applicant is a member of the All-Coast Guard Baseball Team and understands that this Team may organize at Norfolk, Virginia. Inform each of these men that there is no present intention on the part of Headquarters to organize an All-Coast Guard Baseball Team at Norfolk, Virginia. The administration of the base ball team now at Section Base Six will, of course, be subject to the policy of the Commander, Florida East Coast Patrol Area.

F. C. BILLARD.

U. S. COAST GUARD
REC'D MAR 19 1931 8

73

2nd Indorsement. Fort Lauderdale, Florida,
10 March, 1931.

From: Commander, Florida East Coast Patrol Area.
To : Commandant (via Captain C.F. Howell).

Subject: FLEMING, Harlie (103-555), B.M.2c; transfer; request for.

1. In view of the short time which I expect to remain in command of this area basic communication is forwarded for comment by my prospective relief and is approved subjec to his approval.

R.L. JACK

73-701
NORFOLK DIVISION.

3rd Indorsement. Norfolk, Virginia.,
19 March, 1931.

From: Commander, C. F. HOWELL.
To : Commandant.

1. I pass.

C. F. HOWELL.

COAST GUARD SECTION BASE

SIX

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Fort Lauderdale, Florida,
9 March, 1931.

U. S. COAST GUARD
REC'D MAR 19 1931
ANS.

From: FLEMING, Harlie (103-555), B.M.2c.,
To : Commandant.(via Commander, Section Base Six, and Commander, Florida East Coast Patrol Area).

Subject: Transfer; request for.

1. It is requested that I be transferred to Norfolk Division, or Section Base Eight, Norfolk, Virginia.

2. This request is made because I am a member of the "All Coast Guard" baseball team, and I understand that this team may organize at Norfolk, Virginia.

3. It is understood that if this request is granted that I agree to pay all expenses incident to the travel thereto.

Harlie Fleming.

73-701 BASE SIX 1st Indorsement Fort Lauderdale, Florida,
9 March, 1931.

From: Commander, Section Base Six,
To : Commandant.(via Commander, Florida East Coast Patrol Area).

1. Forwarded approved, provided a suitable relief is furnished. This man is a valuable asset to the baseball team. Fleming's marks for last quarter were: proficiency in rating 3.5; conduct 4.0; ability as leader of men 3.0.

T. S. KLINGER.

6-23-30 73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE

Base Six

FILE
L.S.

Fort Lauderdale, Florida.,
20 June, 1930.

JUN 23 30

U. S. COAST GUARD
REC'D
JUN 23 1930
NS'D 7/29/30 BY

From: Commander, Section Base Six.
To : Commandant. (via Commander, Florida East Coast Patrol Area).

Subject: Cox., Harlie Fleming; record of service.

1. It is requested that a record of service in the case of the above named man be furnished this Base in order that enlistment allowance may be paid.

2. From information on this mans' discharge he enlisted in the Coast Guard on 19 June, 1928 at Recruiting Station, Atlanta, Georgia as a Seaman first class and was Honorably discharged at Section Base Six Fort Lauderdale, Florida as Coxswain on 18 June, 1930. He re-enlisted in the Coast Guard at Section Base Six, Fort Lauderdale, Florida on 19 June, 1930 as Coxswain.

T. S. KLINGER.

73-F.E.C.P.A. 1st Indorsement Fort Lauderdale, Fla.,
20 June, 1930.

1. Forwarded.

T. S. KLINGER,
By direction.

TREASURY DEPARTMENT
U. S. COAST GUARD
FORM NO. 8556

PH-75-701

REPORT OF EXAMINATION (ENLISTED PERSONNEL)

Ship or Station 24 October, 1930.

Place Fort Lauderdale, Fla.

From: Commandant.
To: Commander, Section Base Six, Fort Lauderdale, Fla.
(via Florida East Coast Patrol Area)

FLEMING, Harlie

Subject: FLEMING, Harlie (103-555) B.M.2c. - vaccination and inoculation.

Reference: (a) Headquarters letter, dated 28 June, 1930.

1. Attention is invited to reference (a), to which no reply has been received. It is requested that the instructions contained in reference (a) be complied with at the earliest possible date.

F. C. BILLARD

SUBJECT	MARKS	SUBJECT	MARKS
Art. 361, (a) to (k)	2.7	C. H. JONES, Assistant Chief, Personnel Section.	
Art. 373, (1)----------(a)	2.6		
(b)	2.5		
(c)	2.7		
(d)	2.8		
(e)	2.8		
(f)	2.6		
(g)	2.9		
(h)	2.9		

Average Marks 2.72

Approved 1 August, 1930
(Date)

R. E. [illegible] Lieutenant (jg), USCG
(Signature and Rank of Member)

L. H. Lines, Gunner, USCG
(Signature and Rank of Member)

T. S. Kinkaid, Lieutenant Commander (E)
(Signature and Rank of Commanding Officer)

TREASURY DEPARTMENT
U. S. COAST GUARD
FORM NO. 9555

U. S. COAST GUARD
REC'D AUG 11 1930
NS'D BY

REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

Ship or Station SECTION BASE SIX

Place Fort Lauderdale, Fla.

Date 6 August, 1930

FLEMING, Harlie (Name) COX. (Rating)

was examined this day for the rating of boatswain's mate, second class and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. Candidate will be examined in required subjects as given in Coast Guard Regulations together with such other subjects as may be deemed necessary). If examined for rating of Yoeman, First Class, or Chief Yoeman state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
Art. 367, (a) to (k)	2.7		
Art. 373, (1)----------(a)	2.6		
(b)	2.5		
(c)	2.7		
(d)	2.8		
(e)	2.8		
(f)	2.6		
(g)	2.9		
(h)	2.9		

Average Marks 2.72

Approved 7 August, 1930 (Date)

E. E. HAHN, Jr., Lieutenant (jg), USCG
(Signature and Rank of Member)

L. H. Hines, Gunner, USCG
(Signature and Rank of Member)

T. S. KLINGER, Lieutenant Commander (R)
(Signature and Rank of Commanding Officer ~~Executive Officer~~)

BCS

PA20-73

29 July, 1930.

From: Commandant.

To: Commander, Section Base 6 (via Florida East Coast Patrol Area).

Subject: Cox. Harlie Fleming; enlistment allowance.

References: (a) Your letter, 16 July, 1930 (73), bearing indorsement of Commander, Florida East Coast Patrol Area, 16 July, 1930, (73).
(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $25.00 if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

A. T. THORSON,
By direction.

COAST GUARD SECTION BASE

SIX

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

73

Fort Lauderdale, Fla.,
16 July, 1930.

U. S. COAST GUARD
REC'D JUL 21 1930 By PA 20
ANS 7-29-30

From:
To : Commander, Section Base Six.
Commandant. (via Commander, Florida East Coast Patrol Area).

Subject: Cox., Harlie Fleming; record of service.

Reference: (a) Letter, Commander, Section Base Six dated 20 June, 1930 (73).

Inclosure: (1) Copy of reference (a).

1. Record of service requested by reference (a), has not been received by this Unit. Inclosure (1) is forwarded for Headquarters information.

E. E. HAHN, Jr.
Acting.

73-F.E.C.P.A. 1st Indorsement Fort Lauderdale, Fla.,
16 July, 1930.

1. Forwarded.

R. L. JACK.

PA 20
$25.00

SIX

Fort Lauderdale, Florida.
20 June, 1930.

U. S. COAST GUARD
REC'D JUL 21 1930 By
ANS

From: Commander, Section Base Six.
To : Commandant. (via Commander, Florida East Coast Patrol Area).

Subject: Cox., Harlie Fleming; record of service.

1. It is requested that a record of service in the case of the above named man be furnished this Base in order that enlistment allowance may be paid.

2. From information on this Man's discharge he enlisted in the Coast Guard on 19 June,1928 at Recruiting Station, Atlanta, Georgia as a Seaman first class and was Honorably discharged at Section Base Six, Fort Lauderdale, Florida as Coxswain on 18 June, 1930. He re-enlisted in the Coast Guard at Section Base Six, Fort Lauderdale, Florida on 19 June, 1930 as Coxswain.

T. S. KLINGER

73-F.E.C.P.A. 1st Indorsement Fort Lauderdale, Fla.,
20 June, 1930.

1. Forwarded.

T. S. KLINGER,
[illegible] SIX, By direction.
[illegible], Fla.

6/19/30

EHK/JNC

MEMORANDUM TO PAY & ALLOTMENT SECTION

Name Harlie FLEMING. Date 23 July, 1930.

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Enl.	6/19/28	Spec.Temp.	Two	Sea. 1c.	RECRUITING STATION, Atlanta, Ga.

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
8-18-28	11-11-28		85

ENLISTMENT EXTENDED

Days	Reason
	A.H.O.M.

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	6/18/30	SECTION BASE SIX, Fort Lauderdale, Fla.	Coxswain	1	9	5

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
6/19/30	Regular	One	Coxswain	SECTION BASE SIX, Fort Lauderdale, Fla.

E/M J.N.C.

S. R. MORGAN
In charge of Personnel Records Section.

Form 2508
TREASURY DEPARTMENT
U. S. COAST GUARD

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name Harlie Fleming Serial number A-18035
Rate or grade at time of discharge Coxswain
Service from which discharged Coast Guard Organization (If discharged from Army)
Kind of discharge honorable
Organization in which enlisted Coast Guard
Enlisted or enrolled (place) R.O., Atlanta, Georgia, (date) 19 June, 1928
Date called to active duty (if enrolled in U. S. N. R. F.)
Date mustered into Federal Service (if enrolled in National Guard)
Date released from active duty or mustered out of Federal Service
Discharged (place) Base Six, Fort Lauderdale, Florida, (date) 18 June, 1930
Federal service under this discharge* 2 years 0 months 0 days.
Previous service 3 years 8 months 7 days.

Certified to be a correct excerpt from the latest discharge from the U. S. Coast Guard,
presented to me this day by Harlie Fleming,
Date 19 June, 1930.

E. E. HAHN, Jr., Lieut. (jg), U.S.C.G.
Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number
Rate or grade at time of discharge
Service from which discharged Organization (If discharged from Army)
Kind of discharge
Organization in which enlisted
Enlisted or enrolled (place), (date)
Date called to active duty (if enrolled in U. S. N. R. F.)
Date mustered into Federal Service (if enrolled in National Guard)
Date released from active duty or mustered out of Federal Service
Discharged (place), (date)
Federal service under this discharge* years months days.
Previous service years months days.

Certified to be a correct excerpt from the latest discharge from the
presented to me this day by
Date

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

U. S. GOVERNMENT PRINTING OFFICE: 1929 2—10582

U. S. COAST GUARD
REC'D JUL 7 19.. By
ANS

73

73-Base Six 2nd Indorsement Fort Lauderdale, Florida,
2 July, 1930.

File
C.D.

From: Commander, Section Base Six,
To : Commandant. (via Commander, Florida East Coast Patrol Area).

Subject: Cox., Harlie Fleming; correction and completion of service record.

Inclosure: (1) Service record, dated 19 June, 1928.

1. Returned. Headquarters is advised that subject named man was absent in hospital due to his own misconduct from 18 August to 11 November, 1928, a period of 86 days while attached to the OSSIPEE, and that no record of this was sent to this Base at the time Fleming reported on 10 April, 1930, nor did his service record show time absent due to own misconduct or any reason for his enlistment to be extended, and therefore he was discharged on 18 June, 1930.

2. Fleming's record has been corrected to show 86 days absent in hospital due to own misconduct, and his creditable service for last enlistment has been changed to 1 year, 9 months, and 5 days.

T. S. Klinger

T. S. KLINGER.

73-F.E.C.P.A. 3rd Indorsement Fort Lauderdale, Fla.,
2 July, 1930.

From: Commander, Florida East Coast Patrol Area,
To : Commandant.

1. Forwarded.

H. L. JACK.

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR-73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS

WASHINGTON 27 June, 1930.

U. S. COAST GUARD
REC'D JUL 7 1930 By
ANS

First Indorsement.

From: Commandant.
To: Commander, Section Base 6, Ft. Lauderdale, Fla. (via Florida East Coast Patrol Area).

Subject: Cox. Harlie Fleming - correction and completion of service record.

Reference: (a) Form 2599, Report of Change in Enlisted Personnel, from Ossipee, dated 12 November, 1928.

Inclosure: (1) Service record, dated 19 June, 1928.

1. Returned. Reference (a) shows that the above-named man was absent in hospital due to his own misconduct from 18 August to 11 November, 1928, a period of 2 months and 25 days (86 days). It is requested that Article 12 of Inclosure (1) be executed to show the 2 months and 25 days' absence in hospital due to own misconduct, and that Article 18 be corrected to show the deduction of 2 months and 25 days to cover this absence. It is also requested that you advise Headquarters why this man's enlistment was not extended to cover the 86 days' absence in hospital due to his own misconduct. You are informed that Fleming's creditable service is 1 year, ~~10~~ 9 months, and 5 days.

2. Return this indorsement with inclosed papers.

C. P. Clark

C. P. CLARK,
By direction.

73

73-Base Six 2nd Indorsement Fort Lauderdale, Fla., 30 June, 1930.

File CD

U. S. COAST GUARD
REC'D
NS'D JUL 3 1930
BY

From: Commander, Section Base Six,
To : Commandant. (via Commander, Florida East Coast Patrol Area).

Subject: Cox., Harlie Fleming; completion of enlistment contract.

Inclosure: (1) Enlistment contract, dated 19 June, 1930.

1. Inclosure (1) is returned herewith corrected as requested in first indorsement.

T. S. KLINGER.

73-F.E.C.P.A. 3rd Indorsement Fort Lauderdale, Fla., 30 June, 1930.

From: Commander, Florida East Coast Patrol Area,
To : Commandant.

1. Forwarded.

R. L. JACK.

Base Six 2nd Indorsement Fort Lauderdale, Fla.,
30 June, 1930.

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
WASHINGTON
U.S. COAST GUARD
REC'D JUL 3 1930
NS'D
BY

From: Commander, Section Base Six,
To : Commandant. (via Commander, Florida East Coast Patrol Area).

Subject: Cox., Harlie Fleming; completion of enlistment contract.

Inclosure: (1) Enlistment contract, dated 19 June, 1930.

1. Inclosure (1) is returned herewith corrected as requested in first indorsement.

T. S. KLINGER CO.

73-F.E.C.P.A. 3rd Indorsement Fort Lauderdale, Fla.,
30 June, 1930.

From: Commander, Florida East Coast Patrol Area.
To : Commandant.

1. Forwarded.

R. L. JACK. , while the

3. Article of Inclosure (1) must be corrected, completed, executed

4. It is requested that articles 9 and 10 of Inclosure (1) be completed to show the signature of the enlisting officer.

Return this indorsement with inclosed papers.

C. P. Clark
By direction.

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.

HEADQUARTERS

TREASURY DEPARTMENT PR- 73

UNITED STATES COAST GUARD

WASHINGTON 27 June, 1930.

U. S. COAST GUARD
REC'D
NS'D JUL 3 1930 BY

First Indorsement.

From: Commandant.
To: Commander, Section Base 6, Ft. Lauderdale, Fla. (via Florida East Coast Patrol Area).

Subject: Cox. Harlie Fleming - Completion, ~~Correction~~, Enlistment Contract.

Inclosure: (1) Enlistment Contract, dated 19 June, 1930.

Returned:- COMPLETE OR CORRECT AS INDICATED BY PARAGRAPHS CHECKED.

1. The typewritten name, as shown by Inclosure (1), is written , while the signature of the applicant appears as
Make corrections where necessary.

2. Article 2 of Inclosure (1) shows the above-named man was born , while the
Make necessary corrections.

3. Article of Inclosure (1) must be corrected, completed, executed

4. It is requested that Articles 9 and 10 of Inclosure (1) be completed to show the signature of the enlisting officer.

Return this indorsement with inclosed papers.

C. P. Clark

C. P. CLARK,
By direction.

FR-73-701

28 June, 1930.

From: Commandant.
To: Commander, Section Base 6, Ft. Lauderdale, Fla. (via Florida East Coast Patrol Area).
Subject: Cox. Harlie Fleming - Vaccination and inoculation.

Reference: (a) Form 2502, Report of Physical Examination, dated 18 June, 1930.

1. The Surgeon General, U. S. Public Health Service, has approved the findings of the examining surgeon in the case of the above-named man, provided Fleming is vaccinated against smallpox and inoculated against typhoid fever. You will see that this man is vaccinated and inoculated at the earliest possible date and that a report of same is forwarded to Headquarters.

F. C. BILLARD,

C. H. JONES,
Assistant Chief,
Personnel Section.

C. H. Jones

FR-

73

27 June, 1930.

First Indorsement.

From: Commandant.
To:

Subject: Commander, Section Base 6, Ft. Lauderdale, Fla. (via Florida East Coast Patrol Area). Completion, Correction, Enlistment Contract

Inclosure: (1) Enlistment Contract ~~Gen. Berlie Fleming~~, dated 19 June, 1930.

Returned:- COMPLETE OR CORRECT AS INDICATED BY PARAGRAPHS CHECKED.

1. The typewritten name, as shown by Inclosure (1), is written , while the signature of the applicant appears as
Make corrections where necessary.

2. Article 2 of Inclosure (1) shows the above named man was born , while the

Make necessary corrections.

3. Article of Inclosure (1) must be corrected, completed, executed

4. It is requested that Articles 9 and 10 of Inclosure (1) be completed to show the signature of the enlisting officer.

Return this indorsement with inclosed papers.

C. P. CLARK,
By direction.

27 June, 1930.

First Indorsement.

From: Commandant.
To: Commander, Section Base 6, Ft. Lauderdale, Fla. (via Florida East Coast Patrol Area).

Subject: Cox. Harlie Fleming - correction and completion of service record.

References: (a) Form 2599, Report of Change in Enlisted Personnel, from Ossipee, dated 12 November, 1928.

Inclosure: (1) Service record, dated 19 June, 1928.

1. Returned. Reference (a) shows that the above-named man was absent in hospital due to his own misconduct from 18 August to 11 November, 1928, a period of 2 months and 25 days (86 days). It is requested that Article 12 of Inclosure (1) be executed to show the 2 months and 25 days' absence in hospital due to own misconduct, and that Article 16 be corrected to show the deduction of 2 months and 25 days to cover this absence. It is also requested that you advise Headquarters why this man's enlistment was not extended to cover the 86 days' absence in hospital due to his own misconduct. You are informed that Fleming's creditable service is 1 year, 10 months, and 5 days.

2. Return this indorsement with inclosed papers.

C. P. CLARK,
By direction.

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

file Chl FILE

Section Base Six
(Unit.)

Fort Lauderdale, Florida,
(Place.)

19 June, 1930.
(Date.)

FROM: Cox., Harlie Fleming,

TO: COMMANDANT (via Commander, Section Base Six,)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as follows:

Not Married (Full name of wife; if not married, so state.)	(Address of wife.)
None (Full name of child; if none, so state.)	(Address of child.)
None (Full name of child; if none, so state.)	(Address of child.)
None (Full name of child; if none, so state.)	(Address of child.)

COAST GUARD JUL 23 1930 RECD

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mollie W. Fleming (Mother) 286 Moore St., Greenville, S.C.
(Full name of relative.) (Relationship.) (Address of relative.)

Not dependent
(State briefly wherein dependency exists.)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

Steave C. Fleming (father) 286 Moore St., Greenville, S.C.
(Full name of relative.) (Relationship.) (Address of relative.)

Not dependent.
(State briefly wherein dependency exists.)

WITNESSED BY:

E. E. HAHN, Jr.

Rank, Lieut.(jg), U.S.C.G.

SIGNED:

Harlie Fleming

HARLIE FLEMING,

Rank or rating, Cox., U.S.C.G.

9-34145

2—10348

GOVERNMENT PRINTING OFFICE

73

521

RECD

COAST GUARD SECTION BASE

SIX

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Fort Lauderdale, Fla.,
16 May, 1930.

MAY 22 30

U.S. COAST GUARD

MAY 22 1930

Dr. Ref. 17209 P917

From: Commander, Section Base Six.
To : Commandant. (via Commander, Florida East Coast Patrol Area).

Subject: Cox., Harlie Fleming; debit adjustment.

Reference: (a) Base Six, April 1930, Pay Roll.
(b) Amendment # 34, Pay and Supply Instructions.
(c) Alcoast Despatch 9901-1600, March, 1930.

1. Subject named man was overpaid $.50 Travel Status Subsistence Allowance on reference (a). Fleming was traveling from 2:00 p.m. 9 April, 1930 to 9:35 a.m. 10 April, 1930 enroute from YAMACRAW, Savannah, Georgia to Base Six, Fort Lauderdale, Florida and was paid Travel Status Subsistence Allowance in the amount of $2.00 in accordance with reference (b). In accordance with the changes in the Travel Status Subsistence Allowance made by reference (c), Fleming should have been paid $1.50.

2. This overpayment was made on reference (a) settled by Special Disbursing Agent, Lester L. Louis, May 1st, 1930.

3. A debit adjustment in the amount of $.50 is requested.

T. B. Klinger

d. T. S. KLINGER.

521-F.E.C.P.A. 1st Indorsement Fort Lauderdale, Fla.,
16 May, 1930.

From: Commander, Florida East Coast Patrol Area.
To : Commandant.

1. Forwarded.

R. L. JACK.

521

SIX

Fort Lauderdale, Fla.,
16 May, 1930.

From: Commander, Section Base Six.
To : Commandant. (via Commander, Florida East Coast Patrol Area).

Subject: Cox., Harlie Fleming; debit adjustment.

Reference: (a) Base Six, April 1930, Pay Roll.
(b) Amendment # 34, Pay and Supply Instructions.
(c) Alcoast Despatch 9901-1600, March, 1930.

1. Subject named man was overpaid $.50 Travel Status Subsistence Allowance on reference (a). Fleming was traveling from 2:00 p.m. 9 April, 1930 to 9:35 a.m. 10 April, 1930 enroute from YAMACRAW, Savannah, Georgia to Base Six, Fort Lauderdale, Florida and was paid Travel Status Subsistence Allowance in the amount of $2.00 in accordance with reference (b). In accordance with the changes in the Travel Status Subsistence Allowance made by reference (c), Fleming should have been paid $1.50.

2. This overpayment was made on reference (a) settled by Special Disbursing Agent, Lester L. Louis, May 1st, 1930.

3. A debit adjustment in the amount of $.50 is requested.

d. T. S. KLINGER.

521-F.E.C.P.A. 1st Indorsement Fort Lauderdale, Fla.,
16 May, 1930.

From: Commander, Florida East Coast Patrol Area.
To : Commandant.

1. Forwarded.

R. L. JACK.

75
701
531

Fleming, Harlie

73

4-24

FILE
C. E. W.

Savannah, Georgia.
9 April, 1930.

YAMACRAW

U.S. COAST GUAR
REC'D APR 11 1930
ANS'D BY

From: Commanding Officer, YAMACRAW.
To : Cox., Harlie Fleming, present.

Subject: Orders; transfer; travel.

Reference: (a) Headquarters letter, 29 March, 1930, (75-701-531).

Inclosure: (1) Transportation Request No.T- 611,264.
(2) Transportation Request No.T- 611,263.

1. Upon receipt hereof, you are detached from further duty on board this vessel and you are directed to proceed this date to Fort Lauderdale, Florida, and upon your arrival thereat, report to the Commander, Section Base Six, for assignment to duty.

2. Inclosures (1) and (2) are handed you herewith to cover transportation and pullman accomodations from Savannah, Georgia, to Fort Lauderdale, Florida.

3. The travel necessary to the execution of this order is required by the public interests. The allowances for subsistence and quarters prescribed by Articles 146-149, Pay and Supply Instructions, are applicable in this case.

LE ROY REINBURG.

Copy to:
HEADQUARTERS,
NORFOLK DIVISION,
BASE SIX,
FILE.

wgk

73
701
~~521~~

29 March, 1930

From: Commandant.
To: Commanding Officer, YAMACRAW (Via Commander, Norfolk Division).

Subject: FLEMING, Harlie - Sea.1c - orders, transfer, travel.

1. Upon receipt hereof, transfer subject named man to Section Base,6, directing him proceed to Fort Lauderdale, Florida, and report to the commander of the base indicated, for assignment to duty. Report action on Form 2599.

2. The travel necessary to the execution of this order is required by the public interests. The allowances for subsistence and quarters prescribed by Articles 146-149, Pay and Supply Instructions, are applicable in this case.

By direction,

Copy to:
Base 6

B. M. CHISWELL,
Assistant Commandant.

WPM

NORFOLK DIVISION - 73 2nd Indorsement Norfolk, Virginia.
7 February, 1930.

73-701

From: Commander, Norfolk Division.
To : Commandant (via Commander, Section Base SIX).

Subject: Transfer; request for; Harlie Fleming, Sea. 1c. 14 February, 1930

1. Forwarded disapproved reason for transfer not being considered sufficient; this man was transferred from the Ossipee less than six months ago.

C. F. HOWELL,
Acting.

From: Commandant.
To : Commanding Officer, YAMACRAW (Via Commander, Norfolk Division).

NORFOLK DIVISION - 73 Norfolk, Virginia.
12 February, 1930.

Subject: FLEMING, Harlie - Sea.1c - transfer of.

Reference: (a) Subject man's request 29 January, 1930 (73) and indorsements thereon.

From: Commander, Norfolk Division.
To : Commandant (Via Commander, Section Base SIX)

1. Having received information that this man is an excellent boxer, plays baseball, and is desired [illegible] the Fort Lauderdale team and in view of the statement contained in Headquarters' confidential communication CO-700-051, Paragraph D, the disapproval indicated in the previous indorsement is withdrawn and the transfer of FELMING is enthusiastically approved recommended.

C. F. HOWELL,
Chief of Staff.

Disapproved

F. C. BILLARD

GEO. E. WILCOX
Chief, Personnel Section.

IVISION - 73 2nd Indorsement Norfolk, Virginia.
7 February, 1930.

U. S. COAST GUARD
REC'D FEB 13 1930 By

Commander, Norfolk Division.
Commandant (via Commander, Section Base SIX)

ANS. 2-14-30

ect: Transfer; request for; Harlie Fleming, Sea. 1c.

1. Forwarded disapproved reason for transfer not being onsidered sufficient; this man was transferred from the Ossipee less han six months ago.

C. F. HOWELL,
Acting.

NORFOLK DIVISION - 73 3rd Indorsement Norfolk, Virginia.
12 February, 1930.

From: Commander, Norfolk Division.
To : Commandant (via Commander, Section Base SIX)

1. Having received information that this man is an excellent baseball player and his transfer is requested to strengthen the Fort Lauderdale team and in view of the statement contained in Headquarters' confidential communication CO-700-051, Paragraph D, the disapproval indicated in the previous indorsement is withdrawn and the transfer of FELMING is enthusiastically approved-recommended.

C. F. HOWELL,
Chief of Staff.

Disapproved

NORFOLK DIVISION - 73 2nd Indorsement Norfolk, Virginia.
7 February, 1930.

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
U. S. COAST GUARD
REC'D FEB 13 1930
ANS.

From: Commander, Norfolk Division.
To : Commandant (via Commander, Section Base SIX)
COAST GUARD CUTTER YAMACRAW
Subject: Transfer; request for; Harlie Fleming, Sea, 1c.

1. Forwarded disapproved reason for transfer not being considered sufficient; this man was transferred from the Ossipee less than six months ago.

C. F. HOWELL,
Acting

NORFOLK DIVISION - 73 3rd Indorsement Norfolk, Virginia.
12 February, 1930.

From: Commander, Norfolk Division.
To : Commandant (via Commander, Section Base SIX)

1. Having received information that this man is an excellent baseball player and his transfer is requested to strengthen the Fort Lauderdale team and in view of the statement contained in Headquarters' confidential communication CO-700-051, Paragraph D, the disapproval indicated in the previous indorsement is withdrawn and the transfer of FELMING is enthusiastically approved recommended.

3. If this request be granted, it is understood that no expense incident thereto will be borne by the Government.

C. F. HOWELL,
Chief of Staff.

Harlie Fleming

YAMACRAW - 73 1st Indorsement

73

COAST GUARD CUTTER

YAMACRAW

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Savannah, Georgia.
29 January, 1930.

U. S. COAST GUARD
REC'D FEB 13 1930 By
ANS.

U. S. COAST GUARD
REC'D FEB 4 1930
NORFOLK DIVISION.

From: Sea.lc., Harlie Fleming.
To : Commandant (via Commander, Section Base Six, Commander, Norfolk Division and Commanding Officer, YAMACRAW).

Subject: Transfer; request for.

1. It is requested that I be transferred to Section Base Six, Fort Lauderdale, Florida. My reason for this request is that my Mother has moved to the vicinity of Fort Lauderdale, and I am desirous of obtaining a station as near home as possible.

2. It is understood that a seaman now stationed at Fort Lauderdale, Florida, is willing to make this exchange with me.

3. If this request be granted, it is understood that no expense incident thereto will be borne by the Government.

Harlie Fleming
HARLIE FLEMING

YAMACRAW - 73 1st Indorsement Savannah, Georgia.
29 January, 1930.

From: Commanding Officer, YAMACRAW .
To : Commandant (via Commander, Section Base Six and Commander, Norfolk Division).

1. Forwarded, approved provided a relief is furnished for this man.

2. Subject mans marks for the past quarter are as follows:

Proficiency in rating	3.5
Conduct	4.0
Sobriety	4.0
Leader of men	3.2

L Ray Renicaer

73-701

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER

OSSIPEE

Curtis Bay, 28 August, 1929

From: Commandant.
To : Commanding Officer, OSSIPEE, Curtis Bay, Maryland.

Subject: FLEMING, Harlie - Sea.1c - transfer.

Reference: (a) Subject man's request 22 August, 1929 (73-701).

1. Replying to reference (a), upon receipt hereof, you are authorized to transfer subject named man to the YAMACRAW, directing him report to the commanding officer that vessel for assignment to duty. Report transfer on Form 2599.

2. This transfer being effected by subject's own request, no expense incident thereto will be borne by the Government.

Harlie Fleming.

OSSIPEE-73-701 1st Indorsement. F. C. BILLARD Curtis Bay, Md., August 28, 1929.

From: Commanding Officer, OSSIPEE.
To : Commanding Officer, YAMACRAW.

Copy to: YAMACRAW.

Forwarded, approved.

GEO. E. WILCOX
Chief, Personnel Section.

2. Fleming's current enlistment will expire on June 18, 1930. His efficiency marks are: Proficiency, 3.5; security, 4.0; conduct, 4.0. AVGE: 2.0. He enlisted at Atlanta, Georgia, on 18 June, 1928 for a period of two years, special temporary enlistment.

YAMACRAW - 73-701 2nd Indorsement. Curtis Bay, Maryland. 28 August, 1929

From: Commanding Officer, YAMACRAW.
To : Commandant.

1. Forwarded, approved.

E. Ray Reinburg

73
701

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER

OSSIPEE

Curtis Bay, Maryland,
22 August, 1929.

U. S. COAST GUARD
RECD AUG 24 1929
ANSD

From: Harlie Fleming, Sea.1c.
To : Commanding Officer, OSSIPEE.

Subject: Transfer; request for.

1. It is requested that I be transferred to the U. S. Coast Guard Cutter YAMACRAW for duty. My reason for making this request is that it will station me nearer to my family residing at Greenville, South Carolina.

2. It is understood that if this request is granted, the expense incurred in effecting transfer will be borne by myself.

Harlie Fleming

Harlie Fleming.

OSSIPEE-73-701 1st Indorsement Curtis Bay, Md., August 22, 1929.

From: Commanding Officer, OSSIPEE.
To : Commanding Officer, YAMACRAW.

1. Forwarded, approved.

2. Fleming's current enlistment will expire on June 18, 1930. His efficiency marks are: Proficiency, 3.5; sobriety, 4.0; conduct, 4.0, ALOM; 2.8.He enlisted at Atlanta, Geortia, on 19 June, 1928 for a period of two years, special temporary enlistment.

Wm. L. Foley

Wm. L. Foley.

OK

YAMACRAW - 73-701 2nd Indorsement. Curtis Bay, Maryland. 23 August 1929

From: Commanding Officer, YAMACRAW.
To : Commandant.

1. Forwarded, approved.

LeRoy Reinburg

LE ROY REINBURG.

73
701

Curtis Bay, Maryland,
22 August, 1929.

OSSIPEE

From: Harlie Fleming, Sea.1c.
To : Commanding Officer, OSSIPEE.

Subject: Transfer; request for.

1. It is requested that I be transferred to the U. S. Coast Guard Cutter YAMACRAW for duty. My reason for making this request is that it will station me nearer to my family residing at Greenville, South Carolina.

2. It is understood that if this request is granted, the expense incurred in effecting transfer will be borne by myself.

Harlie Fleming.

OSSIPEE-73-701 1st Indorsement Curtis Bay, Md., August 22, 1929.

From: Commanding Officer, OSSIPEE.
To : Commanding Officer, YAMACRAW.

1. Forwarded, approved.

2. Fleming's current enlistment will expire on June 18, 1930. His efficiency marks are: Proficiency, 3.5; sobriety, 4.0; conduct, 4.0, ALOM; 2.8. He enlisted at Atlanta, Georgia, on 19 June, 1928 for a period of two years, special temporary enlistment.

Wm. L. Foley.

YAMACRAW - 73-701 2nd Indorsement. Curtis Bay, Maryland. 23 August 1929

From: Commanding Officer, YAMACRAW.
To : Commandant.

1. Forwarded, approved.

LE ROY REINBURG.

73

FILE 73 L.D.&

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER

OSSIPEE

Portland, Maine, April 17, 1929

U. S. COAST GUARD EASTERN DIVISION RECD APR 19

U. S. COAST GUARD REC'D APR 20 1929

From: Commanding Officer, OSSIPEE.
To : Commandant (via Commander, Eastern Division).

APR 20 1929 ANS. DA 13699 (4-25-29) $1.80

Subject: Sea.1c., Harley Fleming; request for debit adjustment.

Reference: (a) Commanding Officer, OSSIPEE's letter dated November 16, 1928 (73-51).
(b) Commanding Officer OSSIPEE's letter dated October 15, 1928 (73), and inclosures 1, 2, 3, 4, and 5.
(c) Debit adjustment No. 12594 dated November 20, 1928, $77.40.
(d) Credit adjustment No. 13017 dated January 29, 1929, $5.00.
(e) Certificate of settlement of account, R.A. Gillette, S.D.A., No. K-38239-T, September 1-30, 1929, item No. 5.

1. References (a) and (b) requested a debit adjustment on the above named man due to his having been absent in the hospital due to his own misconduct for the period August 18, 1928 to September 30, 1928, for which period he was carried for full pay, on account of this vessel not having been advised of his physical status. Accordingly reference (c), which was executed on the OSSIPEE payroll for the month of December, 1928, was issued. The amount of this debit adjustment should have been $79.20 instead of $77.40, a difference of $1.80.

2. In a letter from the General Accounting Office to R.A.Gillette, S.D.A., dated March 8, 1929, the following appears: "Debit adjustment 12594 dated November 30, 1928, shows $77.40 adjusted on voucher 135 January, 1929, your accounts, on account of overpayments to Harley Fleming, Sea.1c., on voucher 5 September, $25.20 and voucher 30, October, 1928, $54.00. Total amount to have been adjusted $79.20. Suspension against voucher 5, September, 1928, will therefore be continued for $1.80 pending receipt of evidence of adjustment".

3. In view of the above, it is requested that a debit adjustment in the amount of $1.80 be issued to correct the pay accounts of the above named man.

H. E. Rideout

H.E.Rideout

AM

73

FILE
A.D.S.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER

OSSIPEE

Albany, N.Y., March 11, 1929.

U.S. COAST GUARD
REC'D MAR 13 1929
ANS'D MAR 13 29

From: Commanding Officer, OSSIPEE.
To : Commandant (via Commander, New York Division).

Subject: Sea.lc., Harley Fleming; increased pay.

Reference: (a) Article 71, Pay and Supply Instructions.

Inclosure: 1. Voucher in favor of Harley Fleming, Sea.lc., dated March 11, 1929 in amount of $10.08.

1. In compliance with reference (a), inclosure (1) covering the first increase in pay for the above named man by reason of longevity, is forwarded herewith for settlement.

H.E. Rideout

H.E. Rideout.

NEW YORK DIVISION-73 1st indorsement. New York, N.Y., 12 March, 1929.

1. Forwarded, with inclosure.

A.J. Henderson.

PLS.G

DESPATCH

6-75

FILE
I. D. S.

U. S. COAST GUARD

TREASURY DEPARTMENT

WASHINGTON

RUSH

CLASS OF MESSAGE

DEC-1 28

No. OPR. CHECK

30 November, 8

192

Coast Guard Cutter OSSIPEE

9930 Debit adjustment one two five nine four Seaman First Class Fleming seventy seven dollars forty cents requested your letter sixteenth November forwarded by Eastern Division twenty seventh November mailed today Apply November roll far as possible 1515

COAST GUARD

RDB

HEADQUARTERS, U. S. COAST GUARD,
WASHINGTON, D. C.
THIS DISPATCH WAS DELIVERED TO NAVAL COMMUNICATIONS BY TELEPHONE FOR TRANSMISSION (TIME) 515 (DATE) 30 1928.

FORWARDED _____ M.
DATE TIME

TELEGRAPH SYSTEM

73-51

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER

OSSIPEE

Portland, Maine,
November 16, 1928.

Despatch 30 Nov. 1928 (Pad 6-73)

FILED B.E.S.

FILE J.D.S.

REC'D NOV 27 1928

U.S. COAST GUARD

REC'D NOV 23

PA/25594 (11-30-28) $77.40

From: Commanding Officer, OSSIPEE.
To : Commandant (via Commander, Eastern Division)

Subject: Harley Fleming, Sea.1c., request for debit adjustment.

Reference: (a) Commanding Officer, OSSIPEE'S letter, October 15, 1928 (73), and inclosures 1,2,3,4, and 5.

1. As stated reference (a), the above named man was admitted to U.S.Marine Hospital No. 16, on July 20, 1928, suffering from a disease incident to service which was described as "cellulitis, circumscribed, left leg, lymphademitis, acute, left inguinal region", requiring treatment for approximately two weeks.

2. Information was received from the Medical Officer in Charge, U.S.Marine Hospital No.16, on October 11, 1928, as stated reference (a), that Fleming had developed gonorrheal urethritis, acute on August 18, 1928, which disability was not an incident to service, and was the result of his own misconduct; and that he had been receiving treatment for this disability since August 18, 1928.

3. Due to the information relative to the latter disability of this man, not being received on board this vessel until October 11, 1928, he was carried for full pay for the months of August and September, 1928. He was paid on the payrolls of this vessel for these two months, which were settled by R.A. Gillette, special disbursing agent, on September 1, 1928 and October 2, 1928, respectively.

4. In view of the above, and referring to paragraph 3, reference (a), no pay accrues for the period August 18, 1928 to September 30, 1928. Accordingly, it is requested that a debit adjustment in the amount of $77.40, the amount of overpayment, be issued.

H.E. Rideout

H.E. RIDEOUT.

PM REC'D

COAST GUARD
PAY AND ALLOTMENT

P.E.S.

73

Eastern Division - 73-51. 1st Indorsement. Boston, Mass.,
27 November 1928.

From: Commander Eastern Division.
To: Commandant.

U S COAST GUARD
NOV 28 1928

Subject: Harley Fleming, Sea.lc., request for debit adjustment.

NOV 28 28

1. Forwarded.

H. R. Searles,
By direction.

CLH/fls

Nov.23,1928.

Commanding Officer,
U.S.C.G.C.Ossipee,
Portland, Maine.

Sir:

As requested in your letter of Nov.16,1928 an additional report is furnished herewith in the case of Harlie Fleming, Seaman 1/c, U.S.C.G.C.Ossipee.

Diagnosis	Treatment began	Treatment ended.	Line of duty
1. Cellulitis circumscribed left leg	July 20,1928.	July 31,1928	Yes.
2. Lymphadenitis, acute, left inguinal region.	July 20,1928	July 31,1928.	Yes.
3. Cellulitis acute suppurative ~~Right~~ hand.	July 23,1928	August 31,1928	Yes. (Not noted at time of admission to hospital but no doubt infection beginning at that time
4. Gonorrheal urethritis acute.	Aug. 18,1928	Nov.11,1928	No.

Very truly yours,

C.Parcher, Surgeon.
Medical Officer in Charge.

GP/OLH.

73-701

U.S. COAST GUARD
REC'D NOV 3 1928 By
ANS'D

73

TREASURY DEPARTMENT

U S COAST GUARD
EASTERN DIVISION

UNITED STATES COAST GUARD

COAST GUARD CUTTER
OSSIPEE

NOV 2 1928

Portland, Me.,
November 1, 1928.

From: Commanding Officer, OSSIPEE.
To: Commandant (via Commander, Eastern Division).

Subject: FLEMING, Harlie, Sea.1c.; physical status.

Reference: (a) Headquarters letter 23 October, 1928 (73-701).
(b) OSSIPEE letter October 29, 1928 (73), to Medical Officer in Charge, U. S. Marine Hospital No. 16, Portland, Maine.
(c) Medical Officer in Charge, U. S. Marine Hospital No. 16, dated October 30, 1928.

Inclosure: 1. Reference (c).

1. In accordance with instructions contained in reference (a), inclosure 1, is forwarded herewith.

N. M. Nelson.

Eastern Division-73-701 1st indorsement. Boston, Mass., 2 November, 1928.

1. Forwarded with inclosure.

H. R. Searles,
By direction.

HRS/ED

3-701

U.S. COAST GUARD
REC'D NOV 3 1928 By
ANS'D

REC'D NOV 2
ANS'D

TREASURY DEPARTMENT

UNITED STATES
PUBLIC HEALTH SERVICE
PORTLAND, MAINE

MARINE HOSPITAL NO. 16
BOWDOIN'S STATION
OSSIPEE

Portland, Me.,
November 1, 1928.

From: Commanding Officer, OSSIPEE.
To: Commandant (via Commander, Eastern Division).

Subject: FLEMING, Harlie, Sea.lc.; physical status.

Reference: (a) Headquarters letter 23 October, 1928 (73-701).
(b) OSSIPEE letter October 29, 1928 (73), to Medical Officer in Charge, U. S. Marine Hospital No. 16, Portland, Maine.
(c) Medical Officer in Charge, U. S. Marine Hospital No. 16, dated October 30, 1928.

Inclosure: 1. Reference (c).

1. In accordance with instructions contained in reference (a), inclosure 1, is forwarded herewith.

Very truly yours, N. M. Nelson.

Eastern Division-73-701 1st indorsement. Boston, Mass., 2 November, 1928.

O. Percher, Surgeon,
Medical Officer in Charge.

1. Forwarded with inclosure.

HRS/ED

H. R. Searles,
By direction.

NOV 2 1928

TREASURY DEPARTMENT

UNITED STATES
PUBLIC HEALTH SERVICE

PORTLAND, MAINE

U. S. MARINE HOSPITAL No. 16
WOODFORD'S STATION

October 30, 1928.

Commanding Officer,
U. S. Coast Guard Cutter "Ossipee",
Portland, Maine.

Sir:

U.S. COAST GUARD
CUTTER OSSIPEE
RECEIVED
NOV -1 1928

In reply to your letter of October 29, 1928, relative to the physical status of Harlie Fleming, Seaman 1/cl, you are advised as follows: At present he has a chronic urethral discharge, slight in amount. Microscopically there are but few pus cells and few intra and extra cellular diplococci. The urethritis is gradually improving, and if improvement continues, as is to be expected, it should be possible to discharge him to duty within two weeks.

Very truly yours,

G. Parcher

G.Parcher, Surgeon,
Medical Officer in Charge.

73 - 701

23 October, 1928.

From: Commandant.
To: Commanding Officer, OSSIPEE (via Commander, Eastern Division).

Subject: FLEMING, Harlie, Sea.1c.: physical status.

Reference: (a) Your letter 15 October, 1928 (73).

1. Replying to reference (a), you are advised that your recommendation that subject man be discharged for physical disability is not approved at this time.

2. From the report of the board of medical survey in this case it is apparent that Fleming will be fit for duty within the near future. Upon receipt hereof it is requested that you communicate with the medical officer concerned and ascertain the probable date on which subject man will be rendered fit for resumption of duty. Upon receipt of this information you will advise Headquarters accordingly.

F. C. BILLARD.

GEO. E. WILCOX,
Chief, Personnel Section.

XX

73

17 August,1928.

From: Commanding Officer, OSSIPEE? (via Commander, Eastern Division)
To:

Subject: FLEMING, Harlie Sea,1c. - record of service.

Reference: Your letter dated 16 August,1928.

1. The records at Headquarters show that the above-named man has not completed four years creditable service. Records of Service for computing pay of enlisted men having less than four years service are not furnished by Headquarters.

2. Abstract of discharge,from U.S.Navy,dated 19 June,1928 is inclosed for the record of the above-named man.

C.P. CLARK.

By direction.

73

AUG 14 1928

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER
OSSIPEE

Navy Yard, Boston, Mass.,
August 10, 1928.

REC'D AUG 15 1928 BY

From: Commanding Officer, OSSIPEE.
To: Commandant. (via Eastern Division).

Subject: Harlie Fleming, Sea. 1c; record of service.

1. It is requested that this unit be furnished with a record of service of the above-named man for pay purposes, as shown by Headquarters' records.

2. The records of this vessel show that Fleming had four years' service in the Navy prior to his enlistment in the Coast Guard on June 19, 1928.

H. E. Rideout.

Eastern Division-73 1st indorsement Boston, Mass., 14 August, 1928.

1. Forwarded.

C. C. Paden
By direction.

CCP/RP

Form 2500-A

VOLUNARY AGREEMENT TO EXTEND ENLI[illegible]ENT

CODED
NO. 3

CAPTAIN OF THE PORT,
Port Everglades, Florida,

21 June, 1943

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I FLEMING, Harlie 103-555 CBM, having,
(Name of Applicant)(Service Number)(Rating)
on 22 June, 1940 REenlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration memtioned therein to extend said term of enlistment for a period of 3 years from the date of expiration thereof, subject to all of the provisions of said contract to enlistment, of which this agreement shall form a part. I further agree to the extension of this enlistment by the Secretary of the Navy for such additional time as may be deemed necessary in the public interests in time or war or national emergency declared by the President to exist, such additional time n ot to extend beyond six months after the date of termination of war or national emergency. My reason for making this agreement is for the Convenience of the Governmant in lieu of Honorable Discharge, in accordance with Alcoast #83.



Tip of Right forefinger.

Harlie Fleming
Harlie Fleming
(Signature of Applicant)

Voluntarily agreed and subscribed to before me this 21st day of June, A.D., 19 43.

J. T. NELSON, Lieutenant, U.S.C.G.R.
CAPTAIN OF THE PORT, Port Everglades, Fl

CAPTAIN OF THE PORT, U.S.C.G.,
Port Everglades, Florida.

21 June, 1943
(Date)

APPROVED:

J.T. NELSON, Lieutenant, U.S.C.G.R.
CAPTAIN OF THE PORT, PORT EVERGLADES, FLA.

CAPTAIN OF THE PORT,
Port Everglades, Florida,

21 June, 1943

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the day immediately following the date of expiration of said term of enlistment.

J.T. NELSON, Lieutenant, U.S.C.G.
CAPTAIN OF THE PORT, Port Evergla

STAT

LE SERVICE

(For Enlistment Allowance)

CAPTAIN OF THE PORT, Port Everglades, Florida,
(Unit)

FERRIS, Merlin (103-555)
(Name in full—surname to the left)

21 June, 1943.
(Date)

103-555
(Service number)

Chief Boatswain's Mate
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	40	6	22
Enlistment extended (for 3 years from)	43	6	21
Date of discharge (Voluntarily extended enlistment) (Character of discharge)	43	6	21
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		
Total Absence (_____ days)								
Creditable time served during last enlistment period								

TREASURY

REPORT OF CHANGE IN PERSONNEL

FLEMING,	Harlie	- - - - -	103-555	C. B. M.
(Surname)	(First Name)	(Middle Initial)	(Service No.)	(Rank or Rating)

5-07-56

CAPTAIN OF THE PORT	Port Everglades, Florida	21 June, 1943
(Unit)	(Place)	(Date)

This date extended enlistment for a period of THREE (3) years in accordance with Alcoast #83 in lieu of an Honorable discharge. This extension is made in accordance with Article 541, C.G. Regulations as amended by Change #22. Reenlistment dated 22 June, 1940.

CHARACTER OF SERVICE: Honorable.
PAFE: New Orleans, Lousiana.
PLACE OF EXTENSION: Port Everglades, Florida.
EFFECTIVE DATE OF EXTENSION: 21 June, 1943.

AUTHORITY:

Article 541, CG Regs. as amended by change #22.
Alcoast #83.

J. T. Nelson
J. T. NELSON,
(Commanding)
Lieutenant, U.S.C.G.R.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

U.S. COAST GUARD (3)

ENLISTMENT CONTRACT

7-1-40
E 8-24

RE-ENLISTMENT[a] of FLEMING, Harlie (103-555) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter ~~Station~~ 5212, District, New Orleans, Louisiana
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at New Orleans, Louisiana
(Place)

1. I, Harlie Fleming, this 22nd day of June, 1940, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison County, N.C., on 2 November, 1905 Citizenship[b] N.B.

If naturalized, place and date of naturalization - - - - Certificate number - - -

If intentions declared, place and date of declaration - - - -

Occupation or trade Mariner Home address CGC-5212, New Orleans, La.

Full name and address of the following: Lorie Ann Fleming, 706 Ash St., Key West, Fla.
(Wife, if any)

Harlie J. Fleming (son) Address as above
(Children under 21 years of age. Specify ages of children)

Mother deceased Widowed?
(Mother, if living)

Mr. Steve Fleming, 286 Moore Street, Greenville, S.C. (Father)
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein none
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)
Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on June 21, 1940, from ~~Station~~ Cutter 5212
(Strike out one)
with honorable discharge, herewith submitted, serial No. 160012
(Kind of discharge)

9. I agree to and with the United States of America, represented by Comdr. F. J. Birkett, United States
(Name of enlisting officer)
Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Comdr. F. J. Birkett, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the said Harlie Fleming who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."

[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

2—7931 U. S. GOVERNMENT PRINTING OFFICE: 1932

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming

(Signature of enlisted person)

UNITED STATES OF AMERICA,

By F. J. Birkett, Commander, U.S.C.G.

(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

F. J. Birkett,

Commander, U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Harlie Fleming (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming

(Signature of enlisted person)

Subscribed and sworn to before me this 22nd day of June, A. D. 1940

F. J. Birkett Commander, U.S.C.G.

F. J. BIRKETT,

Chief of Staff, New Orleans District

(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 34 years 7 months. Height 6 feet 0 inches. Weight 150 pounds. Eyes brown

Hair Lt. Brown. Complexion Ruddy Color White Married Yes

Distinguishing marks Scar 1" right index finger. Mole on chin,

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United Sta...) where this enlistment is made.

2—7931

DES...

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CGC-5212 (Unit) — New Orleans, Louisiana (Place)

22 June, 1940 (Date)

FROM: FLEMING, Harlie (103-555) B.M.1c.

To: COMMANDANT (via Commander, New Orleans District.)

E 8 37

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	706 Ash Street, Key West, Fla. (Address of wife)
Harlie J. Fleming (son) (Full name of child; if none, so state)	As above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mr. Steve Fleming (Full name of relative)	Father (Relationship)	286 Moore St., Greenville, S.C. (Address of relative)

Potential (State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY: F. J. BIRKETT,

Rank Commander, U.S.C.G.

SIGNED: Harlie Fleming

Harlie Fleming

Rank or Rating B.M.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised April, 1932

ENLISTMENT CONTRACT

HONORABLE DISCHARGE BUTTON PREVIOUSLY ISSUED.

Re- ENLISTMENT [a] of FLEMING, Harlie (103-555) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station Patrol Boat DIX, District, Panama City, Florida.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Panama City, Florida.
(Place)

1. I, HARLIE FLEMING, this 22nd day of June, 19 37, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison County, N.C., on 2 November, 1905 Citizenship [b] NB

If naturalized, place and date of naturalization - - Certificate number - -

If intentions declared, place and date of declaration - -

Occupation or trade Mariner Home address 286 Moore St., Greenville, S.C.

Full name and address of the following: Lorie Ann Fleming, Panama City, Florida.
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

Deceased
(Mother, if living) Widowed?

Steve Fleming (Father) 286 Moore St., Greenville, South Carolina.
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein - -
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - - had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)
Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 21 June, 19 37, from Cutter Station Patrol Boat DIX
(Strike out one)
with Honorable discharge, herewith submitted, serial No. 41334.
(Kind of discharge)

9. I agree to and with the United States of America, represented by A.J. Brown, Boatswain, United States
(Name of enlisting officer)
Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by A.J. Brown, Boatswain, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the HARLIE FLEMING who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

9—7931 U. S. GOVERNMENT PRINTING OFFICE

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming
Harlie Fleming
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By A.J. Brown, Boatswain, USCG.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

A.J. Brown
A.J. Brown,
Boatswain, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, HARLIE FLEMING, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
Harlie Fleming
(Signature of enlisted person)

Subscribed and sworn to before me this 22nd day of June, A. D. 19 37.

Chas. Lucas
Chas. Lucas, Chief Boatswain, USCG.
Commanding Officer, DIX.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 31 years 7 months. Height 6 feet 0 inches. Weight 150 pounds. Eyes Brown

Hair Brown Complexion Ruddy Color White Married Yes

Distinguishing marks Scar 1" Right index finger. Mole on chin.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

2—7931

RECORD OF FLEMING, Harlie (103-555)
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from— Vessel or station	Date	Reported to— Vessel or station	Date
DIX	12-31-38	BOUTWELL	12-31-38
BOUTWELL R.H.Leech	10-6-39	N.O.DISTRICT BOAT POOL (AB-49)	10-7-39
CGC-49	6-17-40	CGC-5212	6-17-40

2. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date
	DIX	
	DIX	
	DIX	
	DIX	
	DIX	
	DIX	

RECORD OF **FLEMING, Harlie** (103-555)

(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

SCALE OF MARKS: 4.0, Perfect; 3.5 to 3.9, Excellent; 3.0 to 3.4, Good; 2.5 to 2.9, Satisfactory; 2.0 to 2.4, Indifferent; 1.0 to 1.9, Poor; 0.0 to 0.9, Bad

Date	Proficiency in rating	Conduct	Sobriety	Ability as leader of men	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-30-37	LESS THAN ONE MONTH					DIX	
9-30-37	3.6	4.0	4.0	3.5	4.0	DIX	
12-31-37	3.6	4.0	4.0	3.5	4.0	DIX	
3-31-38	3.6	4.0	4.0	3.5	4.0	DIX	
6-30-38	3.6	4.0	4.0	3.5	4.0	DIX	
9-30-38	3.6	4.0	4.0	3.5	3.0	DIX	
12-31-38	3.6	4.0	4.0	3.5	3.9	DIX	
12-31-38	LESS THAN ONE MONTH					BOUTWELL	
3-31-39	3.6	4.0	4.0	3.5	4.0	BOUTWELL	
6-30-39	3.6	4.0	4.0	3.5	3.8	BOUTWELL	
9-30-39	3.7	4.0	4.0	3.6	4.0	BOUTWELL	
10-6-39	LESS THAN ONE MONTH - - - - - -					BOUTWELL	
12/31/39	3.5	4.0	4.0	3.4	3.4	AB-49.	
3-31-40	3.7	4.0	4.0	3.5	4.0	AB-49	
6-17-40	3.7	4.0	4.0	3.5	3.7	CGC-49	
7-21-40	3.7	4.0	4.0	3.5	3.7	CGC-5212	
AVERAGES	3.67	4.0	4.0	3.5	3.77	CGC-5212	

ADAPTABILITY FOR WARRANT GRADE
(Chief petty officers only)

Mark	Remarks	Signature

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

4. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer _____ (Date and place)

2—13678

RECORD OF FLEMING, Herlie
(Full name, surname to the left)

(103-555)
(Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	Remarks
DIX	6-22-37	Honorable Discharge Button previously issued.
		A.J. Brown, Boatswain, Executive Officer, DIX.
DIX	9-25-37	Awarded good conduct bar.
		A.J. Brown, Boatswain, Executive Officer, DIX.

2—13678

RECORD OF FLEMING, Harlie (103-555)
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
DIX	5-3-38	Qual.S.S. (Rifle)	A.J. Brown, Chief Boatswain
DIX	5-4-38	Qual.S.S.(Pistol)	A.J. Brown, Chief Boatswain
DIX	5-5-38	Unqualified, M.G.	A.J. Brown, Chief Boatswain
BOUTWELL	4-4-39	S.S. (Rifle)	L.P. Daniel Boatswain
BOUTWELL	4-5-39	Expert (Pistol)	L.P. Daniel Boatswain
BOUTWELL	4-6-39	Qualified machine gun	L.P. Daniel Boatswain

8. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

RECORD OF [redacted], Hallie (103-555)
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature of executive officer or officer in charge
DIX 6-22-37	- - -	- - -	- - -	30	10	C.J. Brown
DIX	11-6-37	12-12-37	35	00	5	C.J. Brown Bain
DIX 6-22-38	- - - - -	- - - - -	BALANCE	30	5	C.J. Brown
DIX	10-28-38	11-17-38	20	10	5	C.J. Brown
BOUTWELL	1-14-39	1-20-39	5	5	5	C.J. Brown
BOUTWELL 6-22-39	- - - - -	- - - - -	BALANCE	30	5	L.J. Daniels Bain
BOUTWELL	7-1-39	8-1-39	28	2	5	L.J. Daniels Bain
BOUTWELL	7-1-39 Two days travel time granted.					L.J. Daniels Bain

2—13678

RECORD OF FLEMING, Harlie (103-555)
(Full name, surname to the left) (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a sentence of imprisonment, and while serving said sentence.)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
DIX 12-31-38	NO UNAUTHORIZED ABSENCE WHILE ATTACHED TO				
BOUTWELL	THIS VESSEL - - -

RECORD OF FLEMING, Harlie
(Full name, surname to the left) 103-555 (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty	Signature

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

3 (Years) 0 (Months) 0 (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 100.80

The within-named man has been furnished travel allowance amounting to $ 21.05 (421 miles) at the rate of .05 cents per mile from New Orleans, La. to Panama City, Florida and paid $ 51.95 in full to date of discharge. Name of pay officer Albert Trachtenberg, Chief Pay Clerk, U.S.C.G.

Address subsequent to discharge will be:

CGC-5212, Street,

New Orleans, La. City, State.

HAS SIGNIFIED INTENTION {To / ~~Not to~~} REENLIST NEXT DAY.

Certified to be correct upon termination of service 21 June, 1940, 19

F. J. BIRKETT, Commander, U.S.C.G.,
Commanding Officer—Officer in Charge.
Chief of Staff, New Orleans District

U. S. GOVERNMENT PRINTING OFFICE 2—13678

...TMENT
...GUARD
...1937

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Patrol Boat BOUTWELL. (Unit) Panama City, Florida. (Place)

6 February, 1939 (Date)

FROM: FLEMING, Harlie (103-555) B.M.1c.

TO: COMMANDANT (via Commanding Officer, BOUTWELL)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	Panama City, Florida. (Address of wife)
Harlie John Fleming, Jr. (son, age 3 mos.) date of birth 8 November, 1938. (Full name of child; if none, so state)	Panama City, Florida. (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve Fleming (Full name of relative)	Father (Relationship)	286 Moore St., Greenville, S.C. (Address of relative)

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

None (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY: R.H. Leek
R.H. Leek.

Rank Chief Boatswain, USCG.

SIGNED: Harlie Fleming.
Harlie Fleming.

Rank or Rating B.M.1c.

2—10348 U S GOVERNMENT PRINTING OFFICE

...RTMENT
...T GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Patrol Boat DIX (Unit) Panama City, Florida, (Place)

22 June, 1937. (Date)

FROM: FLEMING, Harlie (103-555) B.M.1c.

TO: COMMANDANT (via Commanding Officer, DIX)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state) Panama City, Florida. (Address of wife)

None (Full name of child; if none, so state) (Address of child)

None (Full name of child; if none, so state) (Address of child)

None (Full name of child; if none, so state) (Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve Fleming (Full name of relative) Father (Relationship) 286 Moore St., Greenville, S.C. (Address of relative)

Potential (State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

None (Full name of relative) (Relationship) (Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY:

J. Brown

A.J. Brown,

Rank Boatswain, USCG.

SIGNED:

Harlie Fleming

Harlie Fleming,

Rank or Rating B.M.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1935

...TMENT
...roller General U. S.
...ber 30, 1930

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR— 73.

24 February, 1937. Florida.

From: Commandant.
To: Officer in Charge, DIX, Panama City, Fla.(via Jacksonville Division).
Subject: FLEMING, Harlie,(103-555) B.M.1c., Statement of service of.
Inclosure: (1) Copy of Navy Statement dated 23 May, 1932.

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 24 February, 1937.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
6-19-28	6-18-30 H D	None		8-18-28	11-11-28	None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-20-32 H D	None		None		None	
6-21-32	6-20-34 H D	None		None		None	
6-21-34 Now serving		None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	8	5	11
Navy service	3	6	19
Other service			
Total	12	0	0

Completed 12 years service 24 February, 1937.

By direction:

E. T. OSBORN,
Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

STATEMENT OF CREDITABLE SERVICE

Patrol Boat DIX, Panama City, Florida.
(Unit)

FLEMING, Harlie
(Name in full—surname to the left)

22 June, 1937.
(Date)

(103-555)
(Service number)

Boatswain's Mate, First Class.
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years)	1934 (Year)	6 (Month)	21 (Day)			
Date of discharge (Honorable (Character of discharge))	1937 (Year)	6 (Month)	21 (Day)			
Total time of last enlistment period				3	0	1

ABSENT TIME DURING PERIOD (inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		
Total		None	Total		None	Total		None
Total absence (No days)								
							0	0	0
Creditable time served during last enlistment period							3	0	1

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

Chas. Lucas,
(Rank) Chief Boatswain, U.S.C.G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE: 2—16278

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised April, 1932

ENLISTMENT CONTRACT

HONORABLE DISCHARGE BUTTON PREVIOUSLY ISSUED.

RE- ENLISTMENT[a] of FLEMING, Harlie (103-555) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station Patrol Boat DIX, District, Panama City, Florida.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Panama City, Florida.
(Place)

1. I, HARLIE FLEMING, this 22nd day of June, 19 37, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison County, N.C., on 2 November, 1905 Citizenship[b] NB

If naturalized, place and date of naturalization - - Certificate number - -

If intentions declared, place and date of declaration - -

Occupation or trade Mariner Home address 286 Moore St., Greenville, S.C.

Full name and address of the following: Lorie Ann Fleming, Panama City, Florida.
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

Deceased
(Mother, if living) Widowed?

Steve Fleming (Father) 286 Moore St., Greenville, South Carolina.
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein - -
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - - had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 21 June, 19 37, from Cutter Station Patrol Boat DIX with Honorable discharge, herewith submitted, serial No. A43344.
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by A.J. Brown, Boatswain, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by A.J. Brown, Boatswain, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the HARLIE FLEMING who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

2—7931 U. S. GOVERNMENT PRINTING OFFICE

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By A.J. Brown, Boatswain, USCG,
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

A.J. Brown,

Boatswain, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, HARLIE FLEMING (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
(Signature of enlisted person)

Subscribed and sworn to before me this 22nd day of June, A. D. 19 37.

Chas. Lucas, Chief Boatswain, USCG,

Commanding Officer, DIX.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 31 years 7 months. Height 6 feet 0 inches. Weight 150 pounds. Eyes Brown

Hair Brown Complexion Ruddy Color White Married Yes

Distinguishing marks Scar 1" Right index finger. Mole on chin.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is

A-A
PARTMENT
COAST GUARD
proved by
r General U.S.
mber 13, 1933

STATEMENT OF CREDITABLE SERVICE

U.S. COAST GUARD
Jacksonville Division
JUN 23 1937
RECEIVED
Jacksonville, Florida

Patrol Boat DIX, Panama City, Florida.
(Unit)

FLEMING, Harlie
(Name in full—surname to the left)

22 June, 1937.
(Date)

(103-555)
(Service number)

Boatswain's Mate, First Class.
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years)	1934 (Year)	6 (Month)	21 (Day)			
Date of discharge (Honorable (Character of discharge))	1937 (Year)	6 (Month)	21 (Day)			
Total time of last enlistment period				3	0	1

ABSENT TIME DURING PERIOD (inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		
Total		None	Total		None	Total		None

Total absence (No days)	0	0	0
Creditable time served during last enlistment period	3	0	1

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

Chas. Lucas,
(Rank) Chief Boatswain, U.S.C.G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16278

...ARTMENT
...COAST GUARD
...roved by
...General U.S.
...mber 13, 1933

STATEMENT OF CREDITABLE SERVICE

U. S. COAST GUARD
Jacksonville Division
JUN 23 1937
RECEIVED
Jacksonville, Florida

Patrol Boat DIX, Panama City, Florida.
(Unit)

FLEMING, Harlie
(Name in full—surname to the left)

22 June, 1937.
(Date)

(103-555)
(Service number)

Boatswain's Mate, First Class.
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years)	1934 (Year)	6 (Month)	21 (Day)			
Date of discharge (Honorable (Character of discharge))	1937 (Year)	6 (Month)	21 (Day)			
Total time of last enlistment period				3	0	1

ABSENT TIME DURING PERIOD (inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		
Total		None	Total		None	Total		None

Total absence (No days)	0	0	0
Creditable time served during last enlistment period	3	0	1

I certify that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

Chas. Lucas,

(Rank) Chief Boatswain, U.S.C.G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE: 2—16278

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Patrol Boat DIX (Unit) Panama City, Florida, (Place)

22 June, 1937. (Date)

FROM: FLEMING, Harlie (103-555) B.M.1c.

To: COMMANDANT (via Commanding Officer, DIX.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)	(Address of wife)
Lorie Ann Fleming	Panama City, Florida.
None	
None	
None	

(Full name of child; if none, so state) — (Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Steve Fleming	Father	286 Moore St.,Greenville, S.C.

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
None		

(State briefly wherein dependency exists)

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

HONORABLE DISCHARGE BUTTON PREVIOUSLY ISSUED.

RE- ENLISTMENT[a] of FLEMING, Harlie (103-555) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station BASE SIX, ~~District~~ Fort Lauderdale, Florida.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Fort Lauderdale, Florida
(Place)

1. I, HARLIE FLEMING, this 21st day of June, 1934, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison County, N. C., on 2 November, 1905. Citizenship[b] N.B.

If naturalized, place and date of naturalization - - Certificate number - -

If intentions declared, place and date of declaration - -

Occupation or trade Mariner Home address 256 Moore St., Greenville, S.C.

Full name and address of the following: None
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

Deceased
(Mother, if living) Widowed? -

(Father) Steve Fleming, 256 Moore Street, Greenville, S.C.
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein - -
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - - had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 20 June, 1934, from ~~Cutter~~ Station BASE SIX
(Strike out one)
with HONORABLE discharge, herewith submitted, serial No. 41533
(Kind of discharge)

9. I agree to and with the United States of America, represented by J.E. FAIRBANK, LIEUTENANT, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by J.E. FAIRBANK, LIEUTENANT, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the HARLIE FLEMING who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

2—7931 U. S. GOVERNMENT PRINTING OFFICE: 1932

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming

HARLIE FLEMING
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By J. H. FAIRBANK, LIEUTENANT, USCG
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

J. H. FAIRBANK,
LIEUTENANT, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, HARLIE FLEMING, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
HARLIE FLEMING
(Signature of enlisted person)

Subscribed and sworn to before me this 21st day of June, A. D. 1934.

F. A. Nichols
F. A. NICHOLS, COMMANDER, USCG.

COMMANDER, BASE SIX.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 28 years 7 months. Height 6 feet 0 inches. Weight 150 pounds. Eyes Brown

Hair Brown Complexion Ruddy Color White Married No

Distinguishing marks Scar 1" Right index finger. Mole on chin.

PHYSICAL EXAMINATION ON DISCHARGE AND REENLISTMENT NOT REQUIRED. ART. 4346, PERSONNEL INSTRUCTIONS.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

2—7031

RECORD OF **FLEMING, Harlie (103-555)**
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date_____ Nature of waiver_____

Authority_____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

~~October, 1930~~ 11 Oct 1934
(Date last vaccinated against smallpox)

~~October, 1930~~ 11 Oct 1934
(Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Base Ship	7-13-36	TAMPA	7-18-36
TAMPA	9-8-36	McLANE	9-14-36
McLane	10-31-36	Dix	10-31-36

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

RECORD OF FLEMING, Harlie (103-555)

(Full name, surname to the left)

6-21-37

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Recommended for good conduct	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-30-34	Less	than	one	month	HEALTH	Base Six	
9-30-34	3.5	4.0	4.0	3.5	3.1	Base Six	
12-31-34	3.6	4.0	4.0	3.5	4.0	Base Six	
3-31-35	3.6	4.0	4.0	3.5	4.0	Base Six	
6-30-35	3.6	4.0	4.0	3.5	3.4	Base Six	
9/30/35	3.6	4.0	4.0	3.5	4.0	Base Six	
12/31/35	3.6	4.0	4.0	3.5	4.0	Base Six	
3-31-36	3.6	4.0	4.0	3.5	4.0	Base Six	
6-30-36	3.5	4.0	4.0	3.5	4.0	Base Six	
7-13-36	Less	than a	month			Base Six	
9-8-36	3.5	4.0	4.0	3.5	4.0	TAMPA	
9-30-36	LESS THAN ONE MONTH					McLANE	
10-31-36	LESS THAN ONE MONTH					McLANE	
12-31-36	3.5	4.0	4.0	3.5	4.0	DIX	
3-31-37	3.6	4.0	4.0	3.5	4.0	DIX	
6-21-37	3.6	4.0	4.0	3.5	4.0	DIX	
Averages	3.57	4.0	4.0	3.5	3.68	DIX	

* See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

good swimmer

RECORD OF FLEMING, Harlie (103-555)
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

8. MERITORIOUS CONDUCT
(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	Remarks
BASE SIX.	6-8-35	Issued Good Conduct Medal at General Muster this date. J.E.FAIRBANK, Lieutenant, USCG., Acting, Comdr. Base
DIX	6-21-37	Honorable discharge button previously issued. 6. A.G. Brown, Boatswain, Executive Officer, DIX.

2—13678

RECORD OF FLEMING, Harlie (103-555)
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
BASE SIX	4-15-35	Certified competent as temporary officer in charge of a patrol or picket boat and regular watches on patrol boat.	E.E. FAIRBANK, LIEUTENANT, USCG.
Base Six	4-15-35	Sharpshooter Rifle	E. Fairbank, Lieut.
Base Six	4-15-35	Marksman (Pistol)	E. Fairbank, Lieut.
Base Six	5-22-36	Qual rifle SS 5-13-36	W.M. Beaumier
Base Six	5-22-36	Qual pistol E 5-15-36	W.M. Beaumier
DIX	4-8-37	Sharpshooter(rifle)	A.J. Brown, Boatswain
DIX	4-8-37	Expert (pistol)	A.J. Brown, Boatswain

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

RECORD OF FLEMING, Harlie (103-555)
(Full name, surname to the left)

II. LEAVE ACCOUNT
WITH PAY

Ship or station	Date		Number of days	Balance	Signature of executive officer or District Commander
BASE SIX	Departed	Returned	-----	Annual 30	Reenlist- 30
Base Sig.	8-1-34	9-1-34	30	0	30
Base Sig.	3-8-35	3-19-35	10	0	20
Base Six	6-21-35	Balance		30	20
Base Six	9-20-35	10-7-35	15	15	20
Base Six	6-21-36	Credit		30	20
TAMPA	9-8-36	9-14-36	5	25	20
DIX	4-11-37	4-23-37	12	13	20

RECORD OF FLEMING, Harlie (103-555)
(Full name, surname to the left) (Service No.)

18. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 100.80

The within-named man has been furnished travel allowance amounting to $ 31.80

at the rate of five cents per mile from Panama City, Florida to Fort Lauderdale, Florida and paid $ 33.41 in full to date of discharge. Name of pay officer A. E. Jarrett, Pay Clerk, USCG.

Address subsequent to discharge will be:

General Delivery. Street,

Panama City. City, Florida. State.

Harlie Fleming
Harlie Fleming
Signature of man

Certified to be correct upon termination of service 21 June, 193 7.

Chas. Lucas
Chas. Lucas, Chief Boatswain, USCG.
Commanding Officer

U.S. GOVERNMENT PRINTING OFFICE 2—13678

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

USCG. BASE SIX (Unit) Fort Lauderdale, Florida. (Place)

FROM: FLEMING, Harlie (103-555) B.M.1c. 17 January, 1936. (Date)

TO: COMMANDANT (via Commander, Base SIX.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	311 N.E.4th Court, Ft.Lauderdale, Fla. (Address of wife)
None (Full name of child; if none, so state)	(Address of child)
None (Full name of child; if none, so state)	(Address of child)
None (Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve Fleming (Full name of relative)	Father (Relationship)	286 Moore St., Greenville, S.C. (Address of relative)

Potential (State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

No others (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY: P. M. PEDERSEN

SIGNED: HARLIE FLEMING

Rank Chief Boatswain, USCG. *Rank or Rating* Boatswain's Mate 1st class

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1935

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name FLEMING, Earlie (103-555)

Rate or grade at time of discharge Boatswain's Mate, First Class Serial number 441533

Service from which discharged U.S.Coast Guard Organization (If discharged from Army)

Kind of discharge Honorable

Organization in which enlisted Base Six, Fort Lauderdale, Florida, U. S. Coast Guard

Enlisted or enrolled (place) Fort Lauderdale, Florida, (date) 21 June, 1932

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Fort Lauderdale, Florida, (date) 20 June, 1934

Federal service under this discharge* 2 years 0 months 0 days.

Previous service 7 years 8 months 9 days.

Certified to be a correct excerpt from the latest discharge from the U. S. Coast Guard *presented to me this day by* Earlie Fleming (103-555) B.M.1c.

Date 21 June, 1934.

J.E. FAIRBANK, LIEUTENANT, USCG,
Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name ---------- Serial number ----------

Rate or grade at time of discharge ----------

Service from which discharged ---------- Organization (If discharged from Army) ----------

Kind of discharge ----------

Organization in which enlisted ----------

Enlisted or enrolled (place) ----------, (date) ----------

Date called to active duty (if enrolled in U. S. N. R. F.) ----------

Date mustered into Federal Service (if enrolled in National Guard) ----------

Date released from active duty or mustered out of Federal Service ----------

Discharged (place) ----------, (date) ----------

Federal service under this discharge* ---------- years ---------- months ---------- days.

Previous service ---------- years ---------- months ---------- days.

Certified to be a correct excerpt from the latest discharge from the ----------

presented to me this day by ----------

Date ----------

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

U. S. GOVERNMENT PRINTING OFFICE. 1929 2—10582

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

RE- ENLISTMENT [a] of FLEMING, Harlie (103-555) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter / Station BASE SIX, ////, Fort Lauderdale, Florida.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Fort Lauderdale, Florida
(Place)

1. I, HARLIE FLEMING, this 21st day of June, 1934, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison County, N. C., on 2 November, 1905 Citizenship [b] N.B.

If naturalized, place and date of naturalization - - Certificate number - -

If intentions declared, place and date of declaration - -

Occupation or trade Mariner Home address 256 Moore St., Greenville, S.C.

Full name and address of the following: None
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

Deceased
(Mother, if living) Widowed? -

(Father) Steve Fleming, 256 Moore Street, Greenville, S.C.
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein - -
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - - had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the ... United States.

Annual Cruise Allowance (Apply) See Form 2511

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming

HARLIE FLEMING
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By J.E. FAIRBANK, LIEUTENANT, USCG
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

J.E. FAIRBANK,
LIEUTENANT, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, HARLIE FLEMING, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming

HARLIE FLEMING
(Signature of enlisted person)

Subscribed and sworn to before me this 21st day of June, A. D. 1934.

F.A. NICHOLS, COMMANDER, USCG.

COMMANDER, BASE SIX.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 25 years 7 months. Height 6 feet 0 inches. Weight 150 pounds. Eyes Brown

Hair Brown Complexion Ruddy Color White Married No

Distinguishing marks Scar 1" Right index finger. Mole on chin.

PHYSICAL EXAMINATION ON DISCHARGE AND REENLISTMENT NOT REQUIRED. ART. 4346, PERSONNEL INSTRUCTIONS.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

Form 2600
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

RE ENLISTMENT [a] of FLEMING, Harlie (103-555), as B.M.2c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Section Base Six, ~~District~~, Fort Lauderdale, Florida
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Fort Lauderdale, Florida
(Place)

1. I, Harlie FLEMING, this 21st day of June, 1932, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison County, N.C., on 2 November, 1905 Citizenship [b] N.B.

If naturalized, place and date of naturalization ---- Certificate number ---

If intentions declared, place and date of declaration ---

Occupation or trade Mariner Home address 286 Moore Street, Greenville, S.C.

Full name and address of the following: None
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

Deceased Widowed? ---
(Mother, if living)

(Father) Steve FLEMING 286 Moore Street, Greenville, S.C.
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein ---
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have ---- had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 20 June, 1932, from ~~Cutter~~ Station Section Base Six with honorable discharge, herewith submitted, serial No. 1-29835.
(Kind of discharge) (Strike out one)

9. I agree to and with the United States of America, represented by J.A. KERRINS, Lieutenant, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of TWO YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of TWO YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by J.A. KERRINS, Lieutenant, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Harlie FLEMING who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

2—7931

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming
HARLIE FLEMING
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By J.A. Kerrins
J.A. KERRINS, Lieutenant, U.S.C.G.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

J.A. Kerrins
J.A. KERRINS,
Lieutenant, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Harlie FLEMING (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
HARLIE FLEMING
(Signature of enlisted person)

Subscribed and sworn to before me this 21st day of JUNE A. D. 1932.

W.J. Austermann
W.J. AUSTERMANN, Lieutenant, U.S.C.G.
Commander, Section Base Six.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 26 years 7 months. Height 6 feet 0 inches. Weight 150 pounds. Eyes Brown

Hair Brown Complexion Ruddy Color White Married No

Distinguishing marks Scar 1" Right index finger. Mole on chin.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory, or islands of the United States) where this enlistment is made.

2—7931 U. S. GOVERNMENT PRINTING OFFICE

RECORD OF FLEMING, Harlie (103-555)
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ____ Nature of waiver ____

Authority ____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

October, 1930
(Date last vaccinated against smallpox)

October, 1930
(Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
		Reenlisted Section Base Six.	6/21/32

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date
Base Sig.	B.M. 1c	4-4-33.

RECORD OF FLEMING, Harlie (103-555)

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
6/30/32	Less	than	a month		Health	Section Base Six	W. J. Austerman
9/30/32	3.0	4.0	4.0	3.0	4.0	Section Base Six	W. J. Austerman
12/31/32	3.6	4.0	4.0	3.5	4.0	Base Six	W. J. Austerman
3/31/33	3.5	4.0	4.0	3.5	4.0	Base Six	W. J. Austerman
6/30/33	3.5	4.0	4.0	3.5	4.0	Base Six	W. J. Austerman
9/30/33	3.5	4.0	4.0	3.5	4.0	Base Six.	W. J. Austerman
12-31-33	3.5	4.0	4.0	3.5	3.2	BASE SIX	W. J. Austerman
3-31-34	3.5	4.0	4.0	3.5	4.0	Base Six	W. J. Austerman
6-20-34	3.5	4.0	4.0	3.5	4.0	Base Six	F. A. Nichols
Averages	3.45	4.0	4.0	3.43	4.0	BASE SIX	F. A. Nichols

* See Circular Letter 83, August 20, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer _____ (Date and place)

2—13678

RECORD OF FLEMING, Harlie (103-555)

(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

8. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	Remarks
Base Six.	2/23/33	Headquarters' letter, 2/16/33 (ST-72-651). Reference: Report of Assistance No. 41-2, 1/21/33. 1. Headquarters has noted the above reference with much interest, and is gratified at the splendid service rendered by the Officer in Charge and the crew of the CG-220, in rescuing two persons, and after heroic efforts, in extinguishing the fire on board the PRISCILLA III. I take pleasure in commending each person who participated in this arduous duty. (signed) H. G. HAMLET. H.J. Gaastra

2—13678

RECORD OF FIRING, Harlie (103-555)
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
BASE SIX	10-17-33	Qual. Expert Rifleman.	W. J. AUSTERMANN, Lieutenant USCG.
BASE SIX	10-17-33	Qual. Expert (Pistol).	
BASE SIX	11-15-32	Qual. to take charge of watch on patrol boats.	J. E. FAIRBANK, Lieutenant, USCG.

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Comm
	From—	To—		

2—13078

RECORD OF 103. FLEMING, Harlie (103-555)
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Section Base Six	6/21/32	20 and 30 (50)		
Section Base Six	6/21 - 7/20/32	20	30	
Section Base Six	1/10/33	10	20	
Base Six	1/27/33	2	18	
Base Six	6-21-33	-	18&30	

DATE		No. of days	BALANCE	
Deptd	Returned		Annual	Reenlist
- - -	- - -	- - -	- -30	18
Base Six 11-27-33	12-4-33	6	24	18

RECORD OF FLEMING, Harlie
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment: PREVIOUS SERVICE: 7 yrs. 5 mos. 9 days.
TOTAL SERVICE: 9 yrs. 5 mos. 9 days.

2 (Yrs.) 0 (Mos.) 0 (Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 20 June, 193 4.

F.A. NICHOLS, COMMANDER, USCG,
Commanding Officer—District Commander.

(Not required when ... valent disability or ... on ... following disch... 24a (1). Restrictions.)

CT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name FLEMING, Harlie Serial No.(103-555) Discharge

Rate or grade at time of discharge Boatswain's Mate, second class. Serial number A29885

Service from which discharged U.S. Coast Guard Organization (If discharged from Army) ---

Kind of discharge Honorable

Organization in which enlisted Section Base Six, U.S. Coast Guard.

Enlisted or enrolled (place) Fort Lauderdale, Florida, (date) 19 June, 1931.

Date called to active duty (if enrolled in U.S.N.R.F.) ---

Date mustered into Federal Service (if enrolled in National Guard) ---

Date released from active duty or mustered out of Federal Service ---

Discharged (place) Fort Lauderdale, Florida, (date) 20 June, 1932.

Federal service under this discharge* 1 years 0 months 2 days.

Previous service 6 years 8 months 7 days.

Certified to be a correct excerpt from the latest discharge from the U.S. Coast Guard *presented to me this day by* Harlie FLEMING

Date 21 June, 1932.

J.A. KERRINS, Lieutenant, U.S.C.G.

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name ---- Serial number ----

Rate or grade at time of discharge ----

Service from which discharged ---- Organization (If discharged from Army) ----

Kind of discharge ----

Organization in which enlisted ----

Enlisted or enrolled (place) ----, (date) ----

Date called to active duty (if enrolled in U.S.N.R.F.) ----

Date mustered into Federal Service (if enrolled in National Guard) ----

Date released from active duty or mustered out of Federal Service ----

Discharged (place) ----, (date) ----

Federal service under this discharge* ---- years ---- months ---- days.

Previous service ---- years ---- months ---- days.

Certified to be a correct excerpt from the latest discharge from the ----

presented to me this day by ----

Date ----

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

U. S. GOVERNMENT PRINTING OFFICE. 1929 2—10582

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

SECTION BASE SIX, U.S.C.G. (Unit.) Fort Lauderdale, Florida (Place.)

21 June, 1932. (Date.)

FROM: Harlie FLEMING (103-555), B.M.2c.

TO: COMMANDANT (via Section Base Six and Florida East Coast Patrol Area).

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

None. (Full name of wife; if not married, so state.) --- (Address of wife.)

None (Full name of child; if none, so state.) --- (Address of child.)

(Full name of child; if none, so state.) --- (Address of child.)

(Full name of child; if none, so state.) --- (Address of child.)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve FLEMING (Full name of relative.) Father (Relationship.) 286 Moore Street, Greenville, South Carolina. (Address of relative.)

Potential (State briefly wherein dependency exists.)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

Ollie Caryon FLEMING (Full name of relative.) Sister (Relationship.) 286 Moore Street, Greenville, South Carolina (Address of relative.)

Potential (State briefly wherein dependency exists.)

WITNESSED BY:

J.A. KERRINS, (signature)

Rank, Lieutenant, U.S.C.G.

SIGNED:

Harlie Fleming

HARLIE FLEMING

Rank or rating, B.M.2c., U.S.C.G.

2—10348

U. S. GOVERNMENT PRINTING OFFICE: 1930

U. S. COAST GUARD GI

R C'D JUN 25 1932

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5/29/32

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

RE**ENLISTMENT**[a] of FLEMING, Harlie (103-555) as B.M.2c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Section Base Six, ~~District~~, Fort Lauderdale, Florida
(Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Fort Lauderdale, Florida
(Place)

1. I, Harlie FLEMING, this 21st day of June, 1932, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison County, N.C., on 2 November, 1905 Citizenship[b] N.B.

If naturalized, place and date of naturalization --- Certificate number ---

If intentions declared, place and date of declaration ---

Occupation or trade Mariner Home address 286 Morre Street, Greenville, S.C.

Full name and address of the following: None
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

Deceased
(Mother, if living) Widowed? ---

(Father) Steve FLEMING 286 Loore Street, Greenville, S.C.
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein ---
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have ---- had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 20 June, 1932, from ~~Cutter~~ Station Section Base Six with honorable discharge, herewith submitted, serial No. A-29885
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by J.A. KERRINS, Lieutenant, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of TWO YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of TWO YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by J.A. KERRINS, Lieutenant, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Harlie FLEMING who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

2—7931

RECD

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming
HARLIE FLEMING
(Signature of enlisted person)

1932 JUN-27- PM 1:32

U.S. COAST GUARD
PAY & ALLOWANCE OFFICE
HEADQUARTERS

UNITED STATES OF AMERICA,

By J.A. KERRINS, Lieutenant, U.S.C.G.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

J.A. KERRINS,

Lieutenant, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Harlie FLEMING, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.
And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
x HARLIE FLEMING
(Signature of enlisted person)

Subscribed and sworn to before me this 21st day of JUNE, A. D. 1932.

W.J. Austermann
W.J. AUSTERMANN, Lieutenant, U.S.C.G.

Commander, Section Base Six.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 26 years 7 months. Height 6 feet 0 inches. Weight 150 pounds. Eyes Brown

Hair Brown Complexion Ruddy Color White Married No

Distinguishing marks Scar 1" Right index finger. Mole on chin.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1929

Form 2508
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
R. C'D JUN 27 1932

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name FLEMING, Harlie Serial No.(103-555) Discharge Serial number A29335

Rate or grade at time of discharge Boatswain's Mate, second class.

Service from which discharged U.S. Coast Guard Organization (If discharged from Army) ---

Kind of discharge Honorable

Organization in which enlisted Section Base Six, U.S. Coast Guard.

Enlisted or enrolled (place) Fort Lauderdale, Florida, (date) 19 June, 1931.

Date called to active duty (if enrolled in U.S.N.R.F.) ---

Date mustered into Federal Service (if enrolled in National Guard) ---

Date released from active duty or mustered out of Federal Service ---

Discharged (place) Fort Lauderdale, Florida, (date) 20 June, 1932.

Federal service under this discharge* 1 years 0 months 2 days.

Previous service 6 years 8 months 7 days.

Certified to be a correct excerpt from the latest discharge from the U.S. Coast Guard

presented to me this day by Harlie FLEMING

Date 21 June, 1932.

J.A. KERRINS, Lieutenant, U.S.C.G.

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name ---- Serial number ----

Rate or grade at time of discharge ----

Service from which discharged ---- Organization (If discharged from Army) ----

Kind of discharge ----

Organization in which enlisted ----

Enlisted or enrolled (place) ----, (date) ----

Date called to active duty (if enrolled in U.S.N.R.F.) ----

Date mustered into Federal Service (if enrolled in National Guard) ----

Date released from active duty or mustered out of Federal Service ----

Discharged (place) ----, (date) ----

Federal service under this discharge* ---- years ---- months ---- days.

Previous service ---- years ---- months ---- days.

Certified to be a correct excerpt from the latest discharge from the ----

presented to me this day by ----

Date ----

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

U. S. GOVERNMENT PRINTING OFFICE, 1929 2—10582

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

ENLISTMENT CONTRACT

RE-ENLISTMENT [a] of FLEMING, Harlie. (103-555) as Boatswain's mate, 2c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station SECTION BASE SIX, District, Fort Lauderdale, Florida.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Fort Lauderdale, Florida.
(Place)

1. I, HARLIE FLEMING, this 19th day of JUNE, 19 31, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison, N. C., on 2 November, 1905 Citizenship [b] U. S.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Mariner Home address 286 Moore St. Greenville, S. C.

Full name and address of the following: NOT MARRIED
(Wife, if any)

NONE
(Children under 16 years of age. Specify ages of children)

Mollie W. Fleming, 286 Moore St., Greenville, S. C. Widowed? No.
(Mother, if living)

Steave C. Fleming (father) 286 Moore St., Greenville, S. C.
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein - - - -
(State fully nature of offense, if any, and nature of institution in which incarcerated)
- - - -

6. I have - - - had previous service under the United States in the Coast Guard, ~~Army~~, Navy, ~~Marine Corps, Revenue-Cutter Service, or Life-Saving Service~~ and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 18 June, 1931, from ~~Cutter~~ Station Section Base Six, with Honorable discharge, herewith submitted, serial No. A-23855
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by H. W. STINCHCOMB, Lieutenant, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of -ONE- YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of -ONE- YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by H. W. Stinchcomb, Lieut., United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the HARLIE FLEMING who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

2—7931

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming ✓
HARLIE FLEMING
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By H. W. Stinchcomb ✓
H. W. STINCHCOMB, Lieutenant, USCG.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

H. W. Stinchcomb ✓
H. W. STINCHCOMB,
Lieutenant, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, HARLIE FLEMING (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming ✓
HARLIE FLEMING
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of JUNE, A. D. 19 31 ✓

H. W. Stinchcomb ✓
H. W. STINCHCOMB, Lieutenant, USCG.

Commander, Section Base Six.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 25 years 7 months. Height 6 feet 0 inches. Weight 150 pounds. Eyes brown

Hair Brown Complexion Ruddy Color White Married NO

Distinguishing marks 1" scar ant. right wrist; 1/2" scar right index finger; mole right side of chin.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

.....where this enlistment is made.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1928

2500-C
DEPARTMENT
GUARD
Revised Nov., 1929

RECORD OF FLEMING, Harlie (103-555) BM2c.

(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date..... Nature of waiver.....

..... Authority.....

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

1928 (Date last vaccinated against smallpox)

1930 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
		Reenl. Base 6.	6/19/31

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

U. S. GOVERNMENT PRINTING OFFICE: 1929

2—13678

RECORD OF FLEMING, Harlie. (103-555) BM2c.
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Recommended for good conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-30-31	LESS THAN ONE MONTH				HEALTH		
9-30-31	3.2	4.0	4.0	3.4	Yes.	Section Base Six.	W. W. Stinchcomb
12-31-31	3.3	4.0	4.0	3.2	4.0	Section Base Six.	W. J. Austermann
3/31/32	3.5	4.0	4.0	3.2	4.0	Section Base Six.	W. J. Austermann
6/20/32	3.5	4.0	4.0	3.2	4.0	Section Base Six	W. J. Austerman
Averages	3.37	4.0	4.0	3.25	4.0	Section Base Six.	W. J. Austerman

* See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer _____ (Date and place)

...ARTMENT
...ST GUARD
NOV., 1929

RECORD OF FLEMING, Harlie (103-555) BM2c.

(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Section Base Six.	6/19/31		40	H. W. Stinchcomb H.W. Stinchcomb
Section base Six	12/14/31	15	25	J.A. Kerrins
Section Base Six	6/20/32	0	0	

2—13678

RECORD OF FLEMING, Harlie. (103-555) BM2c.
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a sentence of imprisonment, where the place of imprisonment is designated as a naval prison, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

Enlistment extended 18 June, 1932, to 20 June, 1932 (2 days); due to administrative office being closed on Sunday 19 June, 1932.
Authority: Article 4453, Personnel Instructions.

J.A. KERRINS, Lieutenant, U.S.C.G.
Executive Officer, Sec. Base Six.

14. ON DISCHARGE

Date 20 June, 193 2 Place Fort Lauderdale, Florida Serial No. A29885
Kind of discharge Honorable Authority for Article 4272 (a), Personnel Instructions.
Discharged on account of expiration of full term of enlistment and extension thereof.
Is --- recommended for reenlistment. Rating best qualified to fill E.M.2c.
(If "not," so state)

15. ON DESERTION

, 193
(Date) (Unit) (Place)

2—13678

RECORD OF FLEMING, Harlie (103-555) BM2c.
(Full name, surname to the left)

16. ON RETIREMENT

(Date), 193 (Cause) (Authority)

17. ON DEATH

(Date), 193 (Place) (Cause) (Place of burial or disposition of remains) (Disposition of effects)

Was death incident to service?

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

1 (Yrs.) 0 (Mos.) 2 (Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion , 193

Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 20 June, 193 2.

W. J. Austermann

W. J. AUSTERMANN, Lieutenant, U.S.C.G.

Commanding Officer—District Commander.

CERTIFICATE OF MEDICAL EXAMINER

U. S. P. H. S. Relief Station

---, 19---

I certify that on this --- day of ---, 19---, I have examined ---

---, ---, U. S. Coast Guard, and find:

(*a*) That he is physically sound for discharge.

(*b*) That he is not physically sound for discharge by reason of the following defects:

(1) ---

(2) Not physically examined.

(3) Authority: Article 4346, Personnel Instructions.

(4) ---

In my opinion, defects numbered --- were incurred as incident to service.

In my opinion, defects numbered --- were incurred as not incident to service.

Medical Officer in Charge.

RECOMMENDATION OF MEDICAL EXAMINER
(If any)

I recommend as follows:

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

Medical Officer in Charge.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

---, 19---

Upon discharge, this date, I certify that I am suffering from the following defect(s):
(The word "none" to be used, if no defects stated)

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

(Signature)

---, *U. S. Coast Guard.*
(Rate)

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

ENLISTMENT CONTRACT

U.S. COAST GUARD
REC'D JUN 26 1931

RE-ENLISTMENT[a] of FLEMING, Harlie. (103-555) as Boatswain's mate, 2c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station SECTION BASE SIX, District, Fort Lauderdale, Florida.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Fort Lauderdale, Florida.
(Place)

1. I, HARLIE FLEMING, this 19th day of JUNE, 1931, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison, N. C., on 2 November, 1905 Citizenship[b] N. B.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Mariner Home address 286 Moore St. Greenville, S. C.

Full name and address of the following: NOT MARRIED
(Wife, if any)

NONE
(Children under 16 years of age. Specify ages of children)

Mollie W. Fleming, 286 Moore St., Greenville, S. C. Widowed? No.
(Mother, if living)

Steave C. Fleming (father) 286 Moore St., Greenville, S. C.
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein - - - -
(State fully nature of offense, if any,

- - - -
and nature of institution in which incarcerated)

6. I have - - - had previous service under the United States in the Coast Guard, ~~Army~~ Navy, ~~Marine Corps~~ ~~Revenue~~ ~~Cutter Service~~ ~~Life-Saving Service~~ and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 18 June 1931, from ~~Cutter~~ Station Section Base Six.,
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A-23865
(Kind of discharge)

9. I agree to and with the United States of America, represented by H. W. STINCHCOMB, Lieutenant., United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of -ONE- YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of -ONE- YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by H. W. Stinchcomb, Lieut., United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the HARLIE FLEMING who has hereunto signed his
(Name of person enlisting)

NOTED
P & A
Date 6/27/31

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

JUN 29 1931

2—7931

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming
HARLIE FLEMING
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By H. W. Stinchcomb
H. W. STINCHCOMB, Lieutenant, USCG.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

H. W. Stinchcomb
H. W. STINCHCOMB,
Lieutenant, U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, CONSISTING HARLIE FLEMING (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
HARLIE FLEMING
(Signature of enlisted person)

Subscribed and sworn to before me this 19th. day of JUNE, A. D. 19 31

H. W. Stinchcomb
H. W. STINCHCOMB, Lieutenant, USCG.

Commander, Section Base Six.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 25 years 7 months. Height 6 feet 0 inches. Weight 150 pounds. Eyes brown

Hair Brown Complexion Ruddy Color White Married NO

Distinguishing marks 1" scar ant. right wrist; 1/2" scar right index finger; mole right side of chin.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

or who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

ent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

HARLIE FLEMING(103-555) NO2c
Age 25 yrs 7 mos. Heig t 6'--
Weight 150. Eyes brown. Hair
brown. Complex ruddy. Color white.
Not married.
Distinguishing marks:
1" sc. ant. right wrist; 1/2" sc.
right index finger ; mole right side
of chin.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1930

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

ENLISTMENT CONTRACT

RE- ENLISTMENT[a] of FLEMING, Harlie (103-555) as Coxswain
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Section Base Six, District, Fort Lauderdale, Florida
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Fort Lauderdale, Florida
(Place)

1. I, Harlie Fleming, this 19th day of JUNE, 19 30, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison, N.C., on 2 November, 1905 Citizenship[b] N.B.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Mariner Home address 286 Moore St., Greenville, S.C.

Full name and address of the following: Not married
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

Mollie W. Fleming, 286 Moore St., Greenville, S.C. Widowed? No
(Mother, if living)

Steave C. Fleming (father) 286 Moore St., Greenville, S.C.
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have - - - - had previous service under the United States in the Coast Guard, ~~Army~~, Navy, ~~Marine Corps, Revenue-Cutter Service, or Life-Saving Service~~, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 15 June, 19 30, from ~~Cutter~~ Station Section Base Six, with honorable discharge, herewith submitted, serial No. A-18035
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by E.E. HAHN, Jr., Lieut.(jg), United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by E.E. HAHN, Jr., Lieut.(jg), United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Harlie Fleming who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming
HARLIE FLEMING
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By E. E. [illegible], Lieut. (jg), U.S.C.G.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

E. E. [illegible]

Lieut. (jg), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Harlie Fleming, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
HARLIE FLEMING
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of JUNE, A. D. 19 30

T.S. KLINGER
T.S. KLINGER, Lieut. Comdr. (R), U.S.C.G.,
Commander, Section Base Six.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 24 years 7 months. Height 6 feet 0 inches. Weight 155 pounds. Eyes brown

Hair brown Complexion Ruddy Color White Married No

Distinguishing marks 1" scar ant. right wrist; ½" scar right index finger; mole right side of chin.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

(137-322)

2—7031 U. S. GOVERNMENT PRINTING OFFICE 1930

R. S. Revised

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

Record of FLEMING, Harlie

(Full name, surname to the left)

Date

1. WAIVERS
(To permit enlistment)

Nature of waiver

Authority

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

1928
(Date last vaccinated against smallpox)

1930
(Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date
Section Base Six	Boatswain's Mate, second class	7 August, 1930

RECORD OF FLEMING, Harlie

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
6/30/30	LESS THAN ONE MONTH					Section Base SIX	B Kinsler
9-30-30 (130)	3.5	4.0		3.2	Yes	Section Base Six	B Kinsler
12/31/30	3.5	4.0		3.0	"	" " "	B Kinsler
3/31/31	3.5	4.0		3.2	"	" " "	B Kinsler
6/18/31	3.5	4.0		3.2	Yes/	Section Base Six	H.V. Steinkamp
Averages	3.5	4.0		3.15	Yes.	Section Base Six	H.V. Steinkamp

* See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer _____ (Date and place)

2—13679

RECORD OF FLEMING, Harlie

(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Section Base Six	6-19-30	--	40	E.E. HAHN, Jr.
Section Base Six	1-17-31	9	31	
Section Base Six.	6/18/31		0	H. W. STINCHCOMB.

RECORD OF FLEMING, Harlie
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial or disposition of remains)

_____ _____
(Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

1 (Yrs.) 0 (Mos.) 0 (Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 18 June, 1931

H. W. Stinchcomb

H. W. STINCHCOMB, Lieutenant, USCG.

Commanding Officer—DISTRICT COMMANDER

RECORD OF FLEMING, Harlie

(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a sentence of imprisonment, where the place of imprisonment is designated as a naval prison, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 18 June, 193 I Place Fort Lauderdale, Florida Serial No. A23865

Kind of discharge Honorable Authority for Article 42(2)(a) Regulations.

Discharged on account of Expiration of full term of enlistment.

Is - - - recommended for reenlistment. Rating best qualified to fill Boatswain's Mate, second class.
(If "not," so state)

15. ON DESERTION

, 193 (Unit) (Place)
(Date)

2—13678

CERTIFICATE OF MEDICAL EXAMINER

U. S. P. H. S. Relief Station

_____

_____, 19_____

I certify that on this _____ day of _____, 19_____, I have examined _____

_____, _____, U. S. Coast Guard, and find:

(*a*) That he is physically sound for discharge.

(*b*) That he is not physically sound for discharge by reason of the following defects:

(1) _____

(2) NOT PHYSICALLY EXAMINED ON DISCHARGE; AUTHORITY ARTICLE 4346 REGULATIONS.

(3) _____

(4) _____

In my opinion, defects numbered _____ were incurred as incident to service.

In my opinion, defects numbered _____ were incurred as not incident to service.

_____

Medical Officer in Charge.

RECOMMENDATION OF MEDICAL EXAMINER

(If any)

I recommend as follows:

_____

_____

_____

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____

Medical Officer in Charge.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

SECTION BASE SIX

Fort Lauderdale, Florida.

18 June, 1931

Upon discharge, this date, I certify that I am suffering from the following defect(s):

(The word "none" to be used, if no defects stated)

_____

NONE

_____

_____

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

Harlie Fleming

HARLIE FLEMING, (Signature)

B. M. 2c. (Rate), *U. S. Coast Guard.*

Form 2508
TREASURY DEPARTMENT
U. S. COAST GUARD

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name HARLIE FLEMING Serial number A23885

Rate or grade at time of discharge Boatswain's Mate, second class.

Service from which discharged Coast Guard Organization (If discharged from Army)

Kind of discharge Honorable

Organization in which enlisted Coast Guard

Enlisted or enrolled (place) Base Six, Fort Lauderdale, Florida., (date) 19 June, 1930.

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Base Six, Fort Lauderdale, Florida., (date) 18 June, 1931.

Federal service under this discharge* 1 years 0 months 0 days.

Previous service 5 years 8 months 7 days.

Certified to be a correct excerpt from the latest discharge from the U. S. Coast Guard

presented to me this day by HARLIE FLEMING

Date 19 June, 1931

H. W. STINCHCOMB, Lieutenant, USCG.
Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name Serial number

Rate or grade at time of discharge

Service from which discharged Organization (If discharged from Army)

Kind of discharge

Organization in which enlisted

Enlisted or enrolled (place), (date)

Date called to active duty (if enrolled in U. S. N. R. F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place), (date)

Federal service under this discharge* years months days.

Previous service years months days.

Certified to be a correct excerpt from the latest discharge from the

presented to me this day by

Date

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an ex of the will this form

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

ENLISTMENT CONTRACT

U. S. COAST GUARD RECEIVED JUL 3 1930 NS'D BY

CD 6/25/30

RE- ENLISTMENT [a] of FLEMING, Harlie (Full name, surname to left) as Coxswain (Rating)

U. S. Coast Guard ~~Cutter~~ Station Section Base Six, District, Fort Lauderdale, Florida (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Fort Lauderdale, Florida (Place)

1. I, Harlie Fleming (Full name), this 19th day of JUNE, 1930, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison, N.C., on 2 November, 1905 Citizenship [b] N.B.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Mariner Home address 286 Moore St., Greenville, S.C.

Full name and address of the following: Not married (Wife, if any)

None (Children under 16 years of age. Specify ages of children)

Mollie W. Fleming, 286 Moore St., Greenville, S.C. (Mother, if living) Widowed? No

Steave C. Fleming (father) 286 Moore St., Greenville, S.C. (Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein ..... (State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - - - - had previous service under the United States in the Coast Guard, ~~Army~~ Navy, ~~Marine Corps, Revenue Cutter Service~~ (If "not," so state) ~~Life-Saving Service~~, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 18 June, 1930, from ~~Cutter~~ Station Section Base Six, (Strike out one) with honorable (Kind of discharge) discharge, herewith submitted, serial No. A-18035

9. I agree to and with the United States of America, represented by E.E. HAHN, Jr., Lieut.(jg), (Name of enlisting officer) United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by E.E. HAHN, Jr., Lieut.(jg), (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Harlie Fleming (Name of person enlisting) who has hereunto signed his

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

2—7931

JUN 25 1930

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

POSTED

Harlie Fleming

HARLIE FLEMING

(Signature of enlisted person)

UNITED STATES OF AMERICA,

By E.E. HAHN, Jr., Lieut. (jg), U.S.C.G.

(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

E. E. HAHN, Jr.

Lieut. (jg), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Harlie Fleming, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming

HARLIE FLEMING

(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of JUNE, A. D. 19 30

T.S. KLINGER, Lieut.Comdr.(R), U.S.C.G.,

Commander, Section Base Six.

(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 24 years 7 months. Height 6 feet 0 inches. Weight 155 pounds. Eyes brown

Hair brown Complexion Ruddy Color White Married No

Distinguishing marks 1" scar ant. right wrist; ½" scar right index finger; mole right side of chin.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1930

Form 2500-C

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500 B
Ed. 30,000—Revised May, 1927

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] ENLISTMENT of FLEMING, Harlie (Full name, surname to left) as Seaman, first class. (Rating)

U. S. Coast Guard Cutter Station RECRUITING, District, Atlanta, Georgia. (Place where enlistment is made)
(Draw line through designation not applying)

Accepted for enlistment at Greenville, S.C. (Place)

1. I, Harlie Fleming (Full name), this 19th day of June, 192 8 desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison, N.C., on November 2, 1905. Citizenship [2] U.S.
If naturalized, place and date of naturalization ____ Certificate number ____
If intentions declared, place and date of declaration ____
Occupation or trade Mariner. Home address #286 Moore St. Greenville, S.C.
Full name and address of the following: NOT MARRIED. (Wife, if any)
(Children under 18 years of age)
Mollie W. Fleming, #286 Moore St. Greenville, S.C. (Mother, if living) Widowed? No.
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I have ____ had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not" so state)

5. I do not belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several states.

6. I was last discharged from the U. S. Coast Guard on ____, 19____, from Cutter Station ____ with ____ discharge, herewith submitted.
(Strike out one) (Kind of discharge)

7. I agree to and with the United States of America, represented by Stanley C. Crandall, (Name of enlisting officer) United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of TWO YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of TWO YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or for undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Stanley C. Crandall, (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Harlie Fleming, (Name of person enlisting) who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Harlie Fleming
Harlie Fleming (Signature of enlisted person)

UNITED STATES OF AMERICA,
By Stanley C. Crandall
Stanley C. Crandall (Signature and rank of enlisting officer) Pr. Boatswain, U.S.C.G.

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Stanley C. Crandall
Stanley C. Crandall, U. S. C. G., Enlisting Officer.
Boatswain (T),

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

I, Harlie Fleming (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
Harlie Fleming. (Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 192 8.

Stanley C. Crandall
Stanley C. Crandall, Bos'n.(T).
Recruiting Officer.
(Comdg. officer, officer in charge of a unit, or notary public)

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

(Signature of enlisted person)

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both)

Age 22 years 7 months. Height 5 feet 10½ inches. Weight 143 pounds. Eyes Brown

Hair Brown Complexion Ruddy Color White Married No Distinguishing marks

Anterior: Mole right chin: Sc. 3"x½" right lower leg: Sc. 3/4" left lower leg: Indented tip of sternum: Posterior: Sc. ½" right leg: Vac. sc. left arm:

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

L. W. Wiggins
L.W. Wiggins, M.D.
(Rank of examining medical officer)

(*b*) He has the following minor physical disqualifications which do not render him incapable of performing duty in the Coast Guard

(Rank of examining medical officer)

Form 2500-

RECORD OF FLEMING, Harlie
(Full name, surname to the left)

Date

1. WAIVERS
(To permit enlistment)

Nature of waiver

Authority

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

Over 4 yrs. ago.
(Date last vaccinated against smallpox)

Over 4 yrs. ago.
(Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Rec't. Station, Atlanta, Ga.	6/19/28	Receiving Unit, New London, Conn.	6/22/28 ✓
RECEIVING UNIT	6-26-28	OSSIPEE	6/26/28 ✓
Ossipee	9-3-29	10:05 AM YAMACRAW	9/3/29 ✓
YAMACRAW	4/9/30	Section Base Six	4/10/30 ✓

4. CHANGES IN RATING

Vessel or station	Rated to—	Date
YAMACRAW	Coxswain	4/1/30 ✓

2—13678

RECORD OF [redacted]
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Sobriety	Obedience	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-26-28	LESS THAN ONE MONTH					RECEIVING UNIT	
6-30-28	LESS THAN ONE MONTH					OSSIPEE	H. E. Yarnell
9-30-28	2.8	4.0	4.0	2.6	No	OSSIPEE	H. E. Yarnell
12-31-28	2.8	4.0	2.0	2.6	No	OSSIPEE	H. E. Yarnell
3-31-29	3.0	4.0	4.0	2.6	Yes	OSSIPEE	H. E. Yarnell
6-30-29	3.5	4.0	4.0	2.8	Yes	OSSIPEE	
9-30-29	3.5	4.0	4.0	3.2	Yes	YAMACRAW	
12/31/29	3.5	4.0	4.0	3.2	Yes	YAMACRAW.	
4/9/30	3.5	4.0	4.0	3.5	Yes	YAMACRAW	
6-18-30	3.9	4.0	4.0	3.7	Yes	Section Base Six	T. B. Klinger
Averages	3.33	4.0	3.66	3.0	NO.	Section Base Six	T. B. Klinger

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer _____ (Date and place)

Form 2500-A

RECORD OF FLEMING, Harlie

(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	Remarks
Section Base Six	6-16-30	Awarded honorable discharge button

2—13078

RECORD OF FLEMING, Harlie
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent
OSSIPEE	86	8-18-28	11-11-28	AHOM	made out by Base Six Ossipee did not record AHOM of this man C.D.

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

Not extended through error
See 2nd Ind. of C.O. Base 6, dated 7-2-30

14. ON DISCHARGE

Date 16 June, 1930 Place Base Six, Fort Lauderdale, Florida Serial No. A-18035
Kind of discharge honorable Authority for Article 428 (a) Regulations
Discharged on account of expiration of full term of enlistment.
Is - - - - - recommended for reenlistment. Rating best qualified to fill Coxswain
(If "not," so state.)

15. ON DESERTION

....., 192 ....
(Date) (Unit) (Place)

Form 2500-C

RECORD OF [illegible], Merle

(Full name, surname to the left)

16. ON RETIREMENT

(Date), 192 (Cause) (Authority)

17. ON DEATH

(Date), 192 (Place) (Cause) (Place of burial)

or disposition of remains) (Disposition of effects)

Was death incident to service?

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days
Headquarters letter (73)	17 August, 1928 (Date)	3	8	7 (illegible) ✓
Discharged Section Base Six	18 June, 1930 ✓ (Date)			
Enlisted	19 June, 1928 ✓ (Date)			
(2) Total service, current enlistment	Yrs. Mos. Days 2 0 0 ✓			

	Yrs.	Mos.	days.			
A. W. O. L.						
Sick misconduct	0	2	25	0	2	25
N. P. D. I.						
A. L. W. P.						
Other absence for which no pay accrued						
(3) Total deductions				1	9	55
(4) Net service, current enlistment (basis for enlistment allowance) (2−3)						1 9 55 ✓
Total service to date of discharge (basis for longevity) (1+4)						5 5 14 (illegible)

(7)

[illegible]

2—13678

RECORD OF FLEMING, Harlie
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

Commanding Officer—District Superintendent.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 16 June, 1930

T. S. KLINGER, Lieut. Comdr. (R), U.S.C.G.

Commanding Officer—

GOVERNMENT PRINTING OFFICE 2—13678

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500 B
Ed. 25,000—Revised May, 1927

U. S. COAST GUARD RECEIVED JUN 21 1928

7-1-3
6-22-28

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] ENLISTMENT of FLEMING, Harlie (Full name, surname to left) as Seaman, first class. (Rating)

U. S. Coast Guard ~~Cutter~~ Station RECRUITING, District, Atlanta, Georgia. (Place where enlistment is made)

(Draw line through designation not applying)

Accepted for enlistment at Greenville, S.C. (Place)

1. I, Harlie Fleming (Full name), this 19th day of June, 192 8, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison, N.C., on November 2, 1905. Citizenship [2] N.B.

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation or trade Mariner. Home address #286 Moore St. Greenville, S.C.

Full name and address of the following: NOT MARRIED. (Wife, if any)

(Children under 18 years of age)

Mellie W. Fleming, #286 Moore St. Greenville, S.C. (Mother, if living) Widowed? No.

(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I have ——— (If "not" so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

5. I do not belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several states.

6. I was last discharged from the U. S. Coast Guard on ____, 19____, from Cutter Station (Strike out one) ____ with ____ (Kind of discharge) discharge, herewith submitted.

7. I agree to and with the United States of America, represented by Stanley C. Crandall, (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of TWO YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of TWO YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or for undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Stanley C. Crandall, (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Harlie Fleming (Name of person enlisting), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Harlie Fleming (Signature of enlisted person)

UNITED STATES OF AMERICA,

By Stanley C. Crandall

Stanley C. Crandall, Boatswain (T), U.S.C.G. (Rank, branch of service, title)

B.R.S. 6-21-28

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Stanley C. Crandall

Stanley C. Crandall, U. S. C. G., Enlisting Officer.
Boatswain (T),

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

I, Harlie Fleming (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
Harlie Fleming. (Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1928.

Stanley C. Crandall
Stanley C. Crandall, Bos'n.(T),
Recruiting Officer.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both)

Age 22 years 7 months. Height 5 feet 10½ inches. Weight 143 pounds. Eyes Brown

Hair Brown Complexion Ruddy Color White Married No Distinguishing marks

Anterior: Mole right chin: Sc. 3"x½" right lower leg: Sc. 3/4" left lower leg: Indented tip of sternum: Posterior: Sc. ½" right leg: Vac. sc. left arm:

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

L.W. Wiggins, M.D.
(Rank of examining medical officer)

(*b*) He has the following minor physical disqualifications which do not render him incapable of performing duty in the Coast Guard

(Rank of examining medical officer).

730-7

DESPATCH

730

WHC

U. S. COAST GUARD

TREASURY DEPARTMENT

RUSH

WASHINGTON

CLASS OF MESSAGE

No. OPR. CHECK

19 June 1923

192

Coast Guard Recruiting Officer
304 Thrower Building
Atlanta Georgia

9919

Enlistment Harlie Fleming authorized as seaman first 1021

COAST GUARD

Fleming

20M.

E COPY

730-F

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

730

RECRUITING OFFICE

ATLANTA.

Atlanta, Ga.,
16 June, 1933.

From: Recruiting Officer.
To: Commandant.

Subject: [illegible] Earliest recommendation of enlistments of.

Reference: (a) Letter to Headquarters 12 June 1933 [illegible]
(b) Instructions in Circular Letter [illegible]

1. In accordance with reference (b), the [illegible]

Coast Guard Recruiting Officer
304 Hurower Building
Atlanta Georgia

9912 Enlistment Hagood Cooper as coxswain Rudolph Fred Stetzy as yeoman third Harlie Fleming as seaman second and Carl William Hawkins as fireman third authorized 1500

COAST GUARD

RTB.

Fleming

730

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD
REC'D JUN 18 1928 BY
ANS.

RECRUITING OFFICE
ATLANTA.

NORFOLK, VA.

Atlanta, Ga.,
16 June, 1928.

From: Recruiting Officer.
To : Commandant.

Subject: FLEMING, Harlie; reconsideration of verification of.

Reference: (a) My letter to Headquarters dated 9 June, 1928 (730).
(b) Headquarters Dispatch June 12, 1928 (9912-1500).

1. As shown by reference (a), subject man was discharged from the Navy as seaman, first class. Reference (b) authorizes the enlistment of Fleming in the rating of seaman, second class.

2. It is requested that Headquarters reconsider this case, and notify this station of final decision by dispatch.

Stanley C. Crandall
STANLEY C. CRANDALL.

Hd 5-14-28
Seaman

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2520—Ed. 6,000—Jan., 1925

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

Position desired Seaman First Class

U. S. COAST GUARD
REC'D JUN 21 1928 BY

WARNING

If you have ever been in the Coast Guard, Army, Navy, or Marine Corps and deny such service, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

Greenville, S. C.
(Place)

June 15th, 1928
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 22 years 6 months months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Harlie Fleming

Date of birth 1905 Nov 2

Place of birth Madison N. C. Citizenship american

Home address 286 moore st. Greenville S.C.

Are you married? no Number and relationship of persons dependent on you for support? no

Are you prepared to support your dependents on service pay? Yes

Are your parents living? Yes Are your parents dependent on you for support? no

Name and address of next of kin mattie w. Fleming father SC Fleming 286 moore st Greenville SC

The following must be filled out to cover the last year for those under 21 and the last 2 years for those over 21. In case of nonemployment, substitute school history.

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve?.....

If so, state which U.S. navy

Are you now or have you been a member of the National Guard? No

Produce your discharges from the U. S. Coast Guard, Navy, Marine Corps, Army, Naval Reserve, or National Guard.

Have you ever applied for enlistment in the Coast Guard? Yes

When did you apply? June 9. 1928 Where? Greenville SC

Were you accepted or ~~rejected~~? ..... If rejected, state why .....

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

Subscribed and sworn to before me, this date.

Stanley C. Crandall

Stanley C. Crandall, (Sign your full name here) Harlie Flenig

Recruiting Officer.

Accepted or rejected ACCEPTED. Cause of rejection .....

Date 19 JUNE, 1928.

NAVY SERVICE.

Treasury Department

United States Coast Guard

Recruiting Office Atlanta, Ga.,

Date 19 June, 1928.

To: Recruiting Officer.

I have this day had the enlistment contract fully explained to me, understand it fully and certify that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

I further certify that I am fully aware that I am enlisting for general service only and will accept without reservation such station or assignment commensurate with my rating as I may receive from time to time during such enlistment.

I agree to vaccination against smallpox and prophylactic innoculation against typhoid.

The matter of desertion has been fully explained to me and I am aware of the consequences of such act.

I am fully aware of the penalties resulting from fraudulent enlistment and the meaning thereof.

I am fully aware of the fact that I am enlisting for a period of TWO years in the rating of Sea.1c. and that the pay for such rating is $54.00 per month.

Harlie Fleming
Signature of applicant.
Harlie Fleming.

Attest

Stanley C. Crandall
Recruiting Officer.
Stanley C. Crandall

1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Recruiting Station, (Unit.) Atlanta, Ga., (Place.)

FROM: Harlie Fleming, Sea.1c. 19 June, 1928. (Date.)

TO: COMMANDANT (via Recruiting Officer.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as follows:

NOT MARRIED. (Full name of wife; if not married, so state.) (Address of wife.)

(Full name of child; if none, so state.) (Address of child.)

(Full name of child; if none, so state.) (Address of child.)

(Full name of child; if none, so state.) (Address of child.)

ORIGINAL

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mellie W. Fleming (Full name of relative.) Mother (Relationship.) #286 Moore St. Greenville, S.C. (Address of relative.)

Potential. (State briefly wherein dependency exists.)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

None. (Full name of relative.) (Relationship.) (Address of relative.)

(State briefly wherein dependency exists.)

WITNESSED BY: Stanley C. Crandall

Stanley C. Crandall,

Rank, Boatswain (T).

SIGNED: Harlie Fleming

Harlie Fleming,

Rank or rating, Seaman, first class.

FILED U.S.

U.S. Coast Guard 31145

2—10348

GOVERNMENT PRINTING OFFICE

Form 2500-A

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

CAPTAIN OF THE PORT,
Port Everglades, Florida,

21 June, 1943.

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I FLEMING, Harlie 103-555 CBM, having,
(Name of Applicant)(Service Number)(Rating)
on 22 June, 1940 USN enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration memtioned therein to extend said term of enlistment for a period of 3 years from the date of expiration thereof, subject to all of the provisions of said contract to enlistment, of which this agreement shall form a part. I further agree to the extension of this enlistment by the Secretary of the Navy for such additional time as may be deemed necessary in the public interests in time or war or national emergency declared by the President to exist, such additional time n ot to extend beyond six months after the date of termination of war or national emergency. My reason for making this agreement is for the Convenience of the Governmant in lieu of Honorable Discharge, in accordance with Alcoast #83.



Tip of Right forefinger.

Harlie Fleming
Harlie Fleming
(Signature of Applicant)

Voluntarily agreed and subscribed to before me this 21st day of June, A.D., 19 43.

J. T. NELSON, Lieutenant, U.S.C.G.R.
CAPTAIN OF THE PORT, Port Everglades, Fl

CAPTAIN OF THE PORT, U.S.C.G.,
Port Everglades, Florida.

21 June, 1943.
(Date)

APPROVED:

J.T. NELSON, Lieutenant, U.S.C.G.R.
CAPTAIN OF THE PORT, PORT EVERGLADES, FLA.

CAPTAIN OF THE PORT,
Port Everglades, Florida,

21 June, 1943

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the day immediately following the date of expiration of said term of enlistment.

J.T. NELSON, Lieutenant, U.S.C.G.
CAPTAIN OF THE PORT, Port Evergla

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

RE- ENLISTMENT [a] of FLEMING, Harlie (103-555) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter ~~Station~~ 5212, ... District, New Orleans, Louisiana
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at New Orleans, Louisiana
(Place)

1. I, Harlie Fleming, this 22nd day of June, 19 40, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Madison County, N.C., on 2 November, 1905 Citizenship [b] N.B.

If naturalized, place and date of naturalization - - - - Certificate number - - -

If intentions declared, place and date of declaration - - - - -

Occupation or trade Mariner Home address CGC-5212, New Orleans, La.

Full name and address of the following: Lorie Ann Fleming, 706 Ash St., Key West, Fla.
(Wife, if any)

Harlie J. Fleming (son) Address as above
(Children under 21 years of age. Specify ages of children)

Mother deceased Widowed?
(Mother, if living)

Mr. Steve Fleming, 286 Moore Street, Greenville, S.C. (Father)
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein none
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)

Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on ....., 19....., from Cutter ~~Station~~ 5212
(Strike out one)

honorable discharge, herewith submitted, serial No. A60012
(Kind of discharge)

9. I agree to and with the United States of America, represented by Comdr. F. J. Birkett, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Comdr. F. J. Birkett, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the said Harlie Fleming who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Harlie Fleming

Harlie Fleming

(Signature of enlisted person)

UNITED STATES OF AMERICA,

By F. J. Birkett, Commander, U.S.C.G.

(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

F. J. Birkett,

Commander, U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

Harlie Fleming, do solemnly swear (or affirm) that I will bear true faith and

(Full name)

allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming

Harlie Fleming

(Signature of enlisted person)

Subscribed and sworn to before me this 22nd day of June, A. D. 1940

Commander, U.S.C.G.

F. J. BIRKETT,

Chief of Staff, New Orleans District

(Comdg. officer, officer in charge of a unit, or notary public).

12. DESCRIPTIVE LIST

Age 34 years 7 months. Height 6 feet 0 inches. Weight 150 pounds. Eyes brown

Hair Lt. Brown Complexion Ruddy Color White Married Yes

Distinguishing marks Scar 1" right index finger. Mole on chin,

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian

(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

Sheet 1

SERVICE RECORD

RECORD OF FLEMING, Harlie (Full name, surname to the left) 103-555 (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
CGC-5212, New Orleans Dist.	6-22-40		CGC-5212, St. Louis District	6-27-40	
CGC-5212 (ST. LOUIS DIST)	9-3-40		Ft. Lauderdale Base	9-5-1940	
FT. LAUDERDALE BASE	7-11-42	ROY ROBINSON	COP, Miami, Fla.	7/11/42	G.R. LOEHR, By dir.
COTP Miami	OCT 1 1942	G.R. LOEHR By direction	Port Everglades	10-2-42	
COTP, Port Everglades	7-7-44		COTP, MIAMI, FLA.	JUL 8 1944	
COTP, Miami, Fla.	9-10-44	W Chapman Acting	DCGO, 8th ND		
NOLA	SEP 28 1944		NOLA	SEP 16 1944	
USA FS 347	4-3-45		FS 347	10-5-44	
CG AMS Navy 920	4-4-45		CG AMS Navy 920	4-3-45	
USS Refuge (AH-11)	4-16-45		USS Refuge (AH-11)	4-4-45	
USN Blue Hosp #15	6-30-45		USN Blue Hosp #15	4-16-45	
USNH Pearl Harbor	7-13-45		USNH Pearl Harbor	7-2-45	
USS Tryon (APH-1)	7-19-45		USS Tryon (APH-1)	7-13-45	
USN Rec Hosp San Pedro	7-31-45		USN Rec Hosp San Pedro	7-19-45	
USNH Jacksonville	10-2-45		USNH Jacksonville	8-5-45	
Oelslo 6ND	10-4-45		Oelslo 6ND	10-4-45	
CGC CYPRESS	4-19-46	D.B. Christiansen CO	CGC CYPRESS	10-10-45	D.B. Christiansen CO
CGRB CHAR SC	10-19-46	Comdr	ChasN Section COM7THCGD	APR 19 1946 + 10-19-46	Comdr
				+ 10-16-46	H2 records L.D.
			Ariadne	10-22-46	" " "
			7th C.G. Dist	11-4-46	" " "

+ Entered at HQ 1-25-46 (ASM)

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
FT LAUDERDALE BASE	C.B.M(a)(Pro)	5/16/42	Roy Robinson
Cop. Pt Everglades	C.B.M H/4 5-16-43	5/16/43	
COTP, Miami, Fla.	Accepted appointment as Boatswain, USCG, 8-9-44 for temp. service, with rank as such from 7-10-44. Auth: Alcoast 59-44		M.G. Fidl Lt. Comdr.
Comdr 7th CG Dist	Reverted to CBM 9 Aug. 1946		Comdr.

2—13678

RECORD OF FLEMING, Harlie (Full name, surname to the left) 103-555 (Service No.)

3. EFFICIENCY MARKS

SCALE OF MARKS: 4.0, Perfect; 3.5 to 3.9, Excellent; 3.0 to 3.4, Good; 2.5 to 2.9, Satisfactory; 2.0 to 2.4, Indifferent; 1.0 to 1.9, Poor; 0.0 to 0.9, Bad

Date	Proficiency in rating	Conduct	Sobriety	Ability as leader of men	Health	Adaptability for warrant grade	Vessel or station	Signature
6-22-40	LESS THAN ONE MONTH						CGC-5212,N.O.Dist.	Comdr.
6-30-40	Less than one month						CGC-5212(St. Louis District)	G.L.Ottinger,Lt(jg) G.L.Ottinger,Lt(jr)
9-3-40	3.5	4.0	4.0	3.5	4.0		CGC-5212 (St. Louis District) (CGC-837)	G.L.Ottinger G.L.Ottinger,Lt.(jr.)
9-30-40	LESS THAN ONE MONTH						Ft.Lauderdale Base	[illegible]
12-31-40	3.5	4.0	4.0	3.2	4.0	-	Ft.Lauderdale Base	[illegible]
3-31-41	3.6	4.0	4.0	3.2	4.0	-	Ft.Lauderdale Base.	[illegible]
6-30-41	3.6	4.0	4.0	3.5	2.6	-	Ft.Lauderdale Base	P.L.STINSON
6-30-41	3.6	4.0	4.0	3.5	3.49	-	Ft.Lauderdale Base	P.L.STINSON,LT.

Record of FLEMING, Harlie (103-555)
(Full name, surname to the (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
6-30-44	CBM	3.7	3.7	3.6	3.7	4.0	COTP, Port Everglades J Nelson
7-8-44	CB.M.	LESS THAN ONE MONTH				4.0	COTP, Port Everglades J Nelson
7-8-44	CBM	adaptability for warrant				3.5	COTP, Port Everglades J Nelson
8-9-44	Accepted appointment as Boatswain, USCG, for temporary service, with rank as such from 7-10-44. Auth: Alcoast 59-44						M. B Fidl Lt, Comdr.
11/5/46	CBM	3.7	Discharged			4.0	Lt, Comdr.
AVERAGE	X X X X	3.6	Discharged			4.0	Comdr. By dir.

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

6-21-43	CBM	3.7	3.6	3.6	3.7	Extension of enlistment	4.0 J.T. NEISON (Lt)(R)
JUN 30 1943	CBM	LESS THAN ONE MONTH				COTP, Port Everglades	4.0 By direction
9-30-43	C B M	3.7	3.6	3.6	3.6	Cotp, Port Everglades.	4.0 J Nelson
DEC 31 1943	C.B.m.	3.6	3.6	3.6	3.6	COTP, PORT EVERGLADES	4.0 J Nelson
MAR 31 1944	C.B.M.	3.7	3.7	3.6	3.7	COTP, PORT EVERGLADES	4.0 J Nelson

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completness of the marks.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

RECORD OF FLEMING, Harlie 103-555
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Unit	Date	Remarks	Signature
Ft. Lauderdale Base	11-9-40	Awarded Good Conduct Bar	H.E. Grogan

2—13678

RECORD OF FLEMING, Harlie (Full name, surname to the left) 103-555 (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date		Duty	Signature
	From—	To—		
Coltp, Pt Everglades	4-5-43	6-2-43	CG-6800 2F	Harlie Fleming
Coltp, Pt Everglades	6-2-43	7-8-44	Barracks	Harlie Fleming

U. S. GOVERNMENT PRINTING OFFICE 2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF FLEMING, Harlie (Full name, surname to the left) 103-555 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
6-22-40						
CGC-5212	CREDIT	5-22-40	[redacted]	30	10	Comdr.
Ft. Lauderdale Base	12-17-40	12-28-40	10	20	10	P. L. Stinson
Ft. Lauderdale Base	5-13-1941	6-3-1941	20	0	10	ROY ROBINSON, LIEUTENANT.
Ft. Lauderdale Base	6-22-41	Credit- - - - - - -		30	10	ROY ROBINSON, LIEUTENANT
Ft. Lauderdale Base	6-22-42	Credit - - - - - -		30	10	ROY ROBINSON, LIEUTENANT
COTP, Port Everglades	6-22-43	CREDIT		30	10	
COTP, Port Everglades	9-23-43	10-6-43	10+2 tt	20	10	
	5-17-44	5-28-44	10	10	10	
CGRB, NOLA	6-22-44	CREDIT		30	10	It. (jg)

2—13678

RECORD OF FLEMING, Harlie (Full name, surname to the left) 103-555 (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a conviction or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Ship or station	Number of days	From—	To—	Remarks	Signature
USA FS 947		No Deductible Time	While attached		
CG AMD Navy 920		No Deductible Time	While attached		
USS Refuge (AH-11)		No Deductible Time	While attached		
USN Base Hosp #15		No Deductible Time	While attached		
* USNH Pearl Harbor		No Deductible Time	While attached		
USS Tryon (APH-1)		No Deductible Time	While attached		
USN Rel Hosp San Fran		No Deductible Time	While attached		
USNH Jacksonville		No Deductible Time	While attached		
Hdqrs 6ND		No Deductible Time	While attached		
CGC CYPRESS		NO DEDUCTIBLE TIME WHILE	ATTACHED		CO
COM 7TH CG DIST		NO DEDUCTIBLE TIME WHILE	ATTACHED		Comdr.

* Entered at HQ 1-20-46 (ASM)

OP PT EVERGLADES	3 years	Voluntarily extended enlistment in accordance with Alcoast #83 and Article 541 CG Regulations as amended by Change #22.	J. T. NELSON, Lt.(R)

12. ON DISCHARGE

Date ....., 193.... Place ..... Serial No. .....

Kind of discharge ..... Authority for .....

Discharged on account of .....

Is ..... recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE .....

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 2—13678

RECORD OF FLEMING, Harlie (Full name, surname to the left) 103-555 (Service Number)

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

103-555 (File or service No.) FLEMING (Surname) Harlie (First name) (Initial) CBM USCG (Rank or rating and branch of service)

4 Nov. 1946 (Date discharged or released from active duty) Office, Comdr. 7th CG Dist. Miami, Fla. (Activity from which discharged) 60 days' or more (Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? Enter Yes or No YES

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct.

(Sign original only)

J. R. HINNANT, Commander, USCG (Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? YES (Enter Yes or No)

Harlie Fleming (Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:
(Omit address if service is LESS than 60 days)

706 Ashe Street (Number) (Street)

Key West, Fla. (City) (Zone) (State)

Paid $300 Lump Sum Payment
ALNAV 360-45
Paid $100.00 on 410-2834 6,638 11/5/46
(Public Voucher) (Check number) (Date)

DISBURSING OFFICER'S PAYMENT DATA

E. J. Brennan Ch. Disb. Officer Div. of Disb.

Ryt W. J. Boyce

(Type name and symbol No. of disbursing officer making initial payment)

W. J. BOYCE, P.C. USCG Alt. Asst. Disb. Officer 18-410

TRIPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

W. J. BOYCE, PAY CLERK, USCG, ALT.ASSIST.DISB. OFFICER. (Name of disbursing officer)

PAID $300.00 MUSTERING OUT PAYMENT AND $150.00 REENLIST ALLOWANCE ON 11/5/46 AT OFFICE, COMDR. 7TH COAST GUARD DISTRICT, MIAMI, FLA. BY W. J. BOYCE, PAY CLERK, USCG, ALT.ASSIST.DISB. OFFICER FOR E. J. BRENNAN, CDO, DIV. OF DISBURSING, TREAS.DEPT. UNDER SYMBOL 18-410.

W. J. Boyce

W. J. BOYCE, PAY CLERK, USCG.

Address subsequent to discharge will be:

706 Ashe Street

Key West, Fla.

Has signified intention { to / not to } reenlist next day.

Creditable Coast Guard service during this enlistment 6 (Years) 4 (Months) 14 (Days)

Completed 21 years' net service for pay purposes on 24 February, 1946

Total time lost and deducted for pay purposes thereafter to date of discharge None (Years) (Months) (Days)

4 November, 1946 (Date)

Certified correct upon termination of service.

J. R. HINNANT, Commander, USCG
Commanding Officer.

(4)

U. S. GOVERNMENT PRINTING OFFICE 16—9676-2

RECORD OF FLEMING, Harlie (Full name, surname to the left) 103-555 (Service Number)

11. DESERTION

Date ....., 19..... Unit ..... Place .....

12. DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty?	Signature

13. RETIREMENT

Unit	Date	Cause	Authority	Signature

14. DISCHARGE

Date 4 November, 1946 Place Miami, Fla.

Discharged by reason of Expiration of enlistment and extension

Kind of discharge Honorable CODED NOV 46 Serial No. A-63794

Authority Art. 589 (1) Reg.

Rating CBM Monthly rate of pay .....

Furnished travel allowance at the rate of 0.05 cents per mile from Miami, Florida

to NewOrleans, Louisiana and paid $48.95 in full to date of dischar

W. J. BOYCE, PAY CLERK, USCG, with check No. Cash.
ALT.ASSIST.DISB. OFFICER. (Name of Disbursing Officer) PAID $300.00 MUSTERING OUT PAYMENT AND $150.00 ...
ALLOWANCE ON 11/5/46 AT OFFICE, COMDR. 7TH COAST GUA
DISTRICT, MIAMI, FLA. BY W. J. BOYCE, PAY CLERK, USC
ALT.ASSIST.DISB. OFFICER FOR E. J. BRENNAN, CDO, DIV
OF DISBURSING, TREAS.DEPT. UNDER SYMBOL 18-410.

Address subsequent to discharge will be:

706 Ashe Street
Key West, Fla.

W. J. BOYCE, PAY CLERK
USCG.

Has signified intention { to / [redacted] } reenlist next day.

Creditable Coast Guard service during this enlistment 6 (Years) 4 (Months) 14 (Days)

Completed 21 years' net service for pay purposes on 24 February, 1946

Total time lost and deducted for pay purposes thereafter to date of discharge None (Years) (Months) (Days)

4 November, 1946 (Date)

Certified correct upon termination of service.

J. R. HENNANT, Commander, USCG
Commanding Officer.

(4)

U. S. GOVERNMENT PRINTING OFFICE 16—9676-2

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Captain of the Port Unit (Unit) — Port Everglades, Florida (Place)

1 April, 1943 (Date)

FROM: FLEMING, Harlie (103-555) C.B.M.(a)(Pro)

TO: COMMANDANT (via Commanding Officer)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	912 N. E. 2nd Avenue Fort Lauderdale, Florida. (Address of wife)
Harlie J. Fleming (Son) (Full name of child; if none, so state)	Same as above (Address of child)
Walter James Fleming Son. (Full name of child; if none, so state)	706 Aske St. Key West, Fla (Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve Fleming (Full name of relative)	Father (Relationship)	286 Moore St., Greenville, S.C. (Address of relative)

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

NONE (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 1st day of April, 1943

J. T. NELSON

Harlie J. Fleming
HARLIE FLEMING
(Signature)

C.B.M.(a)(Pro)

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CGC-5212 (Unit) — New Orleans, Louisiana (Place)

22 June, 1940 (Date)

FROM: FLEMING, Harlie (103-555) B.M.1c.

TO: COMMANDANT (via Commander, New Orleans District.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)	(Address of wife)
Lorie Ann Fleming	706 Ash Street, Key West, Fla.
Harlie J. Fleming (son)	As above

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Mr. Steve Fleming	Father	286 Moore St., Greenville, S.C.

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY: F. J. Birkett
F. J. BIRKETT,
Commander, U.S.C.G.
Rank

SIGNED: Harlie Fleming
Harlie Fleming
B.M.1c.
Rank or Rating

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General U.S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

CGC-5212
(Unit)

FLEMING, Harlie
(Name in full—surname to the left)

22 June, 1940
(Date)

103-555
(Service number)

B.M.1c.
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years)	1937 (Year)	6 (Month)	22 (Day)			
Date of discharge (Honorable) (Character of discharge)	1940 (Year)	6 (Month)	21 (Day)			
Total time of last enlistment period				3	0	0

ABSENT TIME DURING PERIOD (inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
	None			None			None	
Total			Total			Total		

Reenlisted 22 June, 1940, for a period of three years in the regular establishment.

F. J. BIRKETT, Commander, U.S.C.G.,
Chief of Staff, New Orleans District.

Total absence (0 days)

Creditable time served during last enlistment period	3	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

F. J. BIRKETT, Commander, U.S.C.G.,
Chief of Staff, New Orleans District.

.S.C. #1509 Issued 6-21-32

FLEMING, Harlie
(NAME)

103-555
(SERVICE NUMBER)

MARITAL STATUS Married
NUMBER OF DEPENDENTS

Other creditable service—
U.S. NAVY

YRS.	MOS.	DAYS
3	6	19 OD 5-14-28

Birth, date of 2 November, 1905
Birth, place of Madison, N.C.
Citizenship N.

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
RO Tampa Fla. (07)	3-17-49	BMC				TR.
DEPOT, St. Pete (07)	8-31-49	BMC				TR. ASDU
DEPOT, St. Pete (07)	11-4-49	THREE (3) year enl in Reg Est				Expired. this date
Depot, St. Pete (07)	11-5-49	Enl Ext indefinitely				for adm pur pending HQ action Form 88.
Depot, St. Pete	11-28-49	BMC				HD EXP of ENL
Depot, St. Pete	11-29-49	BMC				REENL in Reg Est as BMC for 5yrs
Depot. St. Pete	5-31-50	BMC				Retired

ABSTRACT OF SERVICE—ENLISTED PERSONNEL GPO 16—56524-1 TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2996 (8-48)

C. G. 9545
Revised Sept. 1941

MARRIED
WIDOWED
DIVORCED

FLEMING, Harlie 103-555
(NAME) (SERVICE NUMBER)

Other creditable service—
U.S. NAVY

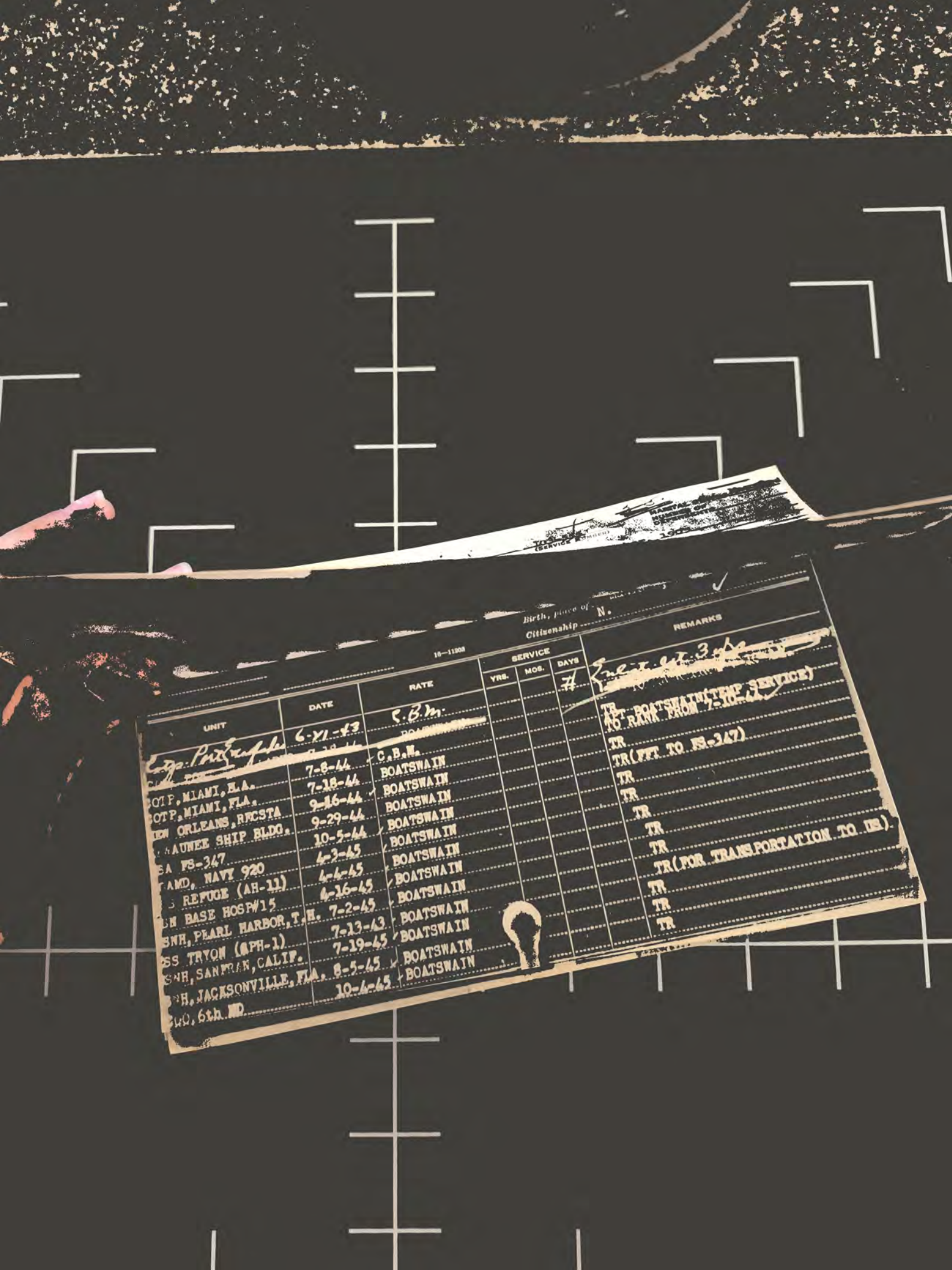
YRS.	MOS.	DAYS	
3	6	19	OD.5-14-28

16—11203

Birth, date of November 2, 1905
Birth, place of Madison, N.C.
Citizenship N.

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
USCGC CYPRESS	10-10-45	BOATSWAIN				TR
CHARLESTON SECT(07)	4-19-46	BOATSWAIN				TR(ADMINISTRATIVE PURPOSES)
CHARLESTON REP BASE	9-25-46	BOATSWAIN				TR
CHARLESTON REP BASE	8-9-46	C.B.M.				APPT REVOKED
7th CG DISTRICT	10-16-46	C.B.M.				TR
CGC ARIADNE	10-22-46	C.B.M.				TR
7th CG DISTRICT	11-4-46	C.B.M.				TR HD EXPIRATION OF ENLISTMENT AND EXTENSION
7th CG DISTRICT	11-5-46	C.B.M.				REENLISTED FOR 3YRS, REGULAR
Depot Key West (07)	11-5-46	C.B.M.				TR CGC Adiadne
Miami Base	7-4	CBM				tr
Key West Depot(07)	8-9-47	CBM				tr
Key West Dept (07)	11-8-47	CBM				Tr CG-8-3703
DEPOT-KEY WEST(07)	4-2-48	BMC				CPCJG-47

DIEBOLD 2116-787 16—11203-1


Birth, place of N.
Citizenship
16—11308
UNIT
DATE
RATE
SERVICE
YRS.
MOS.
DAYS
REMARKS
6-XI-43 C.B.M.
7-8-44 C.B.M.
7-18-44 BOATSWAIN
9-16-44 BOATSWAIN
9-29-44 BOATSWAIN
10-5-44 BOATSWAIN
4-3-45 BOATSWAIN
4-4-45 BOATSWAIN
4-16-45 BOATSWAIN
7-2-45 BOATSWAIN
7-13-43 BOATSWAIN
7-19-45 BOATSWAIN
8-5-45 BOATSWAIN
10-4-45 BOATSWAIN
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Birth, place of Madison, N.C.

Citizenship, U.S.

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
McLANE	9-14-36	B.M.1c.				Tr. HL. 9-1-36
DIX	10-31-36	B.M.1c.				T.Fe.
DIX	6-21-37	B.M.1c.				HD/ EXT. Extra SUNDAY DUTY ONLY
DIX	6-22-37	B.M.1c.				Re. THREE YEARS REGULAR
PORT TELL	12-31-38	B.M.1c.				Tr.
NEW ORLEANS GROUP	10-7-39	B.M.1c.				Tr.
New Orleans Group	6-21-40	B.M.1c.				HD.
New Orleans Group	6-22-40	B.M.1c.				Re. THREE YEARS REGULAR
SMALL BOATS	6-27-40	B.M.1c.				Tr. HL. 6-11-40
ST. LOUIS DISTRICT						Tr. HL. 8-22-40
FT. LAUDERDALE BASE	9-5-40	B.M.1c.				CR.
FT. LAUDERDALE BASE	5-16-42	C.B.M.(a)(Pro)				"
10th Naval Dist. Miami	7-11-42	C.B.M.(a)(Pro)				"
Miami Naval Air Sta.	8-1-42	C.B.M.(a)(Pro)				TR
OTP PORT EVERGLADES	10-2-42	C.B.M.(a)(Pro)			✓	CR Rating issued as CBM 5-16-
OTP PORT EVERGLADES	5-16-43	C.B.M.				



UNIT	DATE	RATE	SERVICE YRS	SERVICE MOS	SERVICE DAYS	REMARKS
[illegible]RO ATLANTA	6-19-28	Sea.1c.				[illegible] H/L 6-19-28
[illegible]TED-SAV[illegible]VILLE N.C.	6-22-28	Sea.1c.				
[illegible] NEW LONDON	6-26-28	Sea.1c.				Tr.H/L 6-19-28.
[illegible]	9-3-29	Sea.1c.				Tr.H/L 8-28-29.
[illegible] ACRAW	4-1-30	Cox.				
[illegible] ACRAW	4-10-30	Cox.				Tr.H/L 3-29-30.
[illegible]SE 6	6-18-30	Cox.	1	9	5	RD. Time deducted (OVER).
[illegible]SE 6	6-19-30	Cox.				Re, to REGULAR.
[illegible]SE 6	8-7-30	B.M.2c.				
[illegible]SE 6	6-20-32	B.M.2c.				RD.Rel.ext.Adj.of Accts.
[illegible]SE 6	6-21-32	B.M.2c.				Re. TWO YEARS. NEW DATE ENL.
[illegible]SE 6	4-4-33	B.M.1c.				CR.H/L 1-27-33.
[illegible]SE 6	6-20-34	B.M.1c.				RD.
[illegible]SE 6	6-21-34	B.M.1c.				Re. THREE YEARS REGULAR
TAMPA	7-18-36	B.M.1c.				Tr.

NCG 2500
(Rev June, 1942)

ENLISTMENT CONTRACT

PE-PR-24

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

RE-ENLISTMENT OF FLEMING, Harlie (n) (Full name, surname to left); 103-555 (Service number); _____ (Pay per month)

Accepted for enlistment at St. Petersburg, Florida; BMC (Rating in which enlisted)

Enlisted at USCG Depot, St. Petersburg, Florida; 29 November, 1949 (Date of enlistment)

Transferred to Retained onboard

Occupation Mariner Citizenship * "NB" If naturalized, place and date of naturalization _____ Certificate No. _____

Date of birth 2 November, 1905 Place of birth Madison County, North Carolina

Home address 918 NE 3rd Avenue (Street and number), Ft. Lauderdale (Town), Boward (County), Florida (State)

Married or single Married Name and address of next of kin or legal guardian

Lorie Ann Fleming - Wife - 918 NE 3rd Avenue, Ft. Lauderdale, Florida (Relationship) (Address)

Continuous Service Certificate LOST (Number) Previous service { Coast Guard / ~~Reserve~~ } 24 (Years) 09 (Months) 04 (Days)

First enlisted 19 June, 1928 (Date) at Atlanta, Georgia (Place) and was

last discharged 28 November, 1949 (Date) from CG Depot, St. Petersburg, Florida (Unit)

with Honorable (Character) discharge as BMC (Rate) Form No. CG-2510

Previous Navy service 03 (Years) 06 (Months) 18 (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 44 years 0 months.

Height 6 feet 0 inches. Weight 144 pounds.

Eyes Brown Sex Male Hair Grey Complexion Ruddy Color White

Personal characteristics _____ marks, etc. Sc 1" rt index finger; mole on chin.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with R.F.ELDER, LT, of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { FIVE (5) years from 29 NOVEMBER, 1949 / during minority until _____ } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Harlie Fleming do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and 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 the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
(Signature in own handwriting, surname to right)
HARLIE FLEMING

Subscribed and sworn to before me this 29TH day of NOVEMBER, A. D. 1949

R. F. Elder
R. F. ELDER, LIEUTENANT, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding Officer
(Title)

Citizenship substantiated and contract perfected.

R. F. Elder
R. F. ELDER,

LIEUTENANT, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____
(Signature of man)

...OF BENEFICIARIES FOR DEATH GRATUITY

U. S. Coast Guard Depot, (Unit) St. Petersburg, Florida (Place)

FROM: FLEMING, Harlie (n) (103-555) BMC, USCG 29 November, 1949 (Date)

TO: COMMANDANT (via Commanding Officer)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Date of Marr: 11-20-35) (Full name of wife; if not married, so state)	918 NE 3rd Avenue, Ft. Lauderdale, Florida (Address of wife)
John Harlie Fleming (DOB: 11-8-38) (Full name of child; if none, so state)	Same as above. (Address of child)
Walter James Fleming (DOB: 10-18-40) (Full name of child: if none, so state)	Same as above. (Address of child)
Barbara Linda Fleming (DOB: 6-4-47) (Full name of child; if none, so state)	Same as above. (Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve C. Fleming (Full name of relative)	Father (Relationship)	286 Moore Street, Greenville, N.C. (Address of relative)

Potential (State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

None (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

CIARIES FOR DEATH GRATUITY

U. S. Coast Guard Depot, (Unit) St. Petersburg, Florida (Place)

29 November, 1949 (Date)

FROM: FLEMING, Harlie (n) (103-555) BMC, USCG

To: COMMANDANT (via Commanding Officer)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Date of Marr: 11-20-35) (Full name of wife; if not married, so state)	918 NE 3rd Avenue, Ft. Lauderdale, Florida (Address of wife)
John Harlie Fleming (DOB: 11-8-38) (Full name of child; if none, so state)	Same as above. (Address of child)
Walter James Fleming (DOB: 10-18-40) (Full name of child: if none, so state)	Same as above. (Address of child)
Barbara Linda Fleming (DOB: 6-4-47) (Full name of child; if none, so state)	Same as above. (Address of child)

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None (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

28th day of November 19 49

Harlie Fleming

...RY DEPARTMENT
...S. COAST GUARD
CG-2500C (SUPPLEMENT) (Rev. 6-48)

TERMINATION OF SERVICE

PE-PR-24

NAME	SERVICE NO.	RATING
FLEMING, Harlie (n)	103-555	BMC
UNIT	**LOCATION**	**DATE REPORTED**
U.S. Coast Guard Depot,	St.Petersburg, Florida	Attached
FINAL AVERAGE EFFICIENCY MARKS →	**PROFICIENCY IN RATING**	**CONDUCT**
	3.666	4.0

DEDUCTIBLE TIME WHILE ATTACHED — [XX] NONE — [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD

DISPOSITION OF IDENTIFICATION CREDENTIALS — [ ] SURRENDERED — [XX] NOT SURRENDERED (Explanation below)

STATEMENTS OF DISCHARGEE

EXPLANATION OF NON-SURRENDER OF IDENTIFICATION CREDENTIALS

Reenlisting; valid.

PLACE TO WHICH TRAVEL ALLOWANCE IS ELECTED

Miami, Florida

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED

- [ ] HONORABLE DISCHARGE BUTTON
- [ ] SATISFACTORY SERVICE CARD NO.
- [ ] INFORMATION RELATIVE TO RIGHTS AND BENEFITS AS A VETERAN
- [X] Honorable Discharge Certificate
- [ ]

ADDRESS SUBSEQUENT TO DISCHARGE

918 NE 3rd Avenue,
Ft. Lauderdale, Fla.

SIGNATURE OF DISCHARGEE

Harlie Fleming

Harlie Fleming

REMARKS

DISCHARGE

DATE	TYPE OF DISCHARGE
11-28-49	Honorable

REASON

Expiration of 3 year term of enlistment and twenty-four (24) day extension thereof.

AUTHORITY

Article 589 (1), CG Regulations

MUSTERING OUT PAY

[ ] ENTITLED — [X] NOT ENTITLED

AMOUNT PAID	VOUCHER NO.	CHECK NO.

TRAVEL ALLOWANCE AND PAY

PAID TA FROM	TO
St.Petersburg, Fla.	Miami, Fla.
TOTAL TA	**TOTAL TA & PAY (in full to date of discharge)**
$ $15.60	$679.94
CHECK NO.	**NAME OF PAY OFFICER**
	W.M. STEPHENS, CPCLK, USCG

CREDITABLE SERVICE THIS ENLISTMENT

ACO.

YEARS	MONTHS	DAYS
Three (3)	No (0)	Twenty-four(24)

REENLISTMENT RECOMMENDATION

[X] RECOMMENDED — [ ] NOT RECOMMENDED

Certified to be correct upon termination of service

R. F. Elder

R. F. ELDER, LT, USCG
COMMANDING OFFICER

3-630

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

11/29/49 PAID REENL BONUS (FIVE YEARS) IN AMOUNT $250.00

W.M. STEPHENS,
CPCLK, USCG ACO.

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

RE-ENLISTMENT OF FLEMING, Harlie (n) (Full name, surname to left); 103-555 (Service number); _____ (Pay per month)

Accepted for enlistment at Office, Comdr. 7th CG Dist. Miami, Fla.; C.B.M. (Rating in which enlisted)

Enlisted at Miami, Fla.; 5 Nov. 1946 (Date of enlistment)

Transferred to CGC ARIADNE - Key West, Fla.

Occupation Mariner Citizenship * NB If naturalized, place and date of naturalization - - - Certificate No. - - -

Date of birth 2 November, 1905 Place of birth Madison County, N.C.

Home address 706 Ashe Street (Street and number) Key West (Town) Florida (County) (State)

Married or single married Name and address of next of kin or legal guardian Lorie Ann wife (Relationship) 706 Ashe Street, Key West, Florida (Address)

Continuous Service Certificate LOST (Number) Previous service { Coast Guard / ~~Reserve~~ } 18 (Years) 4 (Months) 17 (Days)

First enlisted Atlanta, Ga. 6-19-28 (Date) at _____ (Place) and was

last discharged 4 Nov. 1946 (Date) from Comdr. 7th CG Dist, Miami, Fla. (Unit)

with Honorable (Character) discharge as C.B.M. (Rate) No. A-63794

Previous Navy service 3 (Years) 6 (Months) 19 (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 41 years 0 months.

Height 6 feet 0 inches. Weight 150 pounds.

Eyes brown Sex male Hair Lt.Brown Complexion ruddy Color white

Personal characteristics _____ marks, etc. Scar 1" rt index finger, mole on chin

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Comdr.J.R.HINNANT of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { THREE years from 5 November, 1946, 1 / during minority until - - -, 1 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Harlie Fleming do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and 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 the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming

HARLIE FLEMING

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 5th day of November, A. D. 1946.

J. R. HINNANT, Commander, USCG

(Commanding officer, notary public, or other officer qualified to administer oaths)

By dir.

Chief, Personnel Div.

(Title)

Citizenship substantiated and contract perfected.

J. R. HINNANT, Commander, USCG

Ch. Personnel Div., *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____

(Signature of man)

_____

(Signature of commanding officer)

16—8420-2

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF FLEMING, Harlie (Full name, surname to the left) 103-555 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
OCom7CGD	10-22-46		CG DEP. KeyWest	10-22-46	Bosn-XO
CG DEP. KeyWest, Fla.	11-8-47	CO	CG-83403	11-8-47	CO
CG-83403	11-22-47	CO	CG-83403	11/26/47	L. H. MASE CO
CG-83403	3-12-49	CO	CGRS. Tampa. Fla	3/17/49	LTJG, ByDir.
RO, Tampa, Fla.	8-31-49	LTJG.	CG Depot, St. Pete, Fla.	8-31-49	LTJG, CO

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
CG-83403	BMC	4-2-48	CO

Elect TA to Miami, Fla., PAFE.

Harlie Fleming
Harlie Fleming, BMC, USCG

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
CG DEPOT, KeyWest, Fla	10-22-46	6-13-47	CGC ARIADNE ("caretaker"	Bosn XO
CGRS. Tampa. Fla.	3/17/49	8-31-49	Recruiting	LTJG, ByDir.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF FLEMING, Harlie (Full name, surname to the left) 103-555 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
12-31-46	CBM	3.6	3.5	3.3	3.6	4.0	CG DEP. KW, Fla. CO
MAR 31 1947	CBM	3.6	3.6	3.4	3.6	4.0	(ARIADNE) CO
6-30-47	CBM	3.6	3.6	3.6	3.6	4.0	CG DEP. KW, Fla. XO BY dir.
9-30-47	CBM	3.6	3.6	3.6	3.6	4.0	" CO
11-8-47	CBM	3.6	3.6	3.6	3.6	4.0	" CO
11-22-47	CBM	LESS THAN ONE MONTH				4.0	CO
1-1-48	CBM	3.7	3.7	3.7	3.7	4.0	" CO
4-1-48	CBM	3.7	3.7	3.7	3.7	4.0	" CO
6-30-48	BMC	3.7	3.7	3.7	3.7	4.0	" CO
9-30-48	BMC	3.7	3.7	3.7	3.7	4.0	" CO
12-31-48	BMC	3.7	3.7	3.7	3.7	4.0	" CO
3-12-49	BMC	3.7	3.7	3.7	3.7	4.0	" CO
3-31-49	BMC	LESS THAN ONE MONTH				4.0	RO, Tampa, Fla. LtByDir
6-30-49	BMC	3.7	--	--	3.7	4.0	RO, Tampa, Fla. LTJG
8-31-49	BMC	3.7	--	--	3.7	4.0	RO, Tampa, Fla. ByDir.
9-30-49	BMC	3.7	3.8	--	3.7	4.0	DEPOT, ST. PETE, FLA. LTJG. ByDir.
CH-11/28/49	BMC	3.7	3.8	--	3.7	4.0	USCG DEPOT ST. PETE., FLA. LT, CO
AVERAGE	X X X X	3.666	--	--	---	4.0	USCG DEPOT ST. PETE, FLA. LT, CO

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	REMARKS

RECORD OF FLEMING Harlie 103-555
(Full name, surname to the left (Service No.)

L E A V E R E C O R D

ACCRUED CREDITS			LEAVE TAKEN					BAL DUE	CO's SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM (inclusive dates)	TO	TYPE OF LEAVE	REASON FOR LEAVE	NO. DAYS	NO. DAYS	
IC	9-1-46m	60						60	CG DEPOT, Key West, Fla. corrected 5-14-48
ANCR	6-30-47	25						85	" CO
BBF	7-1-47	60						60	" CO
			8-12-47	9-10-47	A CC	REG	30	30	" CO
			6-11-48	6-30-48	A CC	REG	20	10	CG DEPOT, Key West, Fla. CO
ANCR	6-30-48	30						40	" CO
BBF	7-1-48	40						40	" CO
			7-1-48	7-10-48	ACC	REG	10	30	" CO
			6-27-49	thru 6-30-49	ACC	REG	3	27	LTJG
AnCR	6-30-49	30						57	LTJG
BBF	7-1-49	57						57	LTJG
			7-1-49 Ro	7-8-49 Tampa 7	ACC	REG	7	50	LTJG ByDir.
			11-24-49	11-27-49	ACC	REG	4	46	USCG DEPOT ST. PETE., FLA LT,CO
DISCH	11-28-49	13						59	USCG DEPOT ST. PETE., FLA LT,CO
BBF	11-28-49	59						59	USCG DEPOT ST. PETE., FLA LT,CO
	11/28/49	PAID LEAVE BALANCE AS OF DATE OF DISCHARGE	$664.34 AS CASH COMPENSATION FOR UNUSED ACCRUED ANNUAL(59 Dys) 11/28/49						W.M. STEPHENS, CPCLK, USCGACO.

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM (inclusive dates)	TO	REASON	NO. DAYS	CO's SIGNATURE AND UNIT

D OF FLEMING, Harlie
(full name, surname to the left)

103-555
(service number)

LEAVE RECORD

CREDITS		LEAVE TAKEN					BAL. DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO'S SIGNATURE
DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV.	NO. DAYS	FROM	TO	REASON	NO. DAYS	
9-1-46	60						60					L. H. MUSE, Lt., USCG
6-30-47	25						60			DEPOT, KW, Fla.		XO By dir
7-1-47	60						60					XO By dir.
		8-12-47	9-10-47	REG	30		30			"		CO

Corrected 5-14-48

fwd

NCG 2500-C
(Revised June 1942)

RECORD OF FLEMING, Harlie (n) 103-555
(Full name, surname to the left) (Service Number

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	
1 September, 1946: TOTAL LEAVE ACCUMULATED IN ACCORDANCE WITH COMDT. CIR. 33-46 IS 60 DAYS. CG DEPOT, Key West, Fla.						L. H. MUSE, Lt., USCG Commanding.

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
CG DEPOT, KeyWest, Fla.				NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT	CO
CG-83403				NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT	CO
CG-83403				NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT	CO
RO, Tampa, Florida				NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT.	LTJG. BMr

10. TRIALS BY COURTS MARTIAL

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority

16—9676-2

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U. S. Coast Guard Depot, (Unit) St. Petersburg, Florida (Place)

1 October, 1949 (Date)

FROM: FLEMING, Harlie (n) (103-555) BMC, USCG

To: COMMANDANT (via Commanding Officer)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Date of Marr: 11-20-35) (Full name of wife; if not married, so state)	918 NE 3rd Avenue, Ft. Lauderdale, Florida (Address of wife)
John Harlie Fleming (DOB: 11-8-38) (Full name of child; if none, so state)	Same as above. (Address of child)
Walter James Fleming (DOB: 10-18-40) (Full name of child: if none, so state)	Same as above. (Address of child)
Barbara Linda Fleming (DOB: 6-4-47) (Full name of child: if none, so state)	Same as above. (Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve C. Fleming (Full name of relative)	Father (Relationship)	286 Moore Street, Greenville, S. C. (Address of relative)

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

None (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 1st day of October, 1949.

R. F. Elder
R. F. ELDER (Signature)
LIEUTENANT, USCG (Rank or title)

Harlie Fleming
HARLIE FLEMING (Signature)
Chief Boatswain's Mate, USCG (Rank or rating)

16—25752-1

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 39

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Depot		St. Petersburg, Fla.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
07-135		28 November, 1949

TIME
DATE — REPORTED FROM:
FOR

AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

At 0400, 28 November, 1949: Returned from four (4) days acc-reg leave granted by Commanding Officer.

Auth: CO#31-49

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 30

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Depot		St.Petersburg,Fla.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
07-135		25 November, 1949

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

At 1805, 23 November, 1949: Departed on four (4) days acc-reg leave granted by Commanding Officer.

Auth: CO#31-47

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Depot		St.Petersburg,Fla.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
07-21400		5 November, 1949

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

4 November, 1949: Three (3) year enlistment in Regular Establishment expired.
5 November, 1949: Enlistment extended indefinitely for administrative purposes pending HQ action on Standard Form 88.

Auth: Art. 591(5) CG Regulations

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. Elder
R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 23

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Depot,		St.Petersburg,Fla.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
07-21400		20 October, 1949

TIME 1505
DATE 10/20/49

REPORTED FROM: CGC BIRCH, St. Petersburg, Fla.
FOR resumption of regular duties.

AUTH: 7CGD/L 9-16-49 (p 73, 531).

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 16

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD DEPOT,		ST.PETERSBURG,FLA
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
07-21400		19 Sept., 1949

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1805
DATE 9/19/49

TRANSFERRED TO: CGC BIRCH
FOR temporary duty as Officer-in-Charge

AUTH: 7CGD/L 9-16-49 (p 73-531)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONN

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. [redacted]

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
[redacted], Buckie (n)	[redacted]	[redacted]
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Recruiting Station		Tampa, Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
		31 August, 1949

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1300
DATE 31 August, 1949

TRANSFERRED TO: CG DEPOT, St. Petersburg, Fla.
FOR ordr.

AUTH: Con7Cgd/L 6/2/49, p 73, 351, Auth. No. 671162.

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

RECEIVED
1 SEP 1949
CG DEPOT
ST. PETERSBURG
FLORIDA

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

[redacted]
(Commanding)
Officer in Charge.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

42-50

FLEMING Harlie (n) 103-555 BMC

CG DEPOT ST. PETERSBURG FLA.

31 Aug
1 Sept. 1949

1430
31 August 1949 ASDU

CG Recruiting Station, Tampa, Fla.

CCGD7/L 8/1/49 File p 73 531

W.E.CHAPLINE LT.

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 5.

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BM2
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Recruiting Station		Tampa, Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
		6 July, 1949

TIME
DATE — REPORTED FROM:
FOR

AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)
0830 - 6 July, 1949: Reported from ten (10) days' annual accrued leave, granted by Comdr. 7th CG District. NOT ACL.

AUTH: ComCir. 31-47.

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

F. J. MOLINDA, CDoon, USCG.
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

OR LEAVE OF ABSENC[redacted]
COAST GUARD
(-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

	ADDRESS	DATE
RUITING ATATION	TAMPA, FLORIDA	20 June, 1949
QUESTER):	TO	VIA:
NG, Harlie (103-555) BMC	ComTCGD, Miami, Fla. (p)	CO, CGRS, Tampa, Fla.

FOLLOWING LEAVE IS REQUESTED:

O. OF DAYS AVE	O. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
)	--	27 June, 1949	10		

SON FOR REQUEST:

nual accrued leave. ComCir 31-47.

My address on leave will be: 916 NE 3rd Ave., Ft. Lauderdale, Fla.

I will immediately inform my commanding officer of any change in address while on leave.

Harlie Fleming
HARLEE FLEMING
(Signature of applicant)

Forwarded/approved:
F. J. Molenda
F. J. MOLENDA, CBosn, USCG, Commanding.

INDORSEMENTS

Ind.-1 Unit: Date:
Leave record indicates balance of 40(7-1-48) days' annual and ..... days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: 7TH CG DISTRICT MIAMI FLORIDA Date: 23 June 1949
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

HERBERT F. WALSH, CAPT, USCG
By direction.
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Recruiting Sta., Tampa, Fla. Date: 27 June, 1949.
Departed at 1200 this date. This leave of absence will expire before 0900 - 8 July, 1949, at CGRS, Tampa, Fla. and is subject to the special instructions indicated on reverse hereof.

F. J. Molenda
F. J. MOLENDA, CBosn, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank — Title

Ind.-6 Unit: CGRS, Tampa, Fla. Date: 8 July, 1949
Reported at 0830 this date, having taken 10 days' leave and ---- days' TT.

F. J. Molenda
F. J. MOLENDA, CBosn, USCG,
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

KEY WEST, FLORIDA

Commanding Officer
CG Depot

11 March, 1949
File: CG-73-531

TONO 071968

From: Commanding Officer, CG Depot, Key West, Florida
To: FLEMING, Harlie (103-555) BMC, USCG

Subj: Orders; transfer; travel

1. Upon receipt hereof and in accordance with CCGD7/D 101820Z (3-49), certified copies attached, you are directed to proceed to Tampa, Florida and report to Commanding Officer, CG Recruiting Station, that place, for assignment to duty.

2. The travel necessary for the execution of this order is required by the public interests and is authorized, chargeable against the 7th CG District travel allotment, symbol 07-20, authorization no. 071968.

3. Your health record is handed you herewith for delivery to proper authority at your ultimate destination.

4. You are granted 4 days proceed time and 1 day travel time. No leave is granted.

5. This order constitutes a permanent change of station from Key West, Florida to Tampa, Florida. Before any travel of dependents is performed under this permanent change of station order, a request for obligation of funds will be submitted on Form CG-9824 in accordance with Art. 462, P&SI. Before any shipment of household effects is made, a request for obligation of funds will be submitted on Form CG-2658 in accordance with Art. 475, P&SI.

6. Handed you herewith is government transportation request no. TC68, 424 covering your transportation from, Key West, Fla. to Tampa, Fla., drawn on the Florida Greyhound Lines at a cost of $8.40 and USCG meal tickets nos. 1335553 thru 1335555covering your subsistence enroute.

L. H. MUSE

CC: CCGD7(p)
CG Recr. Sta., Tampa, Fla.
File

Ind-1
CO, CG DEPOT
Key West, Fla.

12 March, 1949
File: CG-73-531

Delivered and departed at 0900, this date.

L. H. MUSE

Rptd 08303/9

UNITED STATES COAST GUARD

KEY WEST, FLORIDA

ADDRESS REPLY TO
Commanding Officer
CG Depot
REFER TO FILE

8
~~7~~ March, 1949
File: CG-73-531

From: Commanding Officer, CG Depot, Key West, Florida
To: FLEMING, Harlie (103-555) BMC, USCG

Subj: Transfer; temporary for medical check up; travel

1. In accordance with CCGD7/D 282115Z (2-49), you are directed to proceed to Miami, Florida and report to Commander, 7th CG District prior to 0900, 9 March, 1949 for temporary duty in connection with mecical check up. Upon completion of this temporary and when directed by competent authority, you will return to CG-83403 for resumption of regular duty.

2. The travel necessary to the execution of this order is required by the public interest and is authorized, chargeable against the 7th CG District travel allotment symbol 07-20, authorization no. 071928.

3. No leave or proceed time is authorized.

4. Your health record is handed you herewith for delivery to proper authority at your ulitmate destination.

5. Issued T/R No. TC68,423 drawn on the Florida Greyhound Lines for transportation from Key West, Florida to Miami, Florida.

6. Delivered and departed 1230, this date.

L. H. MUSE

CC: CCGD7(p)
File

Ind-1
CCGD7(Miami, Florida

9 March, 1949
p 73, 531

Reported in compliance with basic orders at 0830, this date. Having completed temporary duty at this office, you are directed to return to Key West, Florida, and upon arrival thereat, report to the Officer-in-Charge, CG-83403, that place, for resumption of regular duty.

Delivered and departed 1630, this date.

C. J. GILLERAN
By direction

Reported 0900
10 March 1949

Ind-2
CG DEPOT
Key West, Florida

10 March, 1949
File: CG-73-531

Reported in compliance with basic order at 0900, this date.

L. H. MUSE

Re[illegible]s carried by CG Depot, Key We[illegible] Fla. 3-14
(07-115) for administrative purposes.

FLEMING, Harlie 103-555 EMC

CG-83408

7th CGD

Key West, Florida

10 March, 1949

0900
10 March, 1949

CCGD7
resumption of regular duty.

59-D

CCGD7/D 282115Z (2-49)

P X TH FLEMING HARLIE 103-555 EMC FR
C[illegible]GGS TO TEMART TO CCGD7 MIAMI FLA
P[illegible] [illegible] & T MARCH 1949 FOR TL IN
CONJUNCTION WITH MONTHLY LEAVE OR A TRAV
AUTHORIZED THE DUE TRAV ALLOT BYR BY CO
FITNESS REPORT X UPON REP[illegible] THIS TD BE MADE
DELIVERED BY COMMITTEE AUTH FLEMING WILL
[illegible]N TO THE CG-[illegible] FOR RESUMP OF D[illegible]TY

L. H. MUIR

[illegible]

U. S. COAST GUARD

OFFICIAL DISPATCH

UNIT CG DEPOT KWEST FLA DATE 28 FEB 1949

INCOMING HEADING

282115Z

TEXT

P X TR FLEMING HARLIE 1Ø3-555 BMC FM
CG-834Ø3 TO REPORT TO CCGD7 MIAMI FLA
PRIOR TO Ø9ØØ 9 MARCH 1949 FOR TD IN
CONNECTION WITH MEDICAL CHECK UP X TRAV
AUTH CHGBL 7TH CGD TRAV ALLOT SYM Ø7-2Ø
AUTH NO Ø71928 X UPON COMP THIS TD AND WHEN
DIRECTED BY COMPETENT AUTH FLEMING WILL
RETURN TO THE CG-834Ø3 FOR RESUMP REG DUTY

CO OFFICE

TOR:2119 NTX/WD

TIME:

INITIALS OF "ACTION" OFFICER

OPERATOR'S RECORD

FROM CCGD 7 MIAMI FLA

TO (FOR ACTION) CG DEPOT KWEST FLA

TO (FOR INFORMATION)

	URGENT
R	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

"ACTION" OFFICER INITIAL AND RETURN ORIGINAL TO RADIOROOM, RETAINING COPY

U. S. GOVERNMENT PRINTING OFFICE 16—80208-8

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CGC ARIADNE
Comdr. 7th CG Dist. (Unit)

Miami, Fla. (Place)

5 Nov. 1946 (Date)

FROM: FLEMING, Harlie (n) (103-555) CBM

TO: COMMANDANT (via Comdr. 7th CG Dist)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Flemming (Full name of wife; if not married, so state)	706 Ashe Street, Key West, Fla. (Address of wife)
John Harlie (son) (Full name of child; if none, so state)	same as above (Address of child)
Walter James (son) (Full name of child; if none, so state)	same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve C. Fleming (Full name of relative)	Father (Relationship)	286 Moore Street, Greenville, SC (Address of relative)

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 5th day of Nov., 19 46

J. R. HIMANT
(Signature)

Commander, USCG
(Rank or title)

Harlie Fleming
Harlie Fleming
(Signature)

CBM
(Rank or rating)

16—25758-1

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

Print or Type—
Do Not Use Pencil

FLEMING, Harlie (Name—Surname to left) ; CBM, USCG (Rank or rating 31 Aug. 1946) ; 103-555 (Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of (120) days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

(If none, so state) ; Lorie Ann Fleming (Name of dependent) ; Wife (Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on ..... (Date of discharge or promotion to officer rank), then holding the rating of ..... in the following service ..... (Army, Navy, Marine Corps, or U. S. C. G.) On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, ... days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state) ; (Name of dependent) ; (Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Harlie Fleming
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at CG Depot, Key West, Fla. this Eleventh day of December, 1946

(SEAL)

L. H. MUSE, Lt., USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. ***(Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:)***

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

D. H. Muse, Lt., USCG — *(Signature of Commanding Officer)*

CG Depot, Key West, Fla. — *(Unit)*

5. ***(Following to be completed by the authorized certifying officer having custody of claimant's pay records:)***

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(Monthly pay (base and longevity))	*(Officer monthly rental allowance)*	*(Officer daily subsistence allowance)*

(Signature of authorized certifying officer)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451–1

FLEMING, Harlie (n) 103-555 CBM

Comdr. 7th CG District CGC ARIADNE Miami, Fla.

5 Nov. 1946

Reenlisted this date for a period of three (3) years in the regular establishment.

Entitled reen. allow. credit three (3) years.

18-D Art. 589 (1) Reg.

J. R. HINNANT, Commander, USCG
By direction

FLEMING, Harlie (n) 103-555 CBM

Comdr. 7th CG District CGC ARIADNE Miami, Fla.

4 Nov. 1946

Issued Honorable Discharge No. A-63794 this date by reason of expiration of enlistment and extension thereof.

Entitled TA:
Miami, Fla., (POD) to
New Orleans, La. (PAFE)

18-D Art. 589 (1) Reg.

J. R. HINNANT, Commander, USCG
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO CG DEPOT, Key West, Fla.

AND REFER TO



10 December, 1946

"I hereby solemnly swear (or affirm) that to the best of my knowledge the following is a true statement of leave taken by me from ' September, 1939 to my current enlistment:

1939 - 10

1940 - 10

1941 - 0

1942 - 15

1943 - 10

1944 - 10

Appt. Bos'n 10 July, 1944
Reverted 9 Aug. 1946

1946 - 0

During this period there was no "AOL" no "AWOL" no "NPDI" or other periods in which leave would not accrue.

Harlie Fleming (103-555)
CBM

Sworn and subscribed before me this Tenth day of December, 1946.

L. H. MUSE, Lt., USCG
Commanding Officer
CG DEPOT, Key West, Fla.

Leave accrued on 31 August, 1946
after dropping excess over 120 days------120*days.

Leave to be credited on 1 September, 1946	60 days
Leave to be compensated for.	60 days
	120 days*

KEY WEST, FLORIDA

Commanding Officer
CG Depot

23 February, 1949
File: CG-73

From: Commanding Officer, CG Depot, Key West, Florida
To: Chief, Medical Section, 7th CG District, Miami, Florida

Subj: FLEMING, Harlie (103-555) BM3, asdu CG-83403; transfer for medical treatment

Ref: CCGD7/L (pm) 703 (1-26-49)

In accordance with recommendations of reference letter, it is requested that subject man be issued orders for transfer to the District Medical Office, 7CGD for medical check-up.

L. H. MUSE

Record carried by CG Depot, Key West, [redacted].
(07-115) for administrative purposes. 12-21

FLEMING, Harlie (n) 103-555 BMC

CG-83403 Key West, Florida

7th CGD 27 December, 1948

0700
22 December, 1948 CG Base, Miami, Fla.
resumption of regular duty.

59-D CGGD7/D 202115Z (10-48)

L. H. MUSE

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FLEMING Harlie (Name, surname first) 103-555 (Service number) BM1 (Rank or rating) USCG asdu CG-63403 (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

~~REGULAR~~ ~~*SPECIAL~~ ~~TEMPORARY~~ *RESERVE (Enlistment status) Place DMO, 7CGD, Miami, Fla., Date 10 November, 1948 19

To: Medical Officer in Charge,

U. S. Marine Hospital, Savannah, Ga.

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to ~~DISTRICT MEDICAL OFFICE, 7 CGD~~ Box #378, Coconut Grove Station Miami, Fla.

(Signature of patient) U. S. Coast Guard.

~~CLAUDE C. ECCLES, Surg. USPHS(R)~~

RETURN MEDICAL CERTIFICATE

Place MH Savannah, Ga., Date 11-15-48, 19

I CERTIFY that I have examined the above-named person and find him suffering from Under Observation for heart disease.

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or XX habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? XX {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment XXX will require approximately 30 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Marine XXXXX {*hospital / *office} on 11-11-48 XXXXXX, 19 Savannah, Ga.,

R.W. HERRMANN, Asst. Surg. U. S. Public Health Service.

*Having been informed that I am suffering from (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27158-7

VIII
10-23

FLEMING Harlie - 103-555 BMC

CG BASE Miami Beach, Fla.

7CGD 21 Oct 1948

0800
10-21-48

CG-83403
Temporary duty for administrative purposes.

CCGD7/D 202115

J. R. HINNANT

Records carried by CG Depot, Key West, Fla.
(7-115) for administrative purposes. 10-25

FLEMING, Harlie (n) 105-555-- BMC

CG-83403 Key West, Florida

074h CGD 28 October, 1948

0800
21 October, 1948 CG Base, Miami Beach, Fla.
temporary duty.

CGCD7/D 202115Z (10-48)

L. H. MUSE

FLEMING, Harlie 103-555 BMC

CG-83403 Key West, Florida

7th CGD 12 July, 1948

1015, 11 July, 1948: Returned from 30 days annual leave. (30) (ACC) (REC)

59-D L. M. MUSE

Com.Cir. 31-47

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CG-83403	Key West, Florida	19 May, 1948

FROM (REQUESTER):	TO	VIA:
FLEMING, Harlie (103-555) BMC	Comdr7th CG District	CO, CG Depot, Key West, Fl

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
30	XX	10 June, 1948	30	00	11-5-48

REASON FOR REQUEST:

Annual leave.

My address on leave will be: 916 N. E. 3rd Ave, Fort Lauderdale, Florida

I will immediately inform my commanding officer of any change in address while on leave.

Harlie Fleming
Harlie Fleming
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG DEPOT, Key West, Florida Date: 19 May, 1948
Leave record indicates balance of 30 days' annual and ---------- days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)
OK [illegible]
L. H. MUSE, Ch. Bos'n, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: O'CCGD 7 Date: 20 May, 1948
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)
HERBERT F. WALSH, Commander, USCG
DCGO—FORCE COMDR. COMMANDING OFFICER.
By dir.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG DEPOT, Key West, Florida Date: 10 June, 1948
Departed at 1030 this date. This leave of absence will expire before 1200
11 July, 1948, at CG Depot, Key West, Fla. and is subject to the special instructions indicated on reverse hereof.
Floyd G. Jones
Floyd G. Jones, BMC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.
OinC in absence of CO

Ind.-5 Unit: Date:
Granted ---------- days extension of leave to expire before noon, ----------
Authority:

Signature and rank Title

Ind.-6 Unit: CG DEPOT, Key West, Florida Date: 11 July, 1948
Reported at 1015 1015 - 11 July - 48 this date, having taken 30 days' leave and ---------- days' TT.

L. H. MUSE
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

Records carried by CG Depot, Key West, Fla.
(7-115) for administrative purposes.

FLEMING, Harlie 103-555 BMC

CG-83403 Key West, Florida

7th CGD 10 June, 1948

1030, 10 June, 1948: Departed on 30 days annual leave. (30)(REC)(ACC)

59-D
Com.Cir. 31-47 ,

Floyd G. Jones, BMC
OinC in absence of CO.

FLEMING, Harlie (n) 103-555 CBM

Office, Comdr, 7th CG District Miami, Florida

07-001 25 November, 1947

0900
24 November, 1947 CG Depot, Key West, Florida
medical treatment.

18-D C7CGD/D 212009Z Nov, 1947 & CGDpt.K.W.Fla/L 11-22-47,CG-73-531

1430
25 November, 1947 CG Depot, Key West, Florida
resumption of regular duty aboard the CG-83403

C7CGD/L 11-25-47, CG-73-531

HERBERT F. WALSH, Commander, USCG
By direction

FLEMING, Harlie

ETK CG DEPOT

07-115

103-555

CG-83403

CBM

Key West, Fla.

22 November, 1947

1000
22 November, 1947

Office, Comrd. 7th CG District
medical treatment

CCGD7/D 212009Z (11-47)

L. H. MUSE

FLEMING, Harlie (n) 103-555 CBM

CG DEPOT CG-83403 Key West, Florida

07-115 8 November, 1947

0800
8 November, 1947 CG DEPOT, Key West, Florida
asdu as Officer-in-Charge.

59-D CGGD7/L CG-73 (11-3-47)

L. H. MUSE

UNITED STATES COAST GUARD



ADDRESS REPLY TO
Commanding Officer
CG Depot
AND REFER TO
CG-73

KEY WEST, FLORIDA

7 November, 1947

From: Commanding Officer, CG Depot, Key West, Florida
To: FLEMING, Harlie (n) (103-555) CBM, USCG

Subj: Orders; transfer

1. In accordance with CCGD7/L CG-73 (11-3-47), copy attached, you are detached from all duties previously assigned. You are directed to proceed to CG-83403, this place, for assignment to duty as Officer-in-Charge.

2. No travel is deemed necessary to the execution of this order, therefore, none is authorized.

3. Permanent change of station remains Key West, Florida.

4. Departed this unit 0800, 8 November, 1947.

L. H. MUSE

CC: CCGD(p)
CG-83403
File

Ind-1
CO, CG DEPOT
Key West, Florida 8 November, 1947

Reported aboard CG-83403 0800 this date.

L. H. MUSE

KEY WEST, FLORIDA

Commanding Officer
CG Depot
CG-73

7 November, 1947

From: Commanding Officer, CG Depot, Key West, Florida
To: FLEMING, Harlie (n) (103-555) CBM, USCG

Subj: Orders; transfer

1. In accordance with CCGD7/L CG-73 (11-3-47), copy attached, you are detached from all duties previously assigned. You are directed to proceed to CG-83403, this place, for assignment to duty as Officer-in-Charge.

2. No travel is deemed necessary to the execution of this order, therefore, none is authorized.

3. Permanent change of station remains Key West, Florida.

4. Departed this unit 0800, 8 November, 1947.

L. H. MUSE

CC: CCGD(p)
CG-83403
File

Ind-1
CO, CG DEPOT
Key West, Florida 8 November, 1947

Reported aboard CG-83403 0800 this date.

L. H. MUSE

UNITED STATES COAST GUARD
KEY WEST, FLORIDA

Commanding Officer
CG Depot
CG-73

7 November, 1947

From: Commanding Officer, CG Depot, Key West, Florida
To: FLEMING, Harlie (n) (103-555) CBM, USCG

Subj: Orders; transfer

1. In accordance with CCGD7/L CG-73 (11-3-47), copy attached, you are detached from all duties previously assigned. You are directed to proceed to CG-83403, this place, for assignment to duty as Officer-in-Charge.

2. No travel is deemed necessary to the execution of this order, therefore, none is authorized.

3. Permanent change of station remains Key West, Florida.

4. Departed this unit 0800, 8 November, 1947.

G. W. McKEE
Chief of Staff
L. H. MUSE

CC: CCGD(p)
CG-83403
File

Ind-1
CO, CG DEPOT
Key West, Florida 8 November, 1947

Reported aboard CG-83403 0800 this date.

L. H. MUSE

UNITED STATES COAST GUARD
Miami 30, Florida

ADDRESS REPLY TO
Comdr, 7th CGD (p)
REFER TO FILE CG-73

3 November, 1947

From: Commander, Seventh Coast Guard District
To: Commanding Officer, CG Depot, Key West, Florida

Subj: Personnel; orders; transfer

1. Select and transfer without delay one (1) Chief Boatswain Mate to the CG-83403 for assignment for duty as Officer In Charge.

2. No travel is deemed necessary to the execution of this order, therefore, none is authorized.

3. Permanent change of station remains Key West, Florida.

G. W. McKEAN
Chief Of Staff

CC: File

Miami 30, Florida

Comdr, 7th CGD (p)
CG-73

3 November, 1947

From: Commander, Seventh Coast Guard District
To: Commanding Officer, CG Depot, Key West, Florida

Subj: Personnel; orders; transfer

1. Select and transfer without delay one (1) Chief Boatswain Mate to the CG-83403 for assignment for duty as Officer In Charge.

2. No travel is deemed necessary to the execution of this order, therefore, none is authorized.

3. Permanent change of station remains Key West, Florida.

G. W. McKEAN
Chief Of Staff

CC: File

FLEMING, Harlie

CG DEPOT

07-115

103-555

CBM

Key West, Florida

8 November, 1947

0800
8 November, 1947

CG-83403
asdu as Officer-in-Charge.

CCGD7/L CG-73 (11-3-47)

L. H. MUSE

FLEMING, Earlie	**103-555**	**CBM**
CG DEPOT		**Key West, Fla.**
07-115		**11 Sept., 1947**

TIME
DATE

REPORTED FROM
FOR

DUTY CODE NO

AUTH

TIME
DATE

TRANSFERRED TO:
FOR

AUTH

CHANGED RATE FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO

AUTH

OTHER CHANGES:

0830, 11 September, 1947: Returned from 30 days annual leave.

DUTY CODE NO **17-D** **Con.CHH 3-47**

L. H. MUSE

APPLICATION FOR LEAVE OF [illegible]ENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE[illegible] LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TA[illegible] OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARA[illegible] MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

When H[illegible]
In case of off[illegible]
departure on[illegible]
5th Indorsem[illegible]
sickness.

UNIT	ADDRESS	DATE
CG Depot	Key West, Florida	9 Au[illegible]

FROM (REQUESTER):	TO
FLEMING, Harlie(103-555)CBM	Commanding Officer

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
30	XX	0800, 11 Aug., 1947			

REASON FOR REQUEST:

My address on leave will be: Lounds Hill Road, Route #2, Greenville, S. C.
I will immediately inform my commanding officer of any change in address while on leave.

Harlie Fleming
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Date:
Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave d
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

COMMANDING—EXECUTIVE—PERSONNEL OFFICER

Ind.-2 Unit: CG Depot, Key West, Fla. Date: 9 August, 1947
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

L. H. MUSE
COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Depot, Key West, Fla. Date: 11 August, 1947
Departed at 0800 this date. This leave of absence will expire before 0900
11 September, 1947, at CG Depot, Key West, Florida and is subject to the special instructions indicated on reverse hereof.

L. H. MUSE
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: CG DEPOT, Key West, Fla. Date: 11 September, 1947
Reported at 0830 this date, having taken 30 days' leave and ----- days' TT.

L. H. MUSE
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

FLEMING, Herlie	103-555	CBM
CG Depot		Key West, Fla.
07-115		11 August, 1947

TIME
DATE

REPORTED FROM
FOR

DUTY CODE NO

AUTH

TIME
DATE

TRANSFERRED TO:
FOR

AUTH

CHANGED RATE FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO

AUTH

OTHER CHANGES:

0800, 11 August, 1947: Departed on 30 days annual Leave.

DUTY CODE NO 07-D Com. AUTH 3-47

L. H. MUSK

FLEMING, Harlie	103-555	CBM
CG Depot		Key West, Fla.
07-115		9 August, 1947

TIME 0800
DATE 9 August, 1947

REPORTED FROM CGB, Miami, Fla.
FOR ASDU.

DUTY CODE NO 37-D AUTH CCGD7/D 062126Z (Aug.'47)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH

CHANGED RATE FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO AUTH

OTHER CHANGES:

DUTY CODE NO AUTH L. H. MUSE

FLEMING, Herlie	**103-555**	**CBM**
CG Depot		**Key West, Fla.**
07-115		**9 August, 1947**

TIME
DATE

REPORTED FROM
FOR

DUTY CODE NO

AUTH

TIME
DATE

TRANSFERRED TO:
FOR

AUTH

CHANGED RATE FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO

AUTH

OTHER CHANGES:

0800, 9 August, 1947: TR fm CGB, Miami, Fla. to CG Depot, Key West, Fla. for asdu.

DUTY CODE NO

AUTH **CCGD7/D 062126Z(Aug.'47)**

L. H. MUSE

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT SUPPLEMENTAL APPLICATION..

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Mail to CGC ARIADNE KEY WEST, FLORIDA	5/29/47	20 June, 1940

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
File FLEMING,	Harlie	(None)	103-555	CBM, USCG

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (1)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Lorie Ann Fleming 706 Ashe Street, Key West, Fla.	Wife				
2		John Harlie Fleming (Same)	Son	11	38		
3		Walter James Fleming (Same)	Son	10	40		
4		Dolphord Linda Fleming	Daughter	5	47		
5							
6							

1. *Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).*
2. *Enter dates of birth only for children, brothers and sisters, and grandchildren.*
3. *For your wife and/or children do not state estimated income or amounts contributed.*
4. *Do not include any amounts paid by you to your dependents for your own room and board.*

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE
2	Lorie Ann Fleming	706 Ashe St., Key West, Fla.

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Miami, Florida	11/20/35	☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED?	IF SO, HOW WAS MARRIAGE DISSOLVED	IF DIVORCED, GIVE DATE OF DIVORCE DECREE
☐ YES ☒ NO	☐ DEATH ☐ DIVORCE ☐ ANNULMENT	

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE	ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:

THIS SUPPLEMENTAL APPLICATION FILED DUE TO BIRTH OF DAUGHTER.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF: 5/47

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY Office, Comdr.7th CG District, Miami, Fla.

DATE 9 June, 1947

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (XXXXX *Pay Number*) A MONTHLY FAMILY ALLOWANCE

OF ~~$22~~ $27 *(Strike Out One)* EFFECTIVE XXXXXXX *(Month)* 194

PREVIOUSLY BEING CHECKED FOR CLASS "A" FAMILY ALLOWANCE. NO ADD CHECKAGE NECESSARY.

J.R. AUSTIN, Lieut.USCG. Auth.Cert.Officer.

(Signature of Disbursing Officer) *Sign Third Copy Only - (Pink)*

O-Comdr.7thCGD.Miami,Fla.

(DISBURSING OFFICERS OF THE MARINE CORPS WILL NOT EXECUTE THIS PART OF THE FORM)

QUADRUPLICATE: To be retained and made a part of the man's service record after completion by the Disbursing Officer.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

Copy 2599 LE IN SERVICE RECORD 6-12

FLEMING, Harlie 103-555 CBM

CG Repair Base Miami, Fla.

07-101 13 June, 1947

1630
13 June, 1947 reported from: CG Depot, Key West, Fla.
for: Assignment to temporary duty.

04-D VO, CCGD7(p)

J. B. O'HAGAN, LT., USCG

FLEMING, Harlie | 103-555 | CBM

CG DEPOT | CGC ARIADNE | Key West, Fla.

07-115 | 13 June, 1947

1130
13 June, 1947

CGRB, Miami, Fla.
assignment to temporary duty.

Vb. Ords. CCGD7(p)

P. L. JOHNSON, BOS'N, USCG
EXECUTIVE OFFICER

11 March, 1947

From: FLEMING, Harlie (103-555) CBM, USCG, ex Warrant Boatswain, USCG
To: Family Allowance Branch, Bureau of Supplies and Accounts, Navy Department, Cleveland 15, Ohio

Subj: Family Allowance; non-receipt of

1. I feel that I have not received all of my Family Allowance checks since reverting to enlisted status on 9 August, 1946.

2. It is requested that my records be checked in order to ascertain whether or not there are any discrepancies present.

Harlie Fleming
(103-555) CBM, USCG
(CGC ARIADNE,
Key West, Fla.)

NAVCG 2702-A
U. S. COAST GUARD
Form approved by
Comptroller General, U. S.
August 7, 1943

VOUCHER FOR INCREASED ALLOWANCES

1 July , 1946
*(Date)

[redacted], Harlie (n)
(Surname) (First name) (Initial)

Boatswain
(Rank)

(Ship or station)

1. I CERTIFY that I am entitled to the increased rental and subsistence allowances provided for an officer with dependents by reason of the dependency of the below-named person. (Show data for one dependent only.)

Lawful wife Lorie Ann Fleming 20 Sept. 1935
(First name) (Middle name) (Surname) (Date of marriage)

706 Ash Street, Key West, Florida
(Address)

Legitimate child (under 21) John H. Fleming
(First name) (Initial) (Surname)

706 Ash Street, Key West, Fla. 12 Sept. 1938
(Address) (Date of birth)

Certificate required by chapter II, P. & S. I., attached hereto.

Adopted child (under 21)
(First name) (Initial) (Surname)

(Address) (Date of birth)

Mother Father
(First name) (Initial) (Surname)

(Address)

(Effective date Comptroller General determination of dependency) (Number and date Comptroller General decision)

I CERTIFY that I have contributed to the support of my (mother) (father) during the period since ..... (date of last voucher) an average of $..... per month in cash or its equivalent, without any consideration in return, which contribution represents (her) (his) chief source of support, and each and every statement set forth in the affidavit (Std. Form 1037) dated ..... attached hereto, is true and correct and so remains at this time except as noted on the reverse hereof.

2. I FURTHER CERTIFY that my dependents are not in occupancy of public quarters
(Insert are or are not)
without charge (except for brief visits in quarters assigned to another officer).

3. There has been no change in the above-stated dependency since .....
(Date of last voucher)
, except

(Material change, e. g., divorce, death, child becoming of age, etc.)

(Date)

4. I will immediately notify my disbursing officer of any changes in the above-stated dependency.

[redacted] Boatswain, USCG.
(Signature and rank)

(D. O. symbol number)

*—1/1 or 7/1 except for first or change voucher.

U. S. GOVERNMENT PRINTING OFFICE 16—37013-2

CG-73

5 November, 1946

To: Commandant (PE)

Via: Commander, 7th Coast Guard District.

Subj: Retirement; request for

1. It is requested that I be considered for retirement from active duty.

2. I have completed twenty-one years, nine months, and one day's service in the United States Coast Guard and Navy.

Harlie Fleming

HARLIE FLEMING
(103-555) CBM

Ind-1
CO, CG-DEPOT
Key West, Fla.
8 November, 1946.

To: Commander, 7th Coast Guard District (pe)

1. Forwarded. In view of Fleming's past medical history, it is requested his request be given consideration when the next retiring board is convened.

L. H. MUSE

C.G. DEPOT

UNITED STATES COAST GUARD

THE COMMANDANT
CG-79-521 (FA-PR)

WASHINGTON, D.C.

From: Commandant
To: Commander, 7th CGDistrict (fpd)

20 November, 1946.

Via:

Subj: Fleming, Harlie (103-555) CBM
application for Family Allowance dated 21 October, 1946.

1. Reference is made to subject person's application for Family Allowances, which bears the following notations with regard to checkage entered by you in his pay account/

CLASS OF FAMILY ALLOWANCES	AMOUNT OF CHECKAGE	FIRST MONTH OF CHECKAGE
A	$22.00	AUGUST, 1946.

2. Family allowances as authorized by Headquarters require checkage as follows:

CLASS OF FAMILY ALLOWANCES	AMOUNT OF CHECKAGE	FRIST MONTH OF CHECKAGE
A	$22.00	OCTOBER, 1946.

Application filed in October, 1946.

3. It is requested that the pay accounts of the individual named above be adjusted in accordance with information furnished in paragraph 2.

/s/ W. H. ROBERS,
By direction

CERTIFIED TO BE A TRUE AND CORRECT COPY OF ORIGINAL

L. E. BUELL, Lt., USCG.

[illegible], Harlie 103-555 CBM

CG [illegible]POT, Key West, Fla. CGC ARIADNE Key West, Fla.

07-11[illegible] 22 October, 1946

0910
22 October, 1946

CComdr.7CGD, Miami, Fla.
asdu

55-D Com7CGD/L 10-21-46 (CC-73-531)

cc: Dist Pers PO & Pay
Cardex & .cr..cc

F. L. JOHNSON
EXECUTIVE OFFICER

[illegible]N, USCG

7th CG District, Miami, Florida.

DATE OF APPLICATION: 10/21/46

DATE REPORTED FOR ACTIVE DUTY: 20 June, 1940

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last) FLEMING, (First) Harlie (Middle) (None)

SERVICE NUMBER: 103 555

RATING: CBM.

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Lorie Ann Fleming 706 Ashe Street, Key West, Fla.	Wife				
2		John Harley Fleming (Same)	Son	11	38		
3		Walter James Fleming (Same)	Son	10	40		
4							
5							
6							

1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).
2. Enter dates of birth only for children, brothers and sisters, and grandchildren.
3. For your wife and/or children do not state estimated income or amounts contributed.
4. Do not include any amounts paid by you to your dependents for your own room and board.

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE: Miami, Florida

DATE OF MARRIAGE: 11/20/35

HAVE YOU BEEN PREVIOUSLY MARRIED? ☐ YES ☒ NO

IF SO, HOW WAS MARRIAGE DISSOLVED ☐ DEATH ☐ DIVORCE ☐ ANNULMENT

IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY. ☐ YES ☐ NO

IF DIVORCED, GIVE DATE OF DIVORCE DECREE

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE

ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION: Appointment as Boatswain Pay(illegible) 8/9/46. HQ disp 222000Z Sept., 1946.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF: XX AUGUST, 46

OCOMDR., 7th CG District, Miami, Florida, 21 October, 1946.

CERTIFICATE OF DISBURSING OFFICER

OFFICE - COMMANDER, 7th CG DISTRICT
Miami, Fla.

ACTIVITY

J. R. AUSTIN, Lt., USCG
Ass't disb. officer.

DATE 10/25/46

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (20 Pay Number) A MONTHLY FAMILY ALLOWANCE OF $22 (Strike Out One) EFFECTIVE August (Month) 1946

(Signature of Disbursing Officer) (Sign Third Copy Only - (Pink)

(DISBURSING OFFICERS OF THE MARINE CORPS WILL NOT EXECUTE THIS PART OF THE FORM)

QUADRUPLICATE: To be retained and made a part of the man's service record after completion by the Disbursing Officer.

To: FLEMING, Harlie, [redacted]03-555) CBM
CGC ARIADNE

For your information. File in your service jacket.

07-0848

ADDRESS REPLY TO
THE COMMANDANT (PO)
REFER TO FILE: CG-71

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

RECEIVED
OCT 10 1946
D.C.G.S.
SIXTH NAVAL DISTRICT
Charleston, S. C.

DIST. COAST GUARD OFF.
7TH NAVAL DIST., MIAMI, FLA.
OCT 4 4 10 PM '46

1 October, 1946

.To: Chief Boatswain's Mate Harlie Fleming, USCG

Via: Commander 7th Coast Guard District

Subj: Retirement for physical disability, final action concerning

1. The President of the United States on 25 September, 1946 approved the proceedings and findings of the retiring board held in your case.

2. Since the board did not find you incapacitated for active duty, you will not be retired by reason of your appearance before the board.

F. P. VETTERICK
By direction

Ind-1
Comdr. 7th CG Dist., Miami, Fla.(p)
7 October, 1946

To: CO, CG Repair Base, Charleston, S.C.

1. Forwarded.

J. R. HINNANT
By direction

Ind-2
CGRB, Chas., S.C.(p)
11 October, 1946

To: Chief Boatswain Mate Harlie Fleming, USCG - 706 Ashe St., Key West, Fla.

Forwarded for your information.

W.G. Wallace

W.G.WALLACE.

Ind-3
Off.Comdr.7th CG Dist, Miami, Fla.
16 October, 1946.

1. At 1030 this date reported this office for assignment duty having been on indefinite sick leave at home awaiting action of Retiring Board.

J. R. HINNANT
By direction

Ind-2
OCdr,7CGDist,Miami,Fla.(p)
14 June, 1946

Reported this office at 0900 this date for temporary duty in connection with physical examination and appearing before a Retiring Board.

R. R. SMITH
By direction

Ind-3
OCdr,7CGDist,Miami,Fla.(p)
11 July, 1946

To: Boatswain Harlie Fleming, USCG - PRESENT

Subj: Temporary duty; termination of

1. Having completed temporary duty at this office in connection with physical examination and appearing before a Retiring Board, you are directed to return to your home and resume your status of being on indefinite sick leave. Your address; subsequent to detachment from this office will be:

706 Ashe Street,
Key West, Florida

2. Detached and departed this office at 0930 this date.

R. R. SMITH
By direction

Ind-4
Miami, Fla.
12 July, 1946

Departed Key West, Florida at 2400, 13 June, 1946.
Arrived Miami, Florida at 0845, 14 June, 1946.

No Government quarters available or used during period 14 June, 1946, to 30 June, 1946.

Harlie Fleming
Harlie Fleming

OFFICE OF COMMANDER
7th CG District, Miami, Fla.

5 Indorsement

1. Voucher for above Per Diem
14-30 June, 1946
and paid in cash, ~~or by check No.~~
in the sum of $19.00 on D. O. Vou. No. 410-249
in the accounts of
E. J. BRENNAN, Chief Disbursing Officer
Treas. Dept., Div. of Disb.
18-410

J. R. AUSTIN, Lieut., USCG

UNITED STATES COAST GUARD
DU PONT BUILDING
MIAMI 30, FLORIDA

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT (p)
REFER TO FILE: CG-71-531

(OFF) Order No. 2869 (07-001)

8 June, 1946

To: Boatswain H. Fleming, USCG, 706 Ashe Street, Key West, Florida

Subj: Orders; temporary duty; appearing before retiring board

1. Upon receipt hereof you are directed to proceed to Miami, Florida, and upon arrival thereat, report to the Commander 7th Coast Guard District prior to 0900 12 June, 1946 for assignment to temporary duty in connection with physical examination and appearing before Retiring Board.

2. The travel necessary to the execution hereof is required by the public interests, and is authorized.

3. A per diem allowance as prescribed by Article 412(4), Pay and Supply Instructions, is authorized.

4. The travel necessary to the execution hereof will be performed by common carrier.

5. The expense incident to the execution hereof is chargeable to the Seventh CG District Travel Allotment, Symbol No. 07-20.

R. R. SMITH, Commander
Personnel Officer
By direction of Comdr, 7th CG Dist

CC: District Allotment

Ind-1
Key West, Fla.
13 June, 1946

Received basic orders this date.
Departed Key West, Fla., at 2400 this date.

H. FLEMING

N. C. G.-2655

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 16 OCT 1946 UNIT OFFICE COMDR 7TH CG DIST MIAMI

FROM

CCGD SEVEN

TO (FOR ACTION)

COMDT WASHN

TO (FOR INFORMATION)

	PLAIN
	ENCRYPT
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

ROUTINE

TEXT

RE HQ LET DATED OCT 1 CG-71 TO CBM HARLIE FLEMING FINAL ACTION RETIREMENT X REQUEST DISPATCH CONFIRMATION PRESENT RANK OR RATING X IF REVERTED CBM FWD COPY HQ LETTER DIRECTING SAME X

COPY

J. R. HINNANT
Personnel Officer.

PLP050MML
MI10SA
MA140
MK191

R R R
MIAJC V MNJC NR 52 R

FM COMDT CG 172116Z
TO CCGD SEVEN

PO TO P X UR 162009 X REFER MY 222000 JUNE ACTION CHAS SECT
UR INFO

2116/17 OCT MO 1720160 162009 222000

REF: 162009 REF HQ LET OCT 1
CG-71 TO CDR HARLIE FLEMING FINAL
ACTION RETIREMENT XCONFIRM PRESE
RANK OR RATING X IF REVERTED OBT
FWD COPY HQ LTR DIR SAME

V JC R 2146/17 OCT KS

REF HQ DIS 222000 **ATTACHED COPY**

CCGD7
OPERATIONS
PERSONNEL
FINANCE

172116Z/OCT

CMDT
96 -17

To: FLEMING, Harlie, [redacted]03-555) CBM
CGC ARIADNE
FILE in your service jacket.

OCT 24 1946

OCT 24 1946

312-47

COAST GUARD PERSONNEL (ENLISTED)

Boatswain revoked	0001	xxxx	8/9
Reverted to permanent rating (CBM)	0001	8/9	xxxx
Entitled to CCA $105.00			
Reported from indefinite sick leave	1030	10/16	xxx
Tr to ARIADNE for per. duty	0700	xxx	10/22

HD/D 222000Z Sept. 1946
H/L 1 Oct. 1946 CG-71 (PO)
Com 7th CG Dist ltr 21 Oct.1946
CG-73-531

J. R. HINNANT, Commander, USCG

Personnel

FLEMING, Harlie (n)

DISTRICT OFFICE 103-555 CBM

07-001 Miami, Fla.

21 October, 1946

9 August, 1946
0001, Appointment as Boastswain revoked

9 August, 1946
0001 Reverted to permanent rating (CBM)

1030, 16 October, 1946: Reported from indefinite sick leave

0700, 22 October, 1946: Transferred to CGC ARIADNE for assignment to duty.

HD/D 222000Z Sept. 1946
H/L Oct. 1946 CG-71 J. R. HINNANT
(PO) Com7thCGD/L 21 Oct.
1946, CG-73-531

LSND

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Comdr. 7th CG Dist (p)
REFER TO FILE CG-73-531

Miami, Fla.

21 October, 1946

To: FLEMING, Harlie (103-555) C.B.M.- PRESENT

Subj: Orders; transfer; travel

1. Upon receipt hereof you are directed to proceed to Key West, Florida and upon arrival report to CO CGC ARIADNE for assignment to permanent duty.

2. This order constitutes a permanent change of station from Charleston, S.C., to Key West, Florida.

3. Travel necessary to the execution of this order will be performed by Government aircraft. Allowences for subsistence and quarters as prescribed by the Pay & Supply Instructions are applicable in this case.

4. Delivered and departed at 0630 -22 October, 1946.

J. R. HINNANT,
By direction.

CO CGC ARIADNE
CC-File

Ind-1
CG DEPOT, Key West, Fla.
22 October, 1946

Reported at 0910 this date and immediately transferred to CGC ARIADNE for assignment to duty.

F. L. JOHNSON
By direction.

Reported aboard

Miami, Fla.

7th CG Dist (p)
CG-73-531

21 October, 1946

To: FLEMING, Harlie (103-555) C.B.M.- PRESENT

Subj: Orders; transfer; travel

1. Upon receipt hereof you are directed to proceed to Key West, Florida and upon arrival report to CO CGC ARIADNE for assignment to permanent duty.

2. This order constitutes a permanent change of station from Charleston, S.C., to Key West, Florida.

3. Travel necessary to the execution of this order will be performed by Government aircraft. Allowences for subsistence and quarters as prescribed by the Pay & Supply Instructions are applicable in this case.

4. Delivered and departed at 0630 -22 October, 1946.

J. R. HINNANT,
By direction.

CO CGC ARIADNE
CC-File
Ind-1
CG DEPOT, Key West, Fla.
22 October, 1946

Reported at 0910 this date and immediately transferred to CGC ARIADNE for assignment to duty.

F. L. JOHNSON
By direction.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Captain of the Port Unit (Unit) — Port Everglades, Florida. (Place)

1 October, 1943. (Date)

FROM: FLEMING, Harlie (103-558) C.B.M.

TO: COMMANDANT (via Commanding Officer.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	508 2nd Avenue, Fort Lauderdale, Florida. (Address of wife)
John Harlie Fleming (Son) (Full name of child; if none, so state)	Same as above. (Address of child)
Walter James Fleming (Son) (Full name of child; if none, so state)	Same as above. (Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

NONE (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

NONE (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 1st day of October, 1943

J. T. Nelson (Signature)

Lieutenant, U.S.C.G.R. (Rank or title)

Harlie Fleming (Signature)

HARLIE FLEMING

C.B.M. (Rank or rating)

16—25758-1

Name FLEMING, Harlie
(Name in Full, Surname to the Left)

103-555 Rate CBM
(Service No.)

Date Reported Aboard: 8 July 1944

SCGO-COTP MIAMI FLA
(Present Ship or Station)

SCGO-COTP PORT EVERGLADES, FLA
(Ship or Station Received From)

THE ADVANTAGE OF NATIONAL SERVICE LIFE INSURANCE HAVE BEEN EXPLAINED TO ME FULLY, AND:

(1) I DO NOT WISH TO TAKE ADVANTAGE OF IT'S BENEFITS.

X (2) I DO NOT WISH TO TAKE ADVANTAGE OF OVER 50 % OF IT'S BENEFITS.

(3) I HAVE TAKEN FULL ADVANTAGE OF IT'S BENEFITS.

Harlie Fleming — SIGNATURE

CBM — RATE

Date Transferred

To

Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

Miami, Fla.

Comdr. 7th CG Dist (p)
CG-73-531

21 October, 1946

To: FLEMING, Harlie (103-555) C.M.M.-- PRESENT

Subj: Orders; transfer; travel

1. Upon receipt hereof you are directed to proceed to Key West, Florida and upon arrival report to CO CGC ARIADNE for assignment to permanent duty.

2. This order constitutes a permanent change of station from Charleston, S.C., to Key West, Florida.

3. Travel necessary to the execution of this order will be performed by Government aircraft. Allowences for subsistence and quarters as prescribed by the Pay & Supply Instructions are applicable in this case.

4. Delivered and departed at 0630 -22 October, 1946.

J. R. HINNANT,
By direction.

CO CGC ARIADNE
CC-File

REPORT OF CHANGE IN PERSON
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 57

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie		Bosn
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CHARLESTON GROUP OFFICE		Chas., S.C.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
7CGD		25 Sept.1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 1300
DATE 25 Sept.1946

TRANSFERRED TO: CG Repair Base, Charleston, S.C.
FOR duty

AUTH: 7CGD/D 232202, Sept.1946 & Chasn Grp/L 9-25-46 (CG-71-72)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: W.G.WALLACE, Commander, USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSON

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 147

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie		Bosn
MAJOR UNIT NAME: CG REPAIR BASE	MINOR UNIT NAME	LOCATION: Chas.,S.C.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 07-011	MINOR UNIT ITEM No.	DATE: 25 Sept.1946

TIME: 1300
DATE: 25 Sept.1946

REPORTED FROM: CG Group Office, Charleston, S.C.
FOR: duty

DUTY CODE NO.

AUTH: 7CGD/D 232202, Sept.1946 & Chasn Grp/L 9-25-46(CG-71-72)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: W.G.WALLACE, Commander, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 10

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie		Boatswain, USCG
MAJOR UNIT NAME / MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT NAME / MINOR UNIT ITEM NO.	LOCATION / DATE
Chasn.Section / 7th CG Dist.		Chasn., SC / 5-2-46

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1130, 19 April, 1946 -- Rptd fr USNH, Chasn.,SC. Detached from CGC CYPRESS and picked up on rolls of this office for administrative purposes. Dptd. on indefinite sick leave pending action on retirement.

DUTY CODE NO.
AUTH: Art.3002 REGS

S. T. BAKETEL (Commanding)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. "25"

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie		Boatswain, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CGC CYPRESS		Charleston, S.C.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
Chasn. Section, 7th CG Dist.		30 April, 1946

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME

DATE

TRANSFERRED TO:

FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

1130, 19 April, 1946 - dropped from rolls of this vessel. Records and account transferred to Commander, Charleston Section, 7th CG District for administrative purposes while on indefinite sick leave pending action on retirement.

DUTY CODE NO.

76(s)

AUTH:

Cmdr,CS,7CGD/VO 4-19-46

T. B. CHRISTIANSEN, Lt. Comdr. USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

FLEMING Harlie — Boatswain, USCG

USCGC CYPRESS — Charleston, S.C.

6th Naval District — 14 March, 1946

0800
14 March, 1946

US Naval Hospital, Navy Base, Charleston, S. C.
inpatient treatment.

Duty Code No. 76(S)
Art. 3002, CG Regs.

T. B. CHRISTIANSEN, Lt. Comdr. USCG.

...sation of

APPLICATION FOR ALLOTMENT

CGC CYPRESS

...ING, HARLIE, Bos'n., USCG

PAYABLE TO

Monthly allotment in the amount of

ONE HUNDRED FIFTY AND NO/00 DOLLARS ($ 150.00) Dollars.
(Words) (Figures)

If payable to a bank, business institution, or individual, for credit of*—

Name Lorie Ann Fleming

Name

Street and No. 706 Ashe Street,

Reason for allotment Dependency

Post office Key West, *State* Fla.

First payment: Month OCTOBER, , 1945

I hereby request and authorize allotment, chargeable to my pay, as above.

HARLIE FLEMING

Rank or rating Bos'n, U. S. C. G.

5 October, , 1945

Approved, allotment granted.

IRA L. PECK, Lt.Comdr., USCG

~~Commanding~~ Finance officer

~~Commander~~, 6th *District.*

Witnessed and registered 5 Oct., , 1945

C. E. McDANIEL, SDA 55-338

DCGO, Sixth Naval District

Pay officer,

By

16—12642—1

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

ACKNOWLEDGMENT RECEIVED

DEC 5 1945

Date.....

DO NOT FOLD—MAIL FLAT

* Allotter or member immediate family

FLEMING, Harlie — Boatswain

CGC CYPRESS — Jacksonville, Fla.

Sixth Naval District — 20 December, 1945

0100, 20 December, 1945 departed this vessel on ten (10) days leave of absence.

Address while on leave: 706 Ashe St., Key West, Florida.

T. B. CHRISTIANSEN, Lt. Comdr., USCG.

76(8) Art. 1936, CG Regs.

FLEMING, Harlie — Boatswain, USCG

CGC CYPRESS — Charleston, S. C.

Sixth Naval District — 2 January, 1946

0100, 20 December, 1945 departed this vessel on ten (10) days leave of absence.

1320, 30 December, 1945 reported aboard from leave on time.

Address while on leave: 706 Ashe St., Key West, Florida.

76(8) Art. 1936, CG Regs.

T. B. CHRISTIANSEN, Lt. Comdr., USCG.

"g"

FLEMING, Harlie

USCGC CYPRESS

6th Naval District

Boatswain, USCG

Jacksonville, Fla.

8 November, 1945

0100, 8 November, 1945 departed this vessel on ten (10) days leave of absence.

Address while on leave: Pelham Rd, Rt#2, Greenville, S. C.

76(s) Art. 1936, CG Regs. T. B. CHRISTIANSEN, Lt. Comdr. USCG .

FLEMING, Harlie
USCGC CYPRESS
6th Naval District

Boatswain, USCG
Jacksonville, Fla.
19 November, 1945

0100, 8 November, 1945 departed thia vessel on ten (10) days' leave of absence.
0700, 19 November, 1945 reported aboard from leave on time.

76(s) Art. 1936, CG Regs.

T. B. CHRISTIANSEN, Lt. Comdr. USCG.

"30"--"1"

FLEMING, Harlie — Bos'n, USCG

CGC CYPRESS — Jacksonville, Fla.

Sixth Naval District — 1 November, 1945

Temporary duty made permanent this date.

76(S) H/ L 10-4-45 (72)

T. B. CHRISTIANSEN, Lt. Comdr., USCG.

COLLETT, Oscar W. 7015-245 S1c(R)

CGC CYPRESS Charleston, S1 C.

Sixth Naval District 25 October, 1945

2300, 14 October, 1945 departed this vessel for CG Infimary, Charleston S. Carolina.

1530, 24 October, 1945 departed CG Infimary and reported aboard this vessel for resumption of duty.

Diag: Post dental extraction
Acute alveolor abcesses.

76(S) Art: 3002, CG Regs. T. B. CHRISTIANSEN, Lt. Comdr., USCG.

FLEMING, Harlie — Boatswain, USCG

USCGC CYPRESS — Charleston, S. C.

6th Naval District — 10 October, 1945

1615
10 October, 1945

Office, DCGO, 6th NavDist., Charleston, S. C.
Assignment temporary duty.

76(S)

DCGO,6ND Ind-2, on COTP, Jax., Fla. ltr. 10-3-45 (72)

T. B. CHRISTIANSEN, Lt. Comdr. USCG.

FROM COMPENSATION OF—

FLEMING, Harlie (103-855) CBM

APPLICATION FOR ALLOTMENT

PAYABLE TO—

Name: Treasurer of the United States
Address: Washington, D. C.
First payment: Month JANUARY, 1944
Last payment: Month DECEMBER, 1944

MONTHLY ALLOTMENT IN THE AMOUNT OF—

SIX DOLLARS & TWENTY FIVE CENTS ($ 6.25) Dollars.
(Words) (Figures)

Number of months TWELVE 12
(Words) (Figures)

Reason for allotment: Purchase of War Bonds under Installment Plan.

I hereby request and authorize allotment, chargeable to my pay, as above.

Harlie F. Fleming

Rank or rating CBM, U. S. C. G.

22 DEC 1943, 194...

APPROVED: Allotment granted.

J. T. Nelson

Commanding J. T. NELSON, Lieut. U.S.C.G.R.
D. C. G. O. Captain of the Port, Port Everglades, Fla. *District.*

Witnessed and registered 4 JAN 1944, 194...

S. P. ROZEAR, ENSIGN, U.S.C.G.
Pay Officer Captain of the Port, Port Everglades, Fla.
Pay Officer.

1-2 EWM

RECORD OF PAYMENTS

MONTH	YEAR 1942	1943	1944	REMARKS
Jan	✓			
Feb				
Mar				
Apr				
May				
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec	1-2			

NCG 2528-B

16—31604-1

DO NOT FOLD—MAIL FLAT

(OVER)

Delivery of War Bonds to addresses outside the continental United States or to ships is temporarily suspended

It is requested that, beginning JANUARY, 1944, monthly deductions of $ 6.25 be made so that United States War Bonds of $ 25.00 denomination may be issued in the name of—

HARLIE (NONE) FLEMING

(First name, in full) (Middle name or initial, if any) (Last name)

You may use your home address on the face of a War Bond or "% U. S. Coast Guard, Washington, D. C."

508 N. E. SECOND AVENUE, FORT LAUDERDALE, FLORIDA

(State your address)

You may name either a coowner or a beneficiary, *but not both:*

Coowner: {Mr. / Mrs. / Miss} LOUIE ANN FLEMING

(Given name, in full) (Middle name or initial) (Last name)

Address 508 N. E. SECOND AVENUE, FORT LAUDERDALE, FLORIDA

Beneficiary: {Mr. / Mrs. / Miss} .....

(Given name, in full) (Middle name or initial) (Last name)

Address .....

Either coowner may redeem the bonds without the signature of the other. The beneficiary may redeem bonds only if surviving the owner. War Bonds may not be reissued during the lives of the persons named in order to change the registration; however, bonds registered in one name alone may be reissued to add the name of a beneficiary.

Do you want your bonds held without charge in safekeeping? If so, indicate where:

..... Hold at Treasury Department. ..... Hold at Federal Reserve Bank of .....

Mail bonds to me at 508 N. E. SECOND AVENUE, FORT LAUDERDALE, FLORIDA

(Not to be filled in if bonds are to be held for safekeeping)

Signature of purchaser Harlie Fleming Bos'n. C.G. Fort Lauderdale Fla

(Name) (Rank or rating) (Station)

U. S. GOVERNMENT PRINTING OFFICE 16—31604-1

compensation of

APPLICATION FOR ALLOTMENT

FLEMING, Harlie (103-555) CBM

PAYABLE TO

Monthly allotment in the amount of

ONE HUNDRED DOLLARS ($100.00) Dollars.
(Words) (Figures)

If payable to a bank, business institution, or individual, for credit of*—

Name LOUIE A FLEMING

Name Harlie Fleming

Street and No. 508 N. E. 2nd Ave.

Reason for allotment Support of dependents

Post office Ft. Lauderdale State Fla.

First payment: Month JULY, 1944

I hereby request and authorize allotment, chargeable to my pay, as above.

Harlie Fleming

Rank or rating CBM U. S. C. G.

6 July, 1944

Approved, allotment granted.

J. T. NELSON, Lt. Comdr.

Commanding CG Patrol Base

Commander, Pt Everglades, Fla. District.

Witnessed and registered 6 July, 1944

H. P. HOZEAN, Lt. (jg)

Pay officer, CG Patrol Base

Pt Everglades, Fla.

16-12042-1

N. A. V. C. G. - 2528

(Revised January 1942)

Form approved by Comptroller General, U. S.

(April 14, 1934)

© DO NOT FOLD — MAIL FLAT

RECORD OF PAYMENTS

Mo./Yr.	19	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

* Allotter or member immediate family

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 9-50

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC. USCG (Retired)
MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD DEPOT		St. Petersburg, Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
07-21400		31 May, 1950

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

Home address on retirement - 918 NE 3rd Ave.,Ft. Lauderdale, Fla.
0900 31 May, 1950 - Departed this unit on inactive retired status of the U. S. Coast Guard as approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, effective this date.
Auth: HQ/L 4/24/50, file PE-C-73 EXTRA COMPENSATION Service, Health records forwarded HQ this date.

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							
518457								

John R. Mackey
JOHN R. MACKEY, LT. USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

555

U.S.Code

...IREMENT - Title 14

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
FLEMING, Harlie (n)	103-555	BMC. USCG	USCG

5. QUALIFICATIONS

SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	6. EFFECTIVE DATE OF SEPARATION (DAY / MONTH / YEAR)	7. TYPE OF SEPARATION
		31 / May / 1950	"Retired"

8. REASON AND AUTHORITY FOR SEPARATION: Title 14 U.S. Code, Section 355

9. PLACE OF SEPARATION: COAST GUARD DEPOT, St. Petersburg, Florida

10. DATE OF BIRTH (DAY / MONTH / YEAR)	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
2 / Nov. / 1905	Madison Cnty, N. C.	Male	White	Gray	Brown	6'	158 lbs.

SELECTIVE SERVICE DATA

13. REGISTERED YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED DAY / MONTH / YEAR
	X			

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X		

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [X] ENLISTED [ ] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BMC. USCG

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE (DAY / MONTH / YEAR / PLACE (City and State)): 29 / Nov / 49 / DEPOT, St. Pete, Fla.

20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State): Broward Cnty 918 NE 3rd Ave., Fort Lauderdal, Florida

STATEMENT OF SERVICE FOR PAY PURPOSES

	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	21	3	0
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	0	6	2
23. OTHER SERVICE (*Act of 16 June 1942 as amended*) COMPLETED FOR PAY PURPOSES	3	6	18
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	25	3	4

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY

DAY	MONTH	YEAR	AMOUNT
29	Nov	49	$250.00

26. FOREIGN AND/OR SEA SERVICE

YEARS	MONTHS	DAYS
19		

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

28. MOST SIGNIFICANT DUTY ASSIGNMENT: FS-347 (South Pacific)

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (*Place and date, if known*)

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE	- - -	- - -	Law Course

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (*unless otherwise indicated*).

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION. IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBERS IF KNOWN.

32. KIND OF INSURANCE (*amount and premium due each month*) N. S. L. I.	U. S. G. L. I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
$3.95			

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$365.00	$14.35	CPCLK W. M. STEPHENS, USCG

AUTHENTICATION

38. REMARKS (*Continue on reverse*)

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: John R. Mackey

NAME, GRADE AND TITLE (*Typed*): JOHN R. MACKEY, LT. USCG

LT. USCG, CO.

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (*Specify type*) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. — CLAIM NUMBER:

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
		Rigger & Boatman	

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (*Years successfully completed*) GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
[X] YES [ ] NO	Married	7	0	0	None	None

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (*St., R.F.D., County, City and State*): Broward County 918 NE 3rd Avenue, Fort Lauderdale, Florida

48. SIGNATURE OF PERSON BEING SEPARATED: Harlie Fleming

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (*ARMY & AIR FORCE: ATTACH TO SERVICE RECORD. NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C. MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK. COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.*)

...IN PERSONNEL
...ARTMENT
...States Coast Guard
CG-2599 (REV. 3-48)

No. 9-50

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC. USCG (Retired)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
COAST GUARD DEPOT		St. Petersburg, Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
07-21400		31 May, 1950

TIME
DATE REPORTED FROM:
FOR

AUTH:

TIME
DATE TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

0900 31 May, 1950 - Home address on retirement - 918 NE 3rd Ave.,Ft. Lauderdale, Fla. Departed this unit on inactive retired status of the U. S. Coast Guard as approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, effective this date.

Auth: HQ/L 4/24/50, file PE-C-73 EXTRA COMPENSATION Service, Health records forwarded HQ this date.
518457

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

John R. Mackey
JOHN R. MACKEY, LT, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF FLEMING, Harlie (n) (Full name, surname to the left) 103-555 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
	5/31/50	USCG DEPOT ST. PETE., FLA. LT,CO			

EFFECTIVE 5/31/50 DETACHED FROM ALL PREVIOUS DUTIES ASSIGNED AND ON 1 JUNE, 1950 PLACED ON THE INACTIVE RETIRED LIST OF THE COAST GUARD, AS APPV'D BY THE COMMANDANT PURSUANT TO THE PROVISIONS OF TITLE 14, UNITED STATES CODE, SECTION 355.

Auth: HQ/L 4/24/50, file PE-C-73

AUTH: 518457 John R. Mackey LT,CO.
USCG DEPOT
ST. PETE., FLA.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

7H

RECORD OF FLEMING, Harlie (n) (Full name, surname to the left) 103-555 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seaman-ship	Mechanical ability	Ability as leader of men	Conduct	Signature
12-31-49	BMC	3.7	3.8	- -	3.7	4.0	USCG DEPOT ST. PETE., FLA. R. J. Elder LT,CO
3-31-50	BMC	3.8	3.8	- -	3.7	4.0	USCG DEPOT ST. PETE., FLA. R. J. Elder LT,CO.
5-31-50	BMC	3.8	3.8	- -	3.7	4.0	USCG DEPOT ST. PETE., FLA John R. Macke LT,CO
			"PIR"				
5/31/50 AVERAGE	X X X X		3.733			4.0	USCG DEPOT ST. PETE., FLA. John R. Macke LT,CO.

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	REMARKS

16—0676-2

RECORD OF FLEMING, Harlie (n) 103-555
(Full name, surname to the left) (Service Number)

11. DESERTION

Date ....., 19..... Unit ..... Place .....

12. DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty?	Signature

13. RETIREMENT

Unit	Date	Cause	Authority	Signature
USCG DEPOT ST. PETE., FLA.	5/31/50	20 Yr Ret Law	Auth: 518457 HL 4/24/50 file PE-C-73	John R. Mackey LT, CO.

14. DISCHARGE

Date ..... Place .....

Discharged by reason of .....

Kind of discharge ..... Serial No. .....

Authority .....

Rating ..... Monthly rate of pay .....

Furnished travel allowance at the rate of ..... cents per mile from .....

to ..... and paid $..... in full to date of discharge by

..... with check No. .....
(Name of Disbursing Officer)

Address subsequent to discharge will be:

.....

.....

Has signified intention { to / not to } reenlist next day.

Creditable Coast Guard service during this enlistment ..... (Years) ..... (Months) ..... (Days)

Completed ..... years' net service for pay purposes on .....

Total time lost and deducted for pay purposes thereafter to date of discharge ..... (Years) ..... (Months) ..... (Days)

.....
(Date)

Certified correct upon termination of service.

.....
Commanding Officer.

15—9676-2

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

11/29/49 PAID REENL BONUS (FIVE YEARS) IN AMO $250.00
W. M. Stephens
W.M. STEPHENS,
CPCLK, USCG ACO.

UNITED STATES { COAST GUARD [redacted] }

RE-ENLISTMENT OF FLEMING, Harlie (n) (Full name, surname to left); 103-555 (Service number); _____ (Pay per month)

Accepted for enlistment at St. Petersburg, Florida; BMC (Rating in which enlisted)

Enlisted at USCG Depot, St. Petersburg, Florida; 29 November, 1949 (Date of enlistment)

Transferred to Retained onboard

Occupation Mariner Citizenship* "NB" If naturalized, place and date of naturalization _____ Certificate No. _____

Date of birth 2 November, 1905 Place of birth Madison County, North Carolina

Home address 918 NE 3rd Avenue, (Street and number) Ft. Lauderdale, (Town) Boward, (County) Florida (State)

Married or single Married Name and address of next of kin or legal guardian _____

Lorie Ann Fleming - Wife - 918 NE 3rd Avenue, Ft. Lauderdale, Florida
(Relationship) (Address)

Continuous Service Certificate LOST (Number) Previous service { Coast Guard [redacted] } 24 (Years) 09 (Months) 04 (Days)

First enlisted 19 June, 1928 (Date) at Atlanta, Georgia (Place) and was

last discharged 28 November, 1949 (Date) from CG Depot, St. Petersburg, Florida (Unit)

with Honorable (Character) discharge as BMC (Rate) Form No. CG-2510

Previous Navy service 03 (Years) 06 (Months) 18 (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 44 years 0 months.

Height 6 feet 0 inches. Weight 144 pounds.

Eyes Brown Sex Male Hair Grey Complexion Ruddy Color White

Personal characteristics _____ marks, etc. Sc 1" rt index finger; mole on chin.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with R.F.ELDER, LT, of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { FIVE (5) years from 29 NOVEMBER, 1949 / during minority until _____ } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Harlie Fleming do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and 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 the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming
(Signature in own handwriting, surname to right)
HARLIE FLEMING

Subscribed and sworn to before me this 29TH day of NOVEMBER, A. D. 1949

R. F. Elder
R. F. ELDER, LIEUTENANT, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding Officer
(Title)

Citizenship substantiated and contract perfected.

R. F. Elder
R. F. ELDER,

LIEUTENANT, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

(Signature of man)

(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

CG-2500-C
(Rev. 4-49)

RECORD OF FLEMING, Harlie (n) 103-555
(Full name, surname to the left) (Service Number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason & Date	Creditable service for leave purposes Mos.	Days	No. of days es rn- ed	Departed Hour	Departed Date	Returned Hour	Returned Date	Type and reason	No. days	Bal. due	Signature and Unit
5/31/50-Ret	-6-	-2-	16							16	John R. Mackey, CO. USCG DEPOT ST. PETE., FLA.
				'ENTITLED TO CASH REIMBURSEMENT FOR SIXTEEN (16) DAYS UNUSED LEAVE TO BE SETTLED FOR ON RETIREMENT.							John R. Mackey, LT,CO USCG DEPOT ST. PETE. FLA.
5/31/50	PAID $180.16 AS CASH COMPENSATION FOR 16 (SIXTEEN) DAYS UNUSED ACCRUED ANNUAL LEAVE BALANCE ON DATE OF RETIREMENT 5/31/50. ACCTS.PAUL D. BANNING CDO,SYM 1377.										W.M. STEPHENS, CPCLK,USCG ACO.

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From (Inclusive dates)	To (Inclusive dates)	Reason	Months	Days	Signature and Unit

FLEMING, Harlie (n) — 103-555

(Full name, surname to the left) — (Service No.)

LEAVE RECORD

ACCRUED RECORDS			LEAVE TAKEN					BAL. DUE	CO's Sig- & Unit
REASON	DATE	No. Days	FROM (Inclusive dates)	TO	TYPE OF LEAVE	REASON for LEAVE	NO. DAYS	NO. DAYS	
REENL	11-29-49	00						00	LT,CO
	11/28/49	PAID $ $664.34 AS CASH COMPENSATION FOR UNUSED ACCRUED (59 DYS) ANNUAL LEAVE BALANCE AS OF DATE OF DISCHARGE 11/28/49.							W.M. STEPHENS, CPCLK, USCG. ACO.

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM (Inclusive dates)	TO	REASON	NO. DAYS	CO's SIGNATURE & UNIT

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment ~~Allowance~~ BONUS)

USCG Depot, St. Petersburg, Florida
(Unit)

FLEMING, Harlie (n)
(Name in full—surname to the left)

28 November, 1949
(Date)

103-555
(Service number)

Chief Boatswain's Mate
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1946	11	5			
Enlistment extended (for ____ years from)						
Date of discharge (HONORABLE) (Character of discharge)	1949	11	28			
Total time of last enlistment period				3	0	24

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement					
From—	To—	Days	From—	To—	Days	From—	To—	Days			
	None			None			None				
Total Absence (0 days)									0	0	0
Creditable time served during last enlistment period									3	0	24

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

R. F. Elder
R. F. ELDER
(Rank) LIEUTENANT, U. S. C. G.
Commanding officer.

Date 28 November, 1949

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 29 November, 1949

USCG Depot, St. Petersburg, Florida
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of FIVE (5) years from this date.

11/29/49 - PAID FIVE (5) YEARS REENL BONUS IN AMOUNT $250.00

R. F. Elder
R. F. ELDER
(Rank) LIEUTENANT, U. S. C. G.
Commanding officer.

W. M. Stephens
W.M. STEPHENS, CPCLK, USCG ACO.

16—20908-1

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 44

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Coast Guard Depot		St.Petersburg,Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
07-135		29 November, 1949

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

At 1300, 29 November, 1949: Reenlisted in Regular Establishment for a period of five (5) years in the rating of Chief Boatswain's Mate.

Auth: SF 88, HQ Ind dated 16 November, 1949

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 40

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Coast Guard Depot		St.Petersburg,Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
07-135		28 November, 1949

TIME
DATE — REPORTED FROM:
FOR

AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

At 1300, 28 November, 1949: Honorably discharged from Regular Establishment by reason of expiration of three (3) year enlistment and twenty-four (24) day extension thereof.

Auth: Art. 589(1) CG Regs.

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U. S. Coast Guard Depot, (Unit) St. Petersburg, Florida (Place)

29 November, 1949 (Date)

FROM: FLEMING, Harlie (n) (103-555) BMC, USCG

TO: COMMANDANT (via Commanding Officer)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Date of Marr: 11-20-35) (Full name of wife; if not married, so state)	918 NE 3rd Avenue, Ft. Lauderdale, Florida (Address of wife)
John Harlie Fleming (DOB: 11-8-38) (Full name of child; if none, so state)	Same as above. (Address of child)
Walter James Fleming (DOB: 10-18-40) (Full name of child: if none, so state)	Same as above. (Address of child)
Barbara Linda Fleming (DOB: 6-4-47) (Full name of child; if none, so state)	Same as above. (Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve C. Fleming (Full name of relative)	Father (Relationship)	286 Moore Street, Greenville, N.C. (Address of relative)

Potential (State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

None (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 29th day of November, 1949

R. F. Elder (Signature)
R. F. ELDER
Lieutenant, USCG (Rank or title)

Harlie Fleming (Signature)
HARLIE FLEMING
BMC, USCG (Rank or rating)

STATEMENT OF CREDITABLE SERVICE

United States Coast Guard Depot,
St. Petersburg, Fla.

From: Commanding Officer, CG Depot, St. Petersburg, Fla.
To: Disbursing Officer, CG Air Station, St. Petersburg, Fla.

Subj: Statement of service for longevity pay

Incl: Copy of Navy statement of service dated 23 May, 1932

1. The following is a statement of service, to and including 27 October, 1949 of FLEMING, Harlie (n) (103-555) BMC, USCG

ENTERED SERVICE	SERVICE TERM,	ABSENT WITHOUT LEAVE (INCLUSIVE DATES) From	To	SMMC (INCLUSIVE DATES) From	To	NPDI (INCLUSIVE DATES) From	To
6-19-28	6-18-30 HD	None		8-18-28	11-11-28	None	
6-19-30	6-18-31 HD	None		None		None	
6-19-31	6-20-32 HD	None		None		None	
6-21-32	6-20-34 HD	None		None		None	
6-21-34	6-21-37 HD	None		None		None	
6-22-37	6-21-40 HD	None		None		None	
6-22-40	6-21-43 HD	None		None		None	
Enlistment extended in accordance with ALCOAST #83 6-22-43							
7-10-44 Apptd Boatswain for temporary service		None		None		None	
8-9-46 Appt as Boatswain revoked and reverted		None		None		None	
	11-4-46 HD	None		None		None	

11-5-46
Now serving

	Yrs.	Mos.	Days
Coast Guard service	21	01	15
Navy service	03	06	18
Other service	00	00	00
Total service	24	08	03

Completed twenty-four (24) years creditable service on 24 February, 1949

CERTIFIED TO BE A TRUE COPY:
R. F. Elder
R. F. ELDER, LT., USCG

R. F. ELDER

5-23-32

From: The Chief of the Bureau of Navigation.

To: Commandant, US Coast Guard.

SUBJECT: FLEMING, Harlie, 261-48-66, ex-Sea.1c, USN.

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates)		SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates)		NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates)	
		From--	To--	From--	To--	From--	To--
(4yrs)							
5-15-24	5-14-28 Good Dis.	11-9-24	3-1-25	6-19-24	8-7-24	NPDI None FWOP None Insct RF None Tr RF None	

Date and place of birth:
11-2-05, Madison, N.C.

F. B. UPHAM,
Chief of Bureau

W. W. MEEK
By direction.

Certified to be a true copy

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CGC ARIADNE
Comdr. 7th CG District
(Unit)

FLEMING, Harlie (n) — (Name in full—surname to the left)

5 Nov. 1946 — (Date)

103-555 — (Service number)

C.B.M. — (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1940	6	22
Enlistment extended (for 3 years from)	1943	6	21
Date of discharge (Honorable — Character of discharge)	1946	11	4

	NUMBER OF—		
	Years	Months	Days
Total time of last enlistment period	6	4	14

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		

Total Absence (0 days)

Creditable time served during last enlistment period	6	4	14

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

J. R. HINMAN,

Date 5 Nov., 1946 — (Rank) Commander, U. S. C. G.

Commanding officer.

By direction

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 5 Nov., 1946

CGC ARIADNE
Comdr. 7th CG District, Miami, Fla.
(Unit and place)

I CERTIFY that the above-named man reenlisted for
(Reenlisted or voluntarily extended his enlistment)

a period of three years from this date.

J. R. HINMAN,

(Rank) Commander, U. S. C. G.

Commanding officer.

By direction

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

NCG 2511 (Revised)
Form approved by Comptroller General, U
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD ~~HEADQUARTERS~~

~~WASHINGTON~~

Charleston, South Caroling 27 February, 1946

From: ~~Commandant~~ CO, CGC CYPRESS

To: DCGO(fs), 6th Naval District.

SUBJECT: Boatswain Harlie Fleming, USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
6-19-28	6-18-30 HD	NONE		8-18-28	11-11-28	NONE	
6-19-30	6-18-31 HD	NONE		NONE		NONE	
6-19-31	6-20-32 HD	NONE		NONE		NONE	
6-21-32	6-20-34 HD	NONE		NONE		NONE	
6-21-34	6-21-37 HD	NONE		NONE		NONE	
6-22-37	6-21-40 HD	NONE		NONE		NONE	
6-22-40	6-21-43	NONE		NONE		NONE	
	Extension of enlistment in accordance with Alcoast #83.						
6-22-43	2-27-46 NOW SERVING	NONE		NONE		NONE	

	Yr.	Mo.	Days
Coast Guard Service	17	5	14
Navy Service	3	6	19
TOTAL	21	0	3

Completed 21 years on 24 February, 1946.

T. B. Christiansen

T. B. CHRISTIANSEN,
Lt. Comdr. USCG.

U. S. GOVERNMENT PRINTING OFFICE 10—32658-1

N. C. G. 2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

From: Commandant.
To: [redacted] CAPTAIN OF THE PORT, PORT EVERGLADES, FLORIDA
PAY OFFICER.

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 21 June, 1943, of FLEMING, Harlie (203-555) CHM

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
6-19-28	6-18-30 ED	NONE		6-18-28	11-11-28	NONE	
6-19-30	6-18-31 ED	NONE		NONE		NONE	
6-19-31	6-[illegible]-32 ED	NONE		NONE		NONE	
6-21-32	6-20-34 ED	NONE		NONE		NONE	
6-21-34	6-21-37 ED	NONE		NONE		NONE	
6-22-37	6-21-40 ED	NONE		NONE		NONE	
6-22-40	6-21-43	NONE		NONE		NONE	
	Extension of enlistment in accordance with Alcoast #63.						
6-22-43							
Now serving							

	Yr.	Mo.	Days
Coast Guard service	14	9	6
Navy service	3	6	19
Total	18	3	27

Completed 18 years 24 February, 1943.

J.T. NELSON,
Lieutenant, USCGR.
Captain of the Port,
Port Everglades, Florida.

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

U. S. COAST GUARD
RECEIVED
MAR 23 1941
FORT LAUDERDALE FLA.

RECEIVED
23 MAR 1941
U. S. COAST GUARD
Jacksonville District

WASHINGTON 20 March, 1941.

From: Commandant.
To: Commanding Officer, FT. LAUDERDALE BASE.

Subject: FLEMING, Harlie (103-555) B.M.1c.: Statement of service of. (CG-837)
Inclosure: 1. Copy of Navy statement dated 23 May, 1932.

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 20 March, 1941.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
6-19-28	6-18-30 H D	None		8-18-28	11-11-28	None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-20-32 H D	None		None		None	
6-21-32	6-20-34 H D	None		None		None	
6-21-34	6-21-37 H D	None		None		None	
6-22-37	6-21-40 H D	None		None		None	
6-22-40		None		None		None	
Now serving							

THIS COPY TO BE pasted on inside cover of continuous service certificate if one has been issued. If continuous service certificate has not been issued this copy will be affixed to next discharge issued man concerned after receipt hereof.

	Yrs.	Mos.	Days
Total C. G. service	12	6	7
Navy service	3	6	19
Other service			
Total	16	0	26

Completed 16 years service 24 February, 1941.

By direction:

F. E. Allison

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

Nav.-642

5-23-32



From: The Chief of the Bureau of Navigation.

To: Commandant, US Coast Guard.

SUBJECT: FLEMING, Harlie, 261-48-66, ex-Sea.lc, USN.

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
(4yrs)							
5-15-24	5-14-28 Good Dis.	11-9-24	3-1-25	6-19-24	8-7-24	NPDI FWOP Inact RF Tr RF	None None None None

Date and place of birth:
11-2-05, Madison, N. C.

F. B. UPHAM,
Chief of Bureau

W. W. MEEK
By direction.

Certified to be a true copy

B. A. Shaw.

B. A. SHAW,
Chief, Personnel Records Section

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CPATAIN OF THE PORT, Port Everglades, Florida,
(Unit)

FLEMING, Harlie (103-555) 21 June, 1943.
(Name in full—surname to the left) (Date)

103-555 Chief Boatswain's Mate
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	40	6	22
Enlistment extended (for 3 years from)	43	6	21
Date of discharge (Voluntarily extended enlistment) (Character of discharge)	43	6	21

NUMBER OF—		
Years	Months	Days
3	0	0

Total time of last enlistment period

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (_____ days)

Creditable time served during last enlistment period	3	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

J. T. Nelson

J. T. NELSON,

Date 21 June, 1943 (Rank) Lieutenant, U. S. C. G. R.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 21 June, 1943 CAPTAIN OF THE PORT, Port Everglades, Florida
(Unit and place)

I CERTIFY that the above-named man Voluntarily extended enlistment for
(Reenlisted or voluntarily extended his enlistment)
a period of THREE (3) years from this date.

J. T. Nelson

J. T. NELSON,

(Rank) Lieutenant, U. S. C. G. R.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20905-1

FROM COMMANDANT CG
TO COMDR CHASN SECTION 7TH CG DIST

INFO CGGD SEVEN

222000Z PPPP

UR 210115 X EATON AND MANEY FOR VOLUNTARY RETIREMENT AND WILL NOT GET RETIREMENT LTRS NOW X RE ALCOAST

AA RE ALCOAST 110 X BASSHAM ALTHOUGH REQUESTED RETIREMENT NOT ENOUGH SERVICE YET TO BE ELIGIBLE X USE THIS DISPATCH AS NOTIFICATION ACTION TAKEN ON BASSHAM X AS DISCLOSED SECTREAS LTR 10 JUNE 1946 THE PRESIDENT OF US REVOKED APPOINTMENTS FOR TEMP SERV LT COMDR BENTON L BASSHAM EFFECTIVE 1 JULY 46 ON WHICH DATE REVERTS TO PERMANENT STATUS X FOR HARLIE FLEMING X AS INDICATED SECTREAS LTR 10 JUNE 1946. THE PRESIDENT OF US REVOKED APPT FOR TEMP SERV BOSN HARLIE FLEMING EFFECTIVE 9 AUG 46 ON WHICH DATE REVERTS PERM STATUS IF NOT RETIRED PRIOR 9 AUG 46 X FOR WILFRED J KENNEY X ACTION SECTREAS LTR 7 JUNE 46 PRESIDENT US REVOKED TEMP APPTS EFFECTIVE 1 JULY ON WHICH DATE REVERTS PERM STATUS X LEARD MAILED SPECIAL SEC TREAS LTR DATED 27 MAY REVOKING TO ENLISTED EFFECTIVE 24 JUNE AS PER HIS REQUEST X REGULAR LTRS MAILED TO OTHERS IN CASE OF POWELL 22 JUNE AIR MAIL X IF STILL NOT RECEIVED OR NOT HELD BY INFO ADDES ADVISE BT

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FM COMDT CG 172116Z
TO CCGD SEVEN

PO TO P X UR 162009 X REFER MY 222000 JUNE ACTION CHAS SECT
UR INFO

2116/17 OCT MO 1720160 162009 222000

REF: 162009 REF HQ LET OCT 1
CG-71 TO CBM HARLIE FLEMING FINAL
ACTION RETIREMENT XCONFIRM PRESENT
RANK OR RATING X IF REVERTED CBM
FWD COPY HQ LTR DIR SAME

V JC R 2146/17 OCT KS

REF HQ DIS 222000 **ATTACHED COPY**

CCGD7
OPERATIONS
PERSONNEL

172116Z/OCT

TO COMDR CMASN SECTION 7TH CG DIST

INFO CCGD SEVEN

222000Z PPPP

UR 210115 X EATON AND MANEY FOR VOLUNTARY RETIREMENT AND WILL NOT GET REVOCATION LTRS NOW X RE ALCOAST

AA RE ALCOAST 110 X BASSHAM ALTHOUGH REQUESTED RETIREMENT NOT ENOUGH SERVICE YET TO BE ELIGIBLE X USE THIS DISPATCH AS NOTIFICATION ACTION TAKEN ON BASSHAM X AS DISCLOSED SECTREAS LTR 10 JUNE 1946 THE PRESIDENT OF US REVOKED APPOINTMENTS FOR TEMP SERV LT COMDR BENTON L BASSHAM EFFECTIVE 1 JULY 46 ON WHICH DATE REVERTS TO PERMANENT STATUS X FOR HARLIE FLEMING X AS INDICATED SECTREAS LTR 10 JUNE 1946. THE PRESIDENT OF US REVOKED APPT FOR TEMP SERV BOSN HARLIE FLEMING EFFECTIVE 9 AUG 46 ON WHICH DATE REVERTS PERM STATUS IF NOT RETIRED PRIOR 9 AUG 46 X FOR WILFRED J KENNEY X ACTION SECTREAS LTR 7 JUNE 46 PRESIDENT US REVOKED TEMP APPTS EFFECTIVE 1 JULY 6 ON WHICH DATE REVERTS PERM STATUS X LEARD MAILED SPECIAL SEC TREAS LTR DATED 27 MAY REVOKING TO ENLISTED EFFECTIVE 24 JUNE AS PER HIS REQUEST X REGULAR LTRS MAILED TO OTHERS IN CASE OF POWELL 22 JUNE AIR MAIL X IF STILL NOT RECEIVED OR NOT HELD BY INFO ADDEES ADVISE BT

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P P P
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FM COMDT CG 222[illegible]Z
FM CO..DR CHASN SECT/MAJC
INFO CCGD ..VEN/MIJC

PO X UR 210115 X EATON AND MANEY FOR VOLUNTARY RETIREMENT AND WILL NOT GET REVOCATION LTRS NOW X RE ALCOAST 110 BASSHAM ALTHOUGH REQUESTED RETIREMENT NOT ENOUGH SERVICE YET TO BE ELIGIBLE X USE THIS DISPATCH AS NOTIFICATION ACTION TAKEN ON BASSHAM X AS DISCLOSED SECTREAS LTR 10 JUNE 46 THE PRESIDENT OF US REVOKED APPT FOR TEMP SERV BOSN HARLIE FLEMING EFFECTIVE 9 AUG 46 ON WHICH RATE REVERTS FROM STATUS IF NOT RELIEVED PRIOR 9 AUG 46 PRESIDENT US PRESIDENT US REVOKED TEMP APPTS EFFECTIVE 1 JULY 46 ON WHICH DATE REVERTS FROM STATUS X LEARD MAILED SPECIAL SEC TREAS LT DATED 27 MAY REVOKING TO ENLISTED EFFECTIVE 24 JUNE AS PER HIS REQUEST X REGULAR LTRS MAILED TO OTHERS IN CASE OF PORELL 22 JUNE

AIR MAIL X IF STILL NOT RECEIVED OR NOT HELD BY INFO ADDR ADVISE

2000/22 JUN RB 222000Z 210115 110 10 46 1 46 9 46 9 46 7 46 1 46 27 24 22

V JG R 2029 AN

CCGD7
PERSONNEL

COMDT CG
73-22

222002Z/22 JUNE AN/

CERTIFIED TO BE A TRUE COPY:

L. M. LOGAN, Lieut. (jg) USCGR.

~~FM~~ FLAG

2-2-2
P P P
MAJC MIJC V MMJC MR 75 P

FM COMDT CG 222[illegible]Z
FM CO..DR GHASN SECT/MAJC
INFO CCGD SEVEN/MIJC

PO X UR 210115 X RATON AND MANEY FOR VOLUNTARY RETIREMENT AND
WILL NOT GET REVOCATION LTRS NOW X BE ALLOWANT 110 BASSHAM
ALTHOUGH READJUSTED ESTIMATE NOT ENOUGH SERVICE YET TO BE
ELIGIBLE X USE THIS DISPATCH AS NOTIFICATION ACTION TAKEN ON
BASSHAM X AS DISCLOSED SECTREAS LTR 10 JUNE 46 THE PRESIDENT
OF US REVOKED APPT FOR TEMP SERV BOSN HARLIN FLEMING EFFECTIVE
9 AUG 46 ON WHICH RATE REVERTS FROM STATUS IF NOT RETIRED PRIOR
9 AUG 46 PRESIDENT US PRESIDENT US REVOKED TEMP APPTS EFFECTIVE 1 JULY 46
ON WHICH DATE REVERTS FROM STATUS X LEARD MAILED 3 SOCIAL SEC TREAS
LT DATED 27 MAY REVOKING TO ENLISTED EFFECTIVE 24 JUNE AS PER HIS
REQUEST X REGULAR LTRS MAILED TO OTHERS IN CASE OF POWELL 22 JUNE

AIR MAIL X IF STILL NOT RECEIVED OR NOT HELD BY INFO ADDR ADVISE

2000/22 JUN RR 222000Z 210115 110 10 46 1 46 9 46 9 46 7 46
1 46 27 24 22

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CCGD7
PERSONNEL

2220022/22 JUNE AN/

COMDT CG
73-22

CERTIFIED TO BE A TRUE COPY:

L. M. LOGAN, Lieut. (jg) USCGR.

AIG V WNJC NR 75 P

FM COMDT CG 222[illegible]Z
TO COMDR CHASN SECT/MAJC
INFO CGCG SaVaN/AIG

PO X UR 210115 X BATON AND MANLY FOR VOLUNTARY RETIREMENT AND
ALL NOT G T REVOCATION LTRS NOW X RE ALCOAST 110 BASELINE
ALTHOUGH REQUESTED RETIREMENT NOT ENOUGH SERVICE YET TO BE
ELIGIBLE X USE THIS DISPATCH AS NOTIFICATION ACTION TAKEN ON
BASELINE X AS ENCLOSED SECTIONS LTR 10 JUNE 46 THE PRESIDENT
OF US REVOKED APPT FOR TEMP GRADE BOSN MATE IN PAY/NAVIG EFFECTIVE
9 AUG 46 ON WHICH DATE REVERTS PERM STATUS IF NOT ALTERED PRIOR
9 AUG 46 PRESIDENT US PRESIDENT US REVOKED TEMP APPTS EFFECTIVE 1 JULY 46
ON WHICH DATE REVERTS PERM STATUS X LEAVE MAILED 3 SPECIAL SEC TRANS
LT DATED 27 MAY REVOKING TO ENLISTED INACTIVE 24 JUNE AS PER HIS
REQUEST X REGULAR LTRS MAILED TO OTHERS IN CARE OF POSAL 22 JUNE

AIR MAIL X IF STILL NOT RECEIVED OR NOT HELD BY INFO ADDR ADVISE

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1 46 27 24 22

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PERSONNEL

V JC R 2029 AN

COMDT CG
73-22

2220022/22 JUNE AN/

CERTIFIED TO BE A TRUE COPY:

L. M. LOGAN, Lieut., (jg) USCGR.



DIST. COAST GUARD OFFICE
7TH NAVAL DIST. MIAMI, FLA
NOV 29 10 43 AM '46

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

ADDRESS REPLY TO
THE COMMANDANT (PE-C)
REFER TO FILE: CG-73

25 November, 1946

From: Commandant
To: Commander, Seventh Coast Guard District

Subj: FLEMING, Harlie (103-555) CBM ; request for retirement; acknowledgement of

Ref: (a) Subject man's request, 5 November, 1946 (CG-73), with two indorsements thereon.

Receipt is acknowledged of reference (a) requesting retirement under the 20 year Retirement Act, and it has been placed on file. You will be advised when action is taken in this case.

C. C. KNAPP
By direction

Ind-1
Comdr. 7th CGD(p)
Miami, Florida

29 November, 1946

From: Commander, 7th CG District
To: CO, CGC-ARIADNE

Forwarded for information.

J. R. HINNARD,
By direction.

A-5057

(PE-C)
CG-
73

25 November, 1946

To:
From: Commandant
Subj: Commander, Seventh Coast Guard District; request for retirement; acknowledgement of
FLEMING, Harlie (103-555) CBM

Ref: (a) Subject man's request, 5 November, 1946 (CG-73), with two indorsements thereon.

Receipt is acknowledged of reference (a) requesting retirement under the 20 year Retirement Act, and it has been placed on file. You will be advised when action is taken in this case.

C. C. KNAPP
By direction

Ind-1
Comdr. 7th CGD(p)
Miami, Florida 29 November, 1946

From: Commander, 7th CG District
To: CO, CGC-ARIADNE

Forwarded for information.

J. R. HINNANT,
By direction.

A-5057

Standard Form 88
Promulgated March 1948
By Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

RECEIVED
COAST GUARD AIR STATION
ST. PETERSBURG, FLA.
NOV 2 3 1949

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. PLACE AND DATE OF EXAMINATION	
FLEMING, Harlie (n)			CGAS St. petersburg, Fla.	10-24-49
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION	
11-2-09	43	103-553	Re-Enlistment	
7. SERVICE, DEPARTMENT, OR AGENCY		8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
Treasury Dept.			Coast Guard	BMC
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)		
Male	W-US	918-N.E. 3rd Ave Fort Lauderdale, Fla.		
14. PLACE OF BIRTH		15. OTHER DATA		
North Carolina/				

16. RATING OR SPECIALTY: BMC (*Time in this capacity*) TOTAL LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. [X]
72 INS.	144 LBS.		X			98.	

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. [X]

22. HEAD, FACE, AND NECK—N. S. A. [X]

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. [X]

24. EARS—A. CANALS, EXT. EARS—N. S. A. [X]
B. DRUMS—NO PERFORATION [X] N. S. A. [X]

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15 /15: SV /15
LEFT WV 15 /15: SV /15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT	N.F.A.					

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. [X] LEFT EYE—N. S. A. [X]
B. PUPILS—EQUAL [X] NORMAL TO ACCOMMODATION [X] TO LIGHT [X]

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. [X]

D. DISTANT VISION
RIGHT 20/20 CORR. TO 20/ BY
LEFT 20/20 CORR. TO 20/ BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. C CX
S. C N.F.A. CX

F. NEAR VISION—(*At 14 inches*)
CORR. TO BY
CORR. TO N.F.A. BY

G. COLOR VISION—N. S. A. [X] TEST USED AOC 1940

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
N.F.A. N.F.A.

I. RED LENS—N. S. A. [ ]
N.F.A.

J. FIELD OF VISION—RIGHT—N. S. A. [ ] LEFT—N. S. A. [ ]
N.F.A.

K. DEPTH PERCEPTION
TEST USED
SCORE N.F.A.

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. [ ]
LEFT—N. S. A. [ ]
N.F.A.

M. ACCOMMODATION—RIGHT LEFT
N.F.A.

N. NIGHT VISION
TEST USED
SCORE N.F.A.

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR	F	F	F	N	N	N	N	N	N	N	N	N	N	N	N	UL
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
LR	F	F	F	N	N	N	N	N	N	N	N	N	F	F	XX	LL
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Slight MALOCCLUSION—N. S. A. [X]
PERIODONTOCLASIA—N. S. A. [ ]
GINGIVITIS—N. S. A. [X]

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	88	B. P.: S. 130	D. 80	RECUMBENT: PULSE 90	B. P.: S. 132 D. 82
STANDING (*3 min.*): PULSE	96	B. P.: S. 130	D. 82	SITTING: PULSE AFTER EXERCISE 112	: 2 MIN. AFTER 96

28. LUNGS—N. S. A. [X] CHEST—N. S. A. [X] (*Include breasts for females*)

29. CHEST—N. S. A. [ ] X-RAY NOT DONE [X]

30. HEART—N. S. A. [ ]

31. EKG—N. S. A. [ ] NOT DONE [ ]

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [ ]

38. G-U SYSTEM N. S. A. [X] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [X] VAGINAL DONE [ ] OR RECTAL DONE [ ]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]
C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

TEST USED: M. F. A. SCORE:
A. NEUROLOGICAL—N. S. A. [ ] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED: SCORE:
D. PERSONALITY DEVIATION YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Wass - Neg.	SP. GR. 1.020	Neg	Neg	Int "O" Rh Pos.
	MICROSCOPIC: No			D. OTHER LABORATORY EXAMINATIONS: None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

A

1.Diagnosis of Arteriosclerotic heart disease at U.S. Marine Hospital Savannah, Ga. November 1948. History at this time is not entirely consistant with a diagnosis of angina pectoris . Ekg considered to be within normal limits.

B. NCD

C. NCD

D. None.

NOV 16 1949

C.G.HDQ., Washington, D. C.
Medical Division

The findings of the certificate are approved.

By direction of the Surgeon General.

John F. Rahm A(E)USPHS
(signature)

CG HDQRS (PE) Date NOV 16 1949

To: CO, St. Petersburg
Airsta

REENLISTMENT AUTHORIZED; REG. ENL.

W C Capron

W. C. CAPRON
By direction

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR General Duty.

TYPE OF QUALIFICATION Shore duty.

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS Because of arteriosclerotic heart disease. would advise he be assigned to shore duty.

44. SIGNATURE OF PHYSICIAN: Frank L. Price	NAME TYPED OR PRINTED: FRANK L. PRICE
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED: A.A. SURG. USN
46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*): Clovis C Martin	NAME TYPED OR PRINTED: CLOVIS E. MAR...
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED

U. S. GOVERNMENT PRINTING OFFICE 16—54062-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [ ]

38. G-U SYSTEM N. S. A. [X] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [X] VAGINAL DONE [ ] OR RECTAL DONE [ ]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]
C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

N. F. A.

A. NEUROLOGICAL—N. S. A. [ ] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

TEST USED SCORE

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)
Wass - Neg.

B. URINALYSIS: SP. GR. 1.020; ALBUMIN: Neg; SUGAR: Neg
MICROSCOPIC: No

C. BLOOD TYPE AND CLASSIFICATION USED: Int "O" Rh Pos.

D. OTHER LABORATORY EXAMINATIONS: None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

A

1.Diagnosis of Arteriosclerotic heart disease at U.S. Marine Hospital Savannah, Ga. November 1948. History at this time is not entirely consistant with a diagnosis of angina pectoris . Ekg considered to be within normal limits.

B. NCD

C. NCD

D. None.

NOV 16 1949

C.G.HDQ., Washington, D. C.
Medical Division

CG HDQRS (PE) Date NOV 16 1949

To: CO., St. Petersburg Airsta

REENLISTMENT AUTHORIZED: REG. ENL.

The findings of the certificate are approved.

By direction of the Surgeon General.

John F. Nabb, Asst. Surgeon

(signature)

W. C. CAPRON
By direction

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR General Duty.

TYPE OF QUALIFICATION Shore duty.

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS Because of arteriosclerotic heart disease, would advise he be assigned to shore duty.

44. SIGNATURE OF PHYSICIAN: Frank L. Price	NAME TYPED OR PRINTED: FRANK L. PRICE A.A. SURG.
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*): Clovis E Martin	NAME TYPED OR PRINTED: CLOVIS E. MARTIN LCDR. USPHS
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

NOV 5 1948 CG RECRUITING STATION ST. PETERSBURG FLA. RECEIVED

U. S. GOVERNMENT PRINTING OFFICE 16—54662-1

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(LAST)	(FIRST)	(MIDDLE)	SERVICE NUMBER	FT.	IN.	LBS.	RACE
FLEMING	HARLIE	(NONE)	103-555	6	0	145	W

DRESS 912 NE 2ND AVE - FT. LAUDERDALE, FLA

ACE MADISON CO. N.C.
(GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

HOW LONG IN U.S. 37 YEARS

14/2/05

EN [L-29] NON-CITIZEN [L-28] TAKEN OUT FIRST PAPERS [ ]

MARRIED (7)-T NUMBER OF DEPENDENTS THREE

TION NON-E. [R-3] ILLITERATE [R-2]

	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
	7		✓	SPARTANBURG, SC		1920
RS	7	X X X X X X X X X X X X				

AGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

	SPANISH (L-23)			FRENCH (L-24)			GERMAN (L-25)			OTHER LANGUAGES (L-26)					
	S	R	W	S	R	W	S	R	W	S	R	W	S	R	W
	S	R	W	S	R	W	S	R	W	S	R	W	S	R	W

CURRENT OR INDUCTION 8TH ND DATE 4/20/40

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
✓				

(13)-T MAIN OCCUPATION: C. G. SERVICE — YEARS AT IT — WKLY. WAGE $

D. O. T. CODE

JUST WHAT DID YOU DO?

LAST DATE OF EMPLOYMENT

EMPLOYER (FIRM NAME)

ADDRESS OF EMPLOYER

DEPT., SHOP OR BRANCH — KIND OF BUSINESS

(14)-T SECOND BEST OCCUPATION — YEARS AT IT — WKLY. WAGE $

D. O. T. CODE

JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE				
GRADE —SCORE	(15)-P 62	(16)-P 64	(17)-P 57				

(18)-L SERVICE SCHOOLS QUALIFIED FOR

1.
2.
3.

(19)-L SERVICE SCHOOLS DESIRED

1.
2.
3.

(24) RATING

(4) (9) TOP ROW: BOTTOM ROW: YEAR OF BIRTH NUMBER OF SCHOOL YEARS

NON-ENGLISH SPEAKING 3

ILLITERATE 2

1

(1) TOP ROW: NAME — (15) SOCIAL STUDIES — (16) ARITHMETIC — (17) TOP ROW: MECHANICAL APTITUDE

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)
USCG	11	BM1/c	1940				
NAVY	4	SEA1/c	1918				

C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING

REMARKS: HAS RATING AS CBM.

NEXT OF KIN

LORIE FLEMING

912 NE 2ND AVE

FT. LAUDERDALE STATE FLA

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
6/[illegible]/40	NEW ORLEANS, LA	BM1/c	SMALL BOAT
3/[illegible]/40	GUEGAS, MA	"	"
2/[illegible]/40	FT. LAUDERDALE, FLA	"	"
7/[illegible]/41	PORT EVERGLADES, FLA	CBM	OD

(25) DATE OF INTERVIEW 3/26/43 UNIT PORT EVERGLADES, FLA (COPY)

SIGNATURES

INTERVIEWER James J. Stone C. Sk. (T)

ENLISTED PERSON X Hadie Fleming CBM OD

MCBEE KEYSORT U.S. PAT. NO. 2,213,607

NO. 2719
943

IMPORTANT -- UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

UNITED STATES COAST GUARD

DU PONT BUILDING
MIAMI, FLORIDA

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO DCGO, 7ND
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT (po)
REFER TO FILE: CG-72

Miami, Florida

U. S. COAST GUARD AUG 9 1944 SGGO-COTP MIAMI, FLORIDA

8 August, 1944

To: Boatswain Harlie Fleming, USCG

Via: SCGO-COTP, Miami, Florida

Subj: Appointment to the rank of Boatswain for temporary service in the U.S. Coast Guard

Ref: (a) ALCOAST 59-44

1. In accordance with instructions contained in reference (a) and having been found physically qualified by a Medical Officer of the U.S. Public Health Service, and in my opinion morally and professionally qualified, you are informed of your appointment as Boatswain for temporary service in the U.S. Coast Guard by the President under date of 18 July, 1944 with rank as such from 10 July, 1944.

2. It is requested that you acknowledge receipt of this appointment to Headquarters, forwarded via this office.

J. E. WHITBECK

Ind-1
SCGO-COTP, Miami, Fla. (p)
9 August, 1944

Delivered.

M. G. FIELD
Commanding

Ind-2
SCGO-COTP, Miami, Fla.
9 August, 1944

Received, this date.

Harlie Fleming
HARLIE FLEMING

rom compensation of—

FLEMING, Harlie

APPLICATION FOR ALLOTMENT

Monthly allotment in the amount of

Three dollars and ninety-five cents 3.95

(Words) ($ (Figures)) Dollars.

PAYABLE TO—

Name Treasurer of the United States

Street and Number

Post Office Washington State D. C.

If payable to a Bank, Business Institution, or Individual, for credit of*—

Name Harlie Fleming

Reason for allotment Payment premiums National Service Life Insurance

First payment: Month May, 19 42

I hereby request and authorize allotment, chargeable to my pay, as above.

Harlie Fleming

Rank or rating SK 1c, U. S. C. G.

Fort Lauderdale, Fla. 4/16/ 42, 19

Approved, allotment granted.

F. L. Stinson, Lieutenant, USCG

FORT LAUDERDALE BASE

Commanding

Dist. Comdr. District.

MAY 7 1942

Witnessed and registered , 19

Foreign, USCG

Pay Officer,

Officer in charge, Station.

Form 2528.—Revised July 1934 2—8272
TREASURY DEPARTMENT
U.S. COAST GUARD
Form approved by Comptroller General U.S.
April 14, 1934

(OVER) DO NOT FOLD—MAIL FLAT

RECORD OF PAYMENTS

Mo./Yr.	19	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.	1-2				
Dec.					

* Allotter or member immediate family

U. S. GOVERNMENT PRINTING OFFICE

MINISTRATION
Form 350

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

R SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AND REGULATIONS OF THE VETERANS ADMINISTRATION

WITHOUT REPORT OF PHYSICAL EXAMINATION

ons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 8, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, must make application on Insurance Form 350a, which requires a complete report of physical examination.) USE INK OR TYPE.

1. NAME IN FULL: (Please print or type)	First	Middle	Last name
	Harlie		Fleming

2. HOME ADDRESS: Number	Street or rural route	County, city, town, or post office	State
9-12	S.E. Second Avenue	Fort Lauderdale	Florida

3. I WAS BORN AT	City, town, or post office	State	Day of month	Month	Year	Age nearest birthday
	Madison County	N. C.	2	November	1905	37

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY	5. PRESENT ORGANIZATION Rank, grade, or rating.	Organization, regiment, station, ship, etc.	6. SERIAL NUMBER
22 June, 1940	BM 1c USCG	[redacted] CGR-926	103-555

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.")	8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS
none	no

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF	10. I WILL PAY PREMIUMS AS INDICATED BELOW: BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS: Monthly	Quarterly	Semiannual	Annual
$ 5,000.00	$	$ 3.95	$	$	$	$

11. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") no IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ _____ POLICY NO. _____

(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

12.	FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount for each beneficiary	Post-office address (Number and street, city, town, or post office)
PRINCIPAL	Lorie Fleming	wife	5,000.00	9-12 S. E. Second Avenue Fort Lauderdale, Fla.
CONTINGENT	John H. Fleming	son		9-12 S. E. Second Avenue Fort Lauderdale, Fla.

Permitted class of beneficiaries: Husband or wife, child, parent, brother or sister of the insured. (See reverse side, Paragraph 4.)

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of June, 19 42. If no date is specified the insurance herein applied for shall become effective as follows:

a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or

b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.

(See reverse side, Paragraph 1, for further information as to effective dates of insurance)

THE UNITED STATES IS NOT LIABLE FOR DEATH OCCURRING PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I REQUEST THE POLICY BE MAILED TO— Harlie Fleming BM 1c (Name) (Please print or type) U. S. Coast Guard Base, Fort Lauderdale, Florida (Address)

15. (A) I WILL AUTHORIZE {Allotment / Deduction} from my pay for month of May, 1942, to cover the monthly premium of $ 3.95 on the amount of insurance applied for. (This authorization may be effective during periods of active service only.)

(B) I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by {Draft / Money order / Check} in the amount of $ _____ to cover the first _____ premium of $ _____ on the amount of insurance applied for.
(Write above whether monthly, quarterly, semiannual, or annual)

SIGNED AT Fort Lauderdale, Fla. ON THE 16th DAY OF April, 19 42

WITNESSED BY: W. B. Sonntag, Pay Clerk, USCG

INFORMATION AS TO SERVICE CERTIFIED BY:

Roy Robinson
Lieutenant, USCG
(Rank and organization. See reverse side, Paragraph 6)

(Applicant sign here. Do not print signature)
Harlie Fleming

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: $1,000 to $5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt., $ _____ Premium: Mo. $ _____ Qr. $ _____ S. A. $ _____ A. $ _____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

_____ issued _____ Policy issued _____

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

NW- Pd 5/29/76

Approved Exception to SF 180

VETERANS ADMINISTRATION
REQUEST FOR INFORMATION

1A. ADDRESS CODE: 57

1B. TYPE OF CLAIM: Pending ORIG/HOSP

2. SEPARATION FORMS ON FILE: ☐ YES ☒ NO

3. DATA REQUESTED: ☒ SERVICE ☐ MEDICAL ☐ DENTAL ☐ OTHER

4. BRANCH OF SERVICE: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NATIONAL GUARD (Army) ☐ NATIONAL GUARD (Air) ☐ OTHER (Specify)

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE:
REGIONAL OFFICE
P O. BOX 1437
ST. PETERSBURG, FLA 33731

5B. ORIGINATING UNIT: 317 (233B1)

6. CLAIM NO.: C-26346 3195

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): FLEMING, HARLIE

9A. ALL SERVICE NOS.: 269 33

9B. SOCIAL SECURITY NO.: 263 46 3195

10. DATE OF BIRTH: 11/2/05

11. PLACE OF BIRTH:

12. DATE OF DEATH:

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A.	5/14/24	5/31/50		
B.				
C.				

	17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACE OF TREATMENT	20. TYPE (Check) HOSPITAL	20. TYPE (Check) OP
A.					
B.					
C.					

21. ADDITIONAL INFORMATION REQUESTED

No Other Svc. Info. Available for Applicant or Other Source

22A. SUBSEQUENT RESERVE OR RETIRED STATUS: ☐ NONE ☐ RESERVE OBLIGATION (Complete Item 22B) ☐ RETIRED (Complete Item 22C) ☒ UNKNOWN

22B. OBLIGATION TERMINAL DATE: UNK

22C. RETIRED STATUS: ☐ IN PAY STATUS ☐ NONPAY STATUS ☐ TEMPORARY DISABILITY RETIRED LIST ☒ RETIRED—STATUS UNKNOWN

23. DATE: 4/29/76

24. SIGNATURE AND TITLE OF VA OFFICIAL: Leo E Tober Ch. Adm. Div

ENDORSEMENT — VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT ☒ ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT, EXCEPT:

9A. 103 555

13A. 19 June 28

15A. Hon.

Vet had prior navy service. For navy service sent separate 3101 to Navy Reference Branch

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. (Cont.)	ORIG.	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION		DLW 4 May 76
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					R Chamberlain
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS					
			OTHER RECORDS					

VA FORM AUG 1971 07-3101

EXISTING STOCKS OF VA FORM 07-3101, JUL 1970, WILL BE USED.

MAY 4 1976

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

10 May, 1950
FILE: PE-PR-12, CG-73

MEMORANDUM FOR CHIEF, PAY & AUDIT SECTION

Subj: FLEMING, Harlie (103-555) BMC; USCG
statement of creditable service

On the effective date of retirement, 1 June, 1950, the above named man had the following creditable service:

	Years	Months	Days
Coast Guard Service (active)	21	8	17
Coast Guard Service (inactive)			
Navy Service (active)	3	6	19
Navy Service (inactive)			
Army Service (active)			
Army Service (inactive)			
Marine Corps Service (active)			
Marine Corps Service (inactive)			
Lighthouse Service creditable for retirement			
Lighthouse Service creditable for longevity			
National Guard			
Other Service (specify)			

B. A. SHAW
Chief, Processing & Records Section
Enlisted Personnel Division

Return to 3-13
B 131 TJT: ig

Depot - Key West - 7th Dist. (103-555)

Active service to and including 31 March 1949

BMC (Date)

	Years	Months	Days
COAST GUARD	20	6	17
NAVY	3	6	19
ARMY			
MARINE CORPS			
LIGHTHOUSE			
TOTAL SERVICE FOR RETIREMENT			
Inactive Service	24	1	6
TOTAL SERVICE FOR LONGEVITY			
	24	1	6

Entitled to 10% for conduct _____ (Yes - No)

Boatswain

Active DUTY PAY $_____ YEARS OF SERVICE _____

PERCENTAGE FOR SERVICE _____% PERCENTAGE FOR CONDUCT _____%

MAXIMUM PERCENTAGE ALLOWED BY LAW OR TOTAL _____

GROSS RETIRED PAY $_____

_____

24 - 1 - 6 (3/31/49) FLEMING, Harlie (103-555) BMC

COAST GUARD
Approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

OFFICERS

ADDRESS REPLY TO
THE COMMANDANT
REFER TO FILE:
(PE-PR-12)
CG-73

To: Chief, Pay Records Subsection

23 November, 1949

Subj.: Statement of service for longevity pay

Incl.: Copy Navy statement dtd. 23 May, 1932

The following is a statement of service, to and including 23 November, 1949 of FLEMING, Harlie (103-555) BMC; USCG

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
6-19-28	6-18-30 HD	None		8-18-28	11-11-28	None	
6-19-30	6-20-32 HD	None		None		None	
6-21-32	6-20-34 HD	None		None		None	
6-21-34	6-21-37 HD	None		None		None	
6-22-37	6-21-40 HD	None		None		None	
6-22-40							
Enl. ext. 3 yrs. from 6-22-43							
Apptd. for TS Boatswain 7-18-44							
Appt. for TS revoked reverted to perm. enl. status of CBM 8-9-46							
	11-4-46 HD	None		None		None	
11-5-46		None		None		None	
Now serving							

	Yr.	Mo.	Days
Coast Guard Service	21	2	10
Navy service	3	6	19
Total	24	8	29

Completed 24 years on 24 February, 1949

B. A. SHAW
By direction

NOV 28 1949

16—30636-2 U. S. GOVERNMENT PRINTING OFFICE

Return to 3-13
TJT: ik

...GUARD
...Comptroller General, U. S.
February 25, 1938

ADDRESS REPLY TO
THE COMMANDANT
REFER TO FILE: (PE-PR-12)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

~~OFFICERS~~

To: Chief, Pay Records Subsection

23 November, 1949

Subj.: Statement of service for longevity pay

Incl.: Copy Navy statement dtd. 23 May, 1932

The following is a statement of service, to and including 23 November, 1949 of FLEMING, Harlie (103-555) BMC; USCG

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
6-19-26	6-18-30 HD	None		8-18-28	11-11-28	None	
6-19-30	6-20-32 HD	None		None		None	
6-21-32	6-20-34 HD	None		None		None	
6-21-34	6-21-37 HD	None		None		None	
6-22-37	6-21-40 HD	None		None		None	
6-22-40							
Enl. ext. 3 yrs. from 6-22-43							
Apptd. for TS Boatswain 7-18-44							
Appt. for TS revoked reverted to perm. enl. status of CBM 8-9-46							
	11-4-46 HD	None		None		None	
11-5-46		None		None		None	
Now serving							

	Yr.	Mo.	Days
Coast Guard Service	21	2	10
Navy service	3	6	19
Total	24	8	29

Completed 24 years on 24 February, 1949

B. A. SHAW
By direction

16—26636-2 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

REPLY TO
CO, CG Depot,
St. Petersburg, Fla.
AND REFER TO

SEP 16 11 49 AM '49
7THCG DISTRICT, MIAMI, FLA.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

14 September, 1949
File: 73

From: Commanding Officer, CG Depot, St. Petersburg, Fla.
To: Commandant (PE-PR)
Via: Commander, 7th Coast Guard District (p)

Subj: FLEMING, Harlie (n) (103-555) BMC; statement of service; request for

1. It is requested that a statement of service for pay purposes be furnished this unit in the case of the above named man.

2. Form NCG 2500 dated 5 November, 1946 indicates eighteen (18) years, four (4) months, and seventeen (17) days previous Coast Guard service and three (3) years, six (6) months, and nineteen (19) days previous Navy service.

3. An accurate statement of service to date is needed in order to compute service for longevity.

R. F. Elder
R. F. ELDER

Ind-1

19 September 1949
p 73

From: Commander, Seventh Coast Guard District
To: Commandant (PE-PR)

Forwarded.

HERBERT F. WALSH
By direction

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

Charleston, South Caroling 27 February, 1946

From: Commandant CO, CGC CYPRESS

To: DCGO(fs), 6th Naval District.

SUBJECT: Boatswain Harlie Fleming, USCG
Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	Absent Without Leave (Inclusive dates) TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	Sickness Due to Own Misconduct (Inclusive dates) TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	Nonperformance of Duty Because of (Inclusive dates) TO—
6-19-28	6-18-30 HD	NONE		8-18-28	11-11-28	NONE	
6-19-30	6-18-31 HD	NONE		NONE		NONE	
6-19-31	6-20-32 HD	NONE		NONE		NONE	
6-21-32	6-20-34 HD	NONE		NONE		NONE	
6-21-34	6-21-37 HD	NONE		NONE		NONE	
6-22-37	6-21-40 HD	NONE		NONE		NONE	
6-22-40	6-21-43	NONE		NONE		NONE	
6-22-43	2-27-46 NOT SERVING	Extension of enlistment in accordance with Alcoast #83. NONE		NONE		NONE	

	Yr.	Mo.	Days
Coast Guard Service	17	5	14
Navy Service	3	6	19
TOTAL	21	0	3

Completed 21 years on 24 February, 1946.

T. B. Christiansen

T. B. CHRISTIANSEN,
Lt. Comdr. USCG.

U. S. GOVERNMENT PRINTING OFFICE 16—32658-1

GUARD HEADQUARTERS

WASHINGTON 20 March, 1941.

From:
To: Commandant.
Commanding Officer, FT. LAUDERDALE BASE.

Subject: FLEMING, Harlie (103-555) B.M.1c.: (CG-837) Statement of service of.

Inclosure: 1. Copy of Navy statement dated 23 May, 1932.

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 20 March, 1941.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
6-19-28	6-18-30 H D	None		8-18-28	11-11-28	None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-20-32 H D	None		None		None	
6-21-32	6-20-34 H D	None		None		None	
6-21-34	6-21-37 H D	None		None		None	
6-22-37	6-21-40 H D	None		None		None	
6-22-40		None		None		None	
Now serving							

	Yrs.	Mos.	Days
Total C. G. service	12	6	7
Navy service	3	6	19
Other service			
Total	16	0	26

Completed 16 years service 24 February, 1941.

By direction

MAILED MAR 20 1941 MAIL DESK

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

Mail H.R.P. Bad

From: Commandant.
To: Commanding Officer, FT. LAUDERDALE BASE.

Subject: FLEMING, Harlie (105-555) H.M.1c.: Statement of service of. (CG-837)

Inclosure: 1. Copy of Navy statement dated 23 May, 1932.

1: The following is a statement of the service of the above-named man for the purpose of computing pay to and including 20 March, 1941.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
6-19-28	6-18-30 H D	None		8-18-28	11-11-28	None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-20-32 H D	None		None		None	
6-21-32	6-20-34 H D	None		None		None	
6-21-34	6-21-37 H D	None		None		None	
6-22-37	6-21-40 H D	None		None		None	
6-22-40		None		None		None	
Now serving							

	Yrs.	Mos.	Days
Total C. G. service	12	6	7
Navy service	3	6	19
Other service			
Total	16	0	26

Completed 16 years service 24 February, 1941.

By direction:

F. H. ALLISON,

Chief, Enlisted Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—15507

Division). 118

Subject: FLEMING, Harlie,(103-555) B.M.1c., Statement of service of.

Inclosure: (1) Copy of Navy Statement dated 23 May, 1932.

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 24 February, 1937.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
6-19-28	6-18-30 H D	None		8-18-28	11-11-28	None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-20-32 H D	None		None		None	
6-21-32	6-20-34 H D	None		None		None	
6-21-34 Now serving		None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	8	5	11
Navy service	3	6	19
Other service			
Total	12	0	0

Completed 12 years service 24 February, 1937.

By direction:

E. T. OSBORN,
Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

BX. JHP

From: Commandant.
To: Commander, BASE SIX, Ft. Lauderdale, Fla. East Coast Patrol Area.

Subject: FLEMING, Merlin (103-555) H.M.2c.; Statement of service of.

Inclosure: (1) Copy of Navy statement dated 23 May, 1932.
(2) Form 2508 dated 1 June, 1932.

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 24 February, 1933.

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates) FROM	ABSENT WITHOUT LEAVE (Inclusive dates) TO	SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates) FROM	SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates) TO	NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates) FROM	NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates) TO
6-19-28	6-18-30 H D	None		8-18-28	11-11-28	None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-20-32 H D	None		None		None	
6-21-32 Now serving		None		None		None	

This statement supersedes all previous statements.

	Yrs.	Mos.	Days
Total C. G. service	4	8	15
Navy service	3	6	19
Other service			
Total	8	0	0

Completed 8 years service on 24 February, 1933.

By direction:

L. SPENCER
Ass't Chief, Personnel Section.

V. S. GOVERNMENT PRINTING OFFICE: 1932

2—15507

To: Commandant. 23 May 1932

From: Commander, SECTION BASE SIX (via Florida East Coast Patrol Area).

Subject: FLEMING, Harlie (103-555) B.M.2c.; Statement of service of.

Inclosure: (1) Copy of Navy statement dated 23 May, 1932.
(2) Form 2508 dated 1 June, 1932.

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 1 June, 1932.

Enlisted	Discharged	Absent Without Leave (Inclusive dates) From	To	Sickness Due to Own Misconduct (Inclusive dates) From	To	Nonperformance of Duty Because of (Inclusive dates) From	To
6-19-28	6-18-30 H D	None		8-18-28	11-11-28	None	
6-19-30 (4 Yrs)	6-18-31 H D	None		None		None	
6-19-31	5-14-28 Good Disc.	None	3-1-25	6-19	None 8-7-24	None	
Now serving							

Date and place of birth 2 Nov. 1[illegible] in Madison, N.C.

This statement supersedes all previous statements.

W. W. [illegible]
By direction.

	Yrs.	Mos.	Days
Total C. G. service	3	8	18
Navy service	3	6	19
Other service			
Total	7	3	7

Completed 4 years service on 24 February, 1929.

F. C. BILLARD
By direction

L. SPENCER
Ass't Chief, Personnel Section.

4-6218

2—15507 U. S. GOVERNMENT PRINTING OFFICE: 1931

73

In reply address not the signer of this letter, but Bureau of Navigation, Navy Department, Washington, D. C.

Refer to No. Nav.-642 -EB

NAVY DEPARTMENT
BUREAU OF NAVIGATION
WASHINGTON, D. C.

23 May 1932

From: The Chief of the Bureau of Navigation.

To: Commandant, U.S.Coast Guard

U S COAST GUARD
REC'L MAY 25 1932
ANS'

SUBJECT: FLEMING, Harlie, 261-48-66, Ex-Sealc,USN
Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates)		SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates)		NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
(4Yrs) 5-15-24	5-14-28 Good Disc.	11-9-24	3-1-25	6-19-24	8-7-24	NPDI FWOP Inactive Training	none " RF " RF "

Date and place of birth
2 Nov.1905 in Madison,N.C.

F. B. UPHAM
Chief of Bureau

W. W. Meek
By direction.

4—6215 GOVERNMENT PRINTING OFFICE

3-6-19 J.H.P.

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Name FLEMING, Harlie

Rate or grade at time of discharge Sea.1c. Serial number 261-48-66

Service from which discharged US NAVY Organization (If discharged from Army)

Kind of discharge Ord. (hon) Time lost, 3 mo.21 da. AWOL, 1 Mo.20 da, @HOM

Organization in which enlisted US NAVY

Enlisted or enrolled (place) Raleigh, N.C., (date) 5-15-24

Date called to active duty (if enrolled in U.S.N.R.F.)

Date mustered into Federal Service (if enrolled in National Guard)

Date released from active duty or mustered out of Federal Service

Discharged (place) Boston, Mass., (date) 5-14-28

Federal service under this discharge* 3 years 6 months 19 days.

Previous service ____ years ____ months ____ days.

Certified to be a correct excerpt from the latest discharge from the ____

presented to me this day by ____

Date 1 June, 1938 Navy Statement dated 5-23-32

By MCS Asst. Chief, Personnel Section L. SPENCER

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name ____ Serial number ____

Rate or grade at time of discharge ____

Service from which discharged ____ Organization (If discharged from Army) ____

Kind of discharge ____

Organization in which enlisted ____

Enlisted or enrolled (place) ____, (date) ____

Date called to active duty (if enrolled in U.S.N.R.F.) ____

Date mustered into Federal Service (if enrolled in National Guard) ____

Date released from active duty or mustered out of Federal Service ____

Discharged (place) ____, (date) ____

Federal service under this discharge* ____ years ____ months ____ days.

Previous service ____ years ____ months ____ days.

Certified to be a correct excerpt from the latest discharge from the ____

presented to me this day by ____

Date ____

____

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

U. S. GOVERNMENT PRINTING OFFICE: 1929 2—10582

15 February, 1929.

From: Commandant.
To: Commanding Officer, OSSIPEE, (via Commander, Eastern Division).

Subject: Record of Service.

Inclosure:

1. The records at Headquarters show that Harlie FLEMING Seaman has had previous creditable service under the United States: Up to and including 15 February, 1929 as follows:

	Yrs.	Mos.	Days.
Coast Guard (enlisted service)	0	5	2
Navy (enlisted service)	3	8	9
Naval Reserve Force (active enlisted service)			
Army, Navy, Marine Corps, Coast and Geodetic Survey and Public Health Service, (all active service as a warrant or commissioned officer from 6 April, 1917, to 31 December, 1921)			
TOTAL SERVICE FOR COMPUTING INCREASE IN PAY OF ENLISTED PERSONS, provided in Art. 31 (3), Pay and Supply Instructions	4	1	11
Army (all service other than above)			
Navy (all service other than above)			
Naval Reserve Force (all service other than above)			
Marine Corps (all service other than above)			
Coast Guard (all service other than above)			
Coast and Geodetic Survey (all service other than above)			
Public Health Service (all service other than above)			
TOTAL SERVICE FOR COMPUTING PAY OF WARRANT OFFICERS, provided in Art. 23 (2), Pay and Supply Instructions			
TOTAL SERVICE FOR DETERMINING ELIGIBILITY FOR RETIREMENT ON 30 YEARS SERVICE, provided in Art. 281 (1), Regulations			
Completed four (4) years service on 4 January, 1929.	4	1	11

Copy to P & A.

F. C. BILLARD.

C. H. JONES
Assistant Chief, Personnel Section.

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-10173 (2-49)

CHARGE OUT CARD

Fleming, Harlie J.

TAKEN BY	DATE TAKEN	DATE RETURNED	SECTION

3025
B+277

File - 3-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PS-1
D-13
4 March 1960

From: Commandant
To: BOSN Harlie FLEMING (26933) USCG, Retired
1501 N. W. 11th. Place, Fort Lauderdale, Florida

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1449 53 80

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your $5,000 National Service Life Insurance issued under policy number V 1449 53 80 will expire on 30 April 1960

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$ 6.00 allotment discontinued with month of last payment March 1960
$ 8.25 allotment established with month of first payment April 1960

3. NAV S&A Form 545, Allotment Authorization, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

M. J. MAYER
By direction

Encl:
(1) VA Form 9-452b
(2) NAV S&A Form 545
(3) Envelope
(4) VA Form 9-5856

AOMartin:aem 4 March 1960

20467 TREAS., USCG, WASH., D. C.

Copy

File 3-13

3025
Box 277

VETERANS ADMINISTRATION

REQUEST FOR SERVICE INFORMATION

GOVERNMENT LIFE INSURANCE

PART I—(*To be completed by Veterans Administration*)

TO

1. ADDRESS OF SERVICE DEPARTMENTS (*Codes may be used*)

- ☐ Department of the Army,
- ☐ Department of the Navy,
- ☐ Department of the Air Force,
- ☐ United States Marine Corps,
- ☑ United States Coast Guard,
- ☐

2. FILE NO. F V 1449-53-80

3. POLICY NO(S).

4. SERVICE NO. 103-555 26 933

RETURN TO

5.
- ☒ VA DISTRICT OFFICE P. O. BOX 8079 PHILADELPHIA 1, PA.
- ☐ VA CENTER DENVER FEDERAL CENTER DENVER 2, COLO.
- ☐ CHIEF INSURANCE DIRECTOR VETERANS ADMINISTRATION WASHINGTON 25, D. C. ATTN: DIRECTOR, UNDERWRITING SERVICE
- ☐ VA DISTRICT OFFICE FORT SNELLING ST. PAUL 11, MINN.
- ☐ VA INSURANCE CENTER MUNITIONS BUILDING WASHINGTON 25, D. C.
- ☐

DEL. PT. OR CORRES. SYM.

6. RANK, GRADE, OR RATING

7. LAST NAME—FIRST NAME—MIDDLE NAME OF INSURED

Fleming, Harlie (NMI)

8. PLEASE FURNISH THE INFORMATION CHECKED BELOW:

- ☐ A. RECORD OF SERVICE, DATES OF: ENTRY ON ACTIVE DUTY, DISCHARGE, TRANSFER; ORGANIZATIONS, SHIPS AND STATIONS TO WHICH ASSIGNED OR ATTACHED
- ☐ B. DATE OF ENTRY ON PRESENT TOUR OF DUTY
- ☐ C. DATES OF ENTRY ON AND SEPARATION FROM LAST TOUR OF ACTIVE DUTY
- ☐ D. AVIATION STATUS GIVING ENTITLEMENT TO GOVERNMENT PAID INSURANCE
  - ☐ (1) DATE OF COMMENCEMENT
  - ☐ (2) DATE OF TERMINATION
  - ☐ (3) DATE OF ENTITLEMENT
- ☐ E. COPIES OF ALL RECORDS INDICATING APPLICATION FOR GOVERNMENT LIFE INSURANCE (*Page 10 of Army Service Record*)
- ☐ F. VERIFY SERVICE NUMBER
- ☐ G. VERIFY NAME
- ☐ H. CHARACTER OF SERVICE
- ☐ I. DATE OF BIRTH
- ☒ J. HOME ADDRESS
- ☒ K. SERVICE ADDRESS
- ☐ L. DD FORM 214 OR ALLOTMENT DISCONTINUANCE INDICATES TYPE SEPARATION OR DISCONTINUANCE. IF COURT-MARTIALED, FURNISH REPORT OF CHARGES, FINDINGS, SENTENCE, INCLUDING DATE OF OFFENSE; IF RESTORED TO DUTY, FURNISH DATE OF RESTORATION. IF NOT COURT-MARTIALED, FURNISH REASON FOR TYPE OF DISCHARGE OR DISCONTINUANCE.
- ☐ M. OTHER (*Specify*)

9. PREPARED BY (*Signature and title*)

T. Kiernan
Director, Insurance Service
2003-93

10. DATE 6/8/59

PART II—(*To be completed by Service Department*)

11. THE INFORMATION REQUESTED IS FURNISHED BELOW (*Use reverse for additional space if required*)

SUBJECT: BOSN Harlie FLEMING (26933) USCG, Retired

8-J: 1501 N. W. 11th Place, Fort Lauderdale, Florida

8-K: None, retired 1 June 1950

12. NAME OF SERVICE DEPARTMENT	13. PREPARED BY (*Signature*)	14. DATE
U. S. COAST GUARD	M. J. MAYER Chief, Survivors Benefits Section Special Services Division By direction	6/10/59

VA FORM JUN 1956 **9-150** SUPERSEDES VA FORM 9-150, DEC 1955, WHICH WILL NOT BE USED.

U. S. GOVERNMENT PRINTING OFFICE 1956—O-390433

#277

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

FILE

PS
30 March 1955
L-13

3-7

From: Commandant
To: BOSN Harlie FLEMING (26933) USCG, Retired
1501 Northwest 11th Place, Fort Lauderdale, Florida

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1449 53 80

Ref: (a) VA Form 9-4457, countersigned 18 February 1955

1. There is herewith forwarded from the Veterans Administration Form 9-4457, National Service Life Insurance Renewal Endorsement, regarding the expiration of the term period of the $5,000 National Service Life Insurance issued to you under policy number V 1449 53 80. The term period will expire on 30 April 1955. In order that you may continue to have the protection of this insurance, it must be renewed or, if you prefer, it may be converted to one of the six permanent plans of insurance.

2. Your attention is called to the fact that it will not be necessary for you to submit an application for renewal to this office. Public Law 148, 83d Congress provides for the automatic renewal of the term period of all National Service Life Insurance and United States Government Life Insurance that expires on or after 23 July, 1953 provided that the policy is in force at the end of the term period.

3. There is in effect at the present time an allotment of your pay in the amount of $4.75 per month for premiums on National Service Life Insurance as follows:

$4.75 - $5,000 Level Term Insurance V 1449 53 80 ren. effective 1 May 1950

If the insurance is renewed, a new allotment in the amount of $6.00 should be established with the month of first payment April 1955 and the present allotment of $4.75 should be discontinued with the month of last payment March 1955 to confirm the administrative change authorized by Headquarters.

4. The necessary Allotment Authorization, Nav S&A Form 545, should be forwarded to Commandant (PS).

5. Advise Commandant (PS) of action that will be taken by you in connection with your National Service Life Insurance.

Encl:
(1) VA Form 9-4457
(2) NavS&A Form 545 (adm)
(3) NavS&A Form 545
(4) VA Form 9-358(4)

B. V. BALL
By direction

MJM:jhk

mjm.

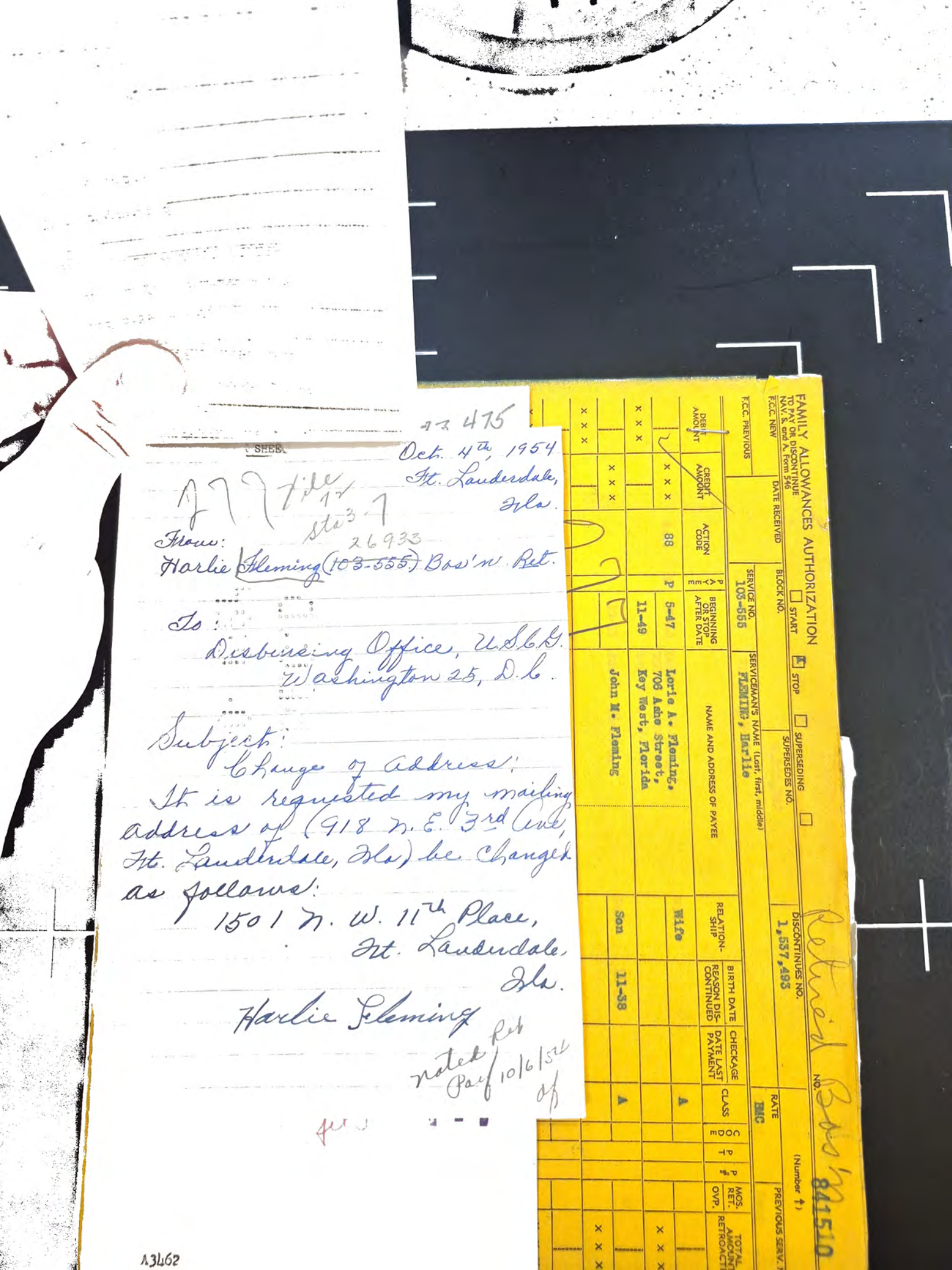
~~WEEKLY~~ ALLOWANCE SECTION
WORK SHEET
AUTHORIZATION (See Remarks below)
9,022,282
DISCONTINUANCE
Discontinuance Auth. No. _____
Last Payment _____
Reason (see remarks below)
SUPERSEDING AUTHORIZATION 1,537,493
Supersede Auth. No. _____
Effective month May 1947
Reason (see remarks below)
AFFIDAVITS & CERTIFICATES
Type _____
Date requested _____
Date received _____
Final Action _____
Date returned _____
HOLD CHECK ORDER
Date _____
Closed _____
Reason _____
MISCELLANEOUS
Initial Family Allowance _____
(Yes) (No)
ENTERED IN LOG JUN 17 1947 LaS
(Date) (By)
REMARKS:
add ltr.

12475
t. 4th, 1954
t. Lauderdale,
Fla.
Bas'n Ret.
ce, U.S.C.G.
n 25, D.C.
dress;
my mailing
E. 3rd Ave,
be Changed
h Place,
Lauderdale,
Fla.
ing
rated Ret
Pay 10/6/54
of

FAMILY ALLOWANCES AUTHORIZATION
TO PAY OR DISCONTINUE
NAV. S. and A. Form 546
☐ START ☒ STOP ☐ SUPERSEDING ☐

F.C.C. NEW _____ DATE RECEIVED _____ BLOCK NO. _____ SUPERSEDES NO. _____ DISCONTINUES NO. 1,537,493
F.C.C. PREVIOUS _____ SERVICE NO. 103-555 SERVICEMAN'S NAME (Last, first, middle) FLEMING, Harlie RATE EMC (Number 1)

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAY TYPE CODE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS CODE	PT	P #	MOS. RET. OVP.	PREV
	x x x x	88	P	5-47	Lorie A. Fleming, 706 Ashe Street, Key West, Florida	Wife			A				
x x x x				11-49	John M. Fleming	Son	11-38		A				



SHEET

Oct. 4th, 1954
Ft. Lauderdale, Fla.

From: Harlie Fleming (103-555) Bos'n Ret.

To: Disbursing Office, U.S.C.G.
Washington 25, D.C.

Subject:
Change of Address:

It is requested my mailing address of (918 N.E. 3rd Ave, Ft. Lauderdale, Fla) be changed as follows:

1501 N.W. 11th Place,
Ft. Lauderdale,
Fla.

Harlie Fleming

noted Ret
Pay 10/6/54

FAMILY ALLOWANCES AUTHORIZATION
TO PAY OR DISCONTINUE
NAVS. and A. Form 546
F.C.C. NEW ☐ START ☒ STOP ☐ SUPERSEDING ☐
F.C.C. PREVIOUS
DATE RECEIVED BLOCK NO. SUPERSEDES NO.
SERVICE NO. 103-555 SERVICEMAN'S NAME (Last, first, middle) FLEMING, Harlie
DISCONTINUES NO. 1,537,493
NO. Bos'n 841510
(Number ↑)

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAY/ALLOTMENT	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	PAY #	MCS. RET. OVP.	RATE	PREVIOUS SERV.
														BMC	
	XXX	88	P	5-47	Lorie A. Fleming, 706 Aho Street, Key West, Florida	Wife		A							
	XXX			11-49	John M. Fleming	Son	11-38	A							
XXX															
XXX															
XXX															
													XXX	XXX	
													XXX	XXX	
													XXX	XXX	

TOTAL AMOUNT RETROACT.

A3462

AUTHORIZATION (see remarks below) 9,022,282

DISCONTINUANCE

Discontinuance Auth. No. _____

Last Payment _____

Reason (see remarks below)

SUPERSEDING AUTHORIZATION

Supersede Auth. No. _____

Effective month _____

Reason (see remarks below)

AFFIDAVITS & CERTIFICATES

Type _____

Date requested _____

Date received _____

Final action _____

HOLD CHECK ORDER

Date _____

Closed _____

Reason _____

MISCELLANEOUS

Initial Family Allowance _____ (Yes) (No)

REMARKS:

DATE LOCKED OCT 29 1946 BY MC

A-Oct-46

RECEIVED

FAMILY ALLOWANCES AUTHORIZATION

☐ START ☒ STOP ☐ SUPERSEDING ☐

Retired Bks '84151

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS CODE	PT	P#	MOS. RET. OVP.	TOTAL AMOUNT RETRO.
	x x x	88	P	5-47	Lorie A. Fleming, 706 Ashe Street, Key West, Florida	Wife			A				
x x x				11-49									
	x x x				John M. Fleming	Son	11-38		A				
x x x													
					Walter J. Fleming	Son	10-40		A				

C.C.C. NEW _____ C.C.C. PREVIOUS _____

DATE RECEIVED _____ BLOCK NO. _____

SERVICE NO. 103-555 SERVICEMAN'S NAME (Last, first, middle) FLEMING, Harlie

SUPERSEDES NO. _____ DISCONTINUES NO. 1,537,493

RATE BMC (Number ↑) PREVIOUS SE

TO PAY OR DISCONTINUE NAV. S. and A. Form 546

FAMILY ALLOWANCES AUTHORIZATION

C PAY OR DISCONTINUE
NAV. S. and A. Form 546

☐ START ☒ STOP ☐ SUPERSEDING ☐

Retired Book NO. 84150

C.C. NEW / C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO. 1,537,493	(Number ↑)
		SERVICE NO. 103-555	SERVICEMAN'S NAME (Last, first, middle) FLEMING, Harlie	RATE BMC	PREVIOUS SERV. NO.

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	x x x	88	P	5-47	Lorie A. Fleming,	Wife			A					
x x				11-49	706 Ashe Street, Key West, Florida									x x x
	x x x				John M. Fleming	Son	11-38		A					
														x x x
x x x					Walter J. Fleming	Son	10-40		A					
														x x x
x x					Barbara L. Fleming	Dau	5-47		A					
														x x x
x x x														
														x x x
x x x														
														x x x
	TOTALS ←	DATE OF APPLICATION		DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED							TOTAL RETROACTIVE AMOUNT	

[illegible] Checkage FA 10-49 thru 11-49 $240.00

[illegible] t Credit $240.00

Chief, FA Section

BY AUTHORITY OF THE SECRETARY OF THE NAVY

ITEM SUSPENDED

CHECKAGE (LL)

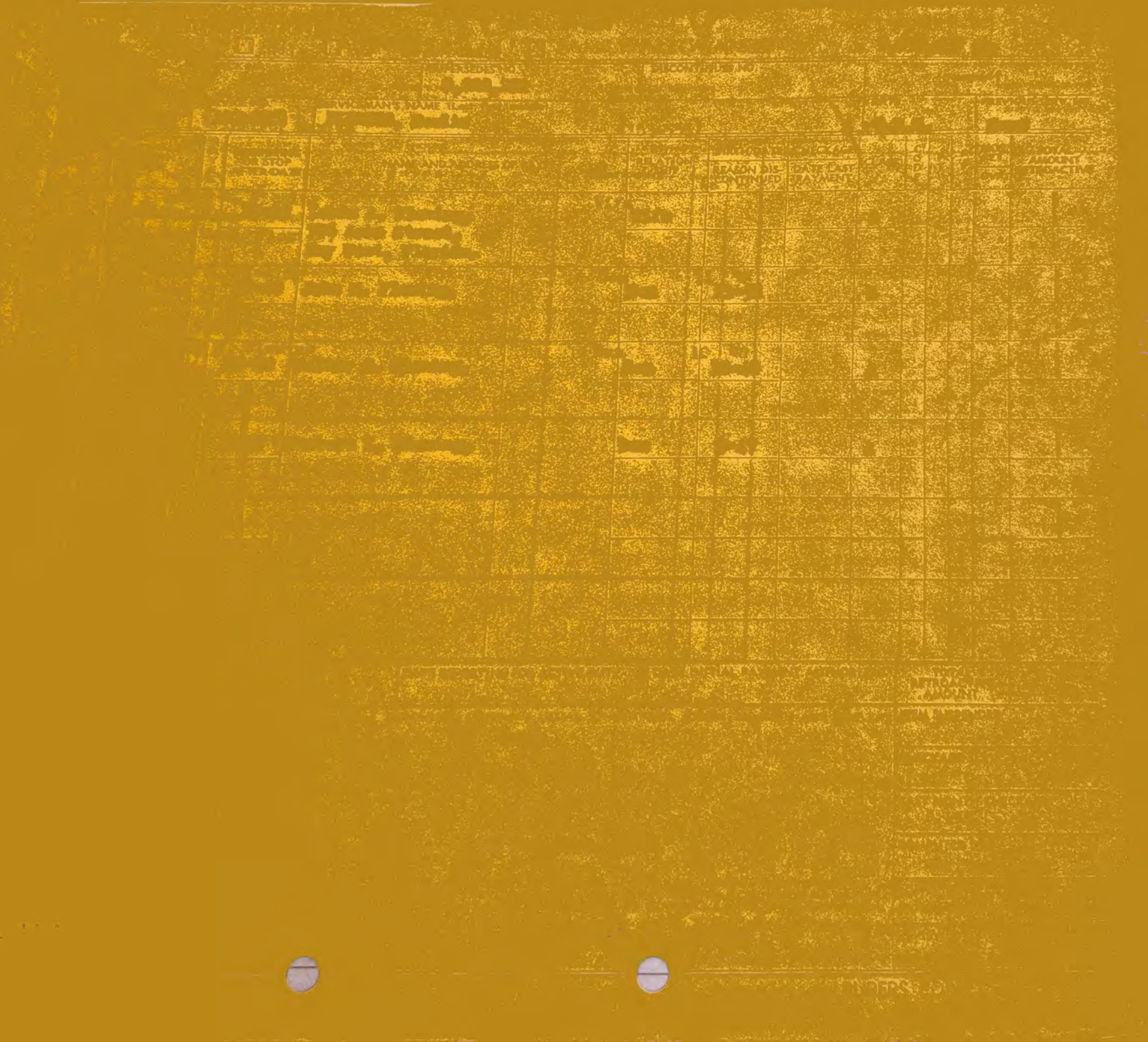
LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

BUPERS COPY



RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 9,022,282

2

SUPERSEDES AUTH. NO.

SERVICE NO. ON PREVIOUS AUTH.

☐ SUPERSEDING
☐ SUPPLEMENTAL
☐

FLEMING, Marlie (SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE)

(103-555) (SERVICE NUMBER)

C.B.M. (RATING)

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Lorie A. Fleming 706 Ashe Street Key West, Florida.	Wife		
A		1	John M. Fleming	Son	11	38
A		1	Walter J. Fleming	Son	10	40

BUREAU OF PERSONNEL COPY

DATE OF APPLICATION	DEPENDENTS PREVIOUSLY PAID
DATE R. A. D.	
MO. OF 1ST REG. PAY-CLASS A: October, 1940.	10-46
MO. OF 1ST AUTH'D PAY-CLASS B, B1	
INITIAL PAY AUTH'D FOR MO. OF: None	LAST MONTH PREVIOUSLY PAID
BLOCK NUMBER	COMPUTED / REVIEWED

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

None

DATE 8 November, 1946.

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE OFFICER-IN-CHARGE, FAMILY ALLOWANCES DIVISION, BUREAU OF SUPPLIES AND ACCOUNTS, AS ENTITLED TO PAYMENT OF T[illegible] MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS [illegible]D.

BY AUTHORITY OF THE SECRETARY OF THE NA[illegible]

Chief, FA Section.

RECEIVED

NAVY DEPARTMENT

DISCONTINUANCE OF FAMILY ALLOWANCES

DISCONTINUANCE No. 820,080

(Navy 555) C B M

EMING	HARLIE		10 3-555	C. B. M.
st Name	First Name	Middle Name	Service No.	Rating

29 July 1944
Date

NDUM FOR CHIEF, MILITARY MORALE SECTION:

: REPORT OF DISCHARGE. Appt. W.O.

.. Subject man has been discharged as of 18 July 1944
(date)

S. C. CRANDALL
Assistant Chief, Enlisted Assignments Division.

S & A FORM 67 RECEIVED

NAVY DEPARTMENT

DISCONTINUANCE OF FAMILY ALLOWANCES

DISCONTINUANCE No. 820,080

FLEMING	Harlie	-	(103-555)	C.B.M.
Last Name	First Name	Middle Name	Service No.	Rating

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.	REASON FOR CANCELLATION
A	P	1	Lorie A. Fleming, 508 Northeast Second Avenue, Fort Lauderdale, Florida.	Wife			Appointed Warrant Officer, 18 July, 1944.
A		1	John H. Fleming, (Same).	Son	11	38	
A		1	Walter J. Fleming, (Same).	Son	10	40	

Authorization No. 973,475 for payment of monthly Family Allowances to the 3 (NUMBER OF) dependents named above is hereby cancelled. No payment shall be made to any of these dependents after the payment for the month of July, 44 except as subsequently authorized.

2

DATE 31 July, 1944

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, FA Section

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 973,475

☐ SUPERSEDING

☐ SUPPLEMENTAL

☐

SUPERSEDES AUTH. NO. _____

SERVICE NO. ON PREVIOUS AUTH. _____

FLEMING, Harlie — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(103-555) — SERVICE NUMBER

C.B.M. — RATING

$24,050

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Lorie A. Fleming, 508 Northeast Second Avenue, Fort Lauderdale, Florida.	Wife		
A		1	John H. Fleming, Same.	Son	11	38
A		1	Walter J. Fleming, Same.	Son	10	40

BUREAU OF PERSONNEL COPY

COMPUTED BY

REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

None

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	Nov., 1943
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHOR-	None

DATE 17 December, 1943

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chi

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
CGC ARIADNE KEY WEST, FLORIDA	5/29/47	20 June, 1940

☑ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last) (First) (Middle)	SERVICE NUMBER	RATING
FLEMING, Harlie (None)	103-555	CBM, USCG

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Lorie Ann Fleming 706 Ashe Street, Key West, Fla.	Wife				
2		John Harlie Fleming (Same)	Son	11	38		
3		Walter James Fleming (Same)	Son	10	40		
4		Barbara Linda Fleming	Daughter	5	47	✓ rec. 6-18-47	
5							
6							

1. *Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).*
2. *Enter dates of birth only for children, brothers and sisters, and grandchildren.*
3. *For your wife and/or children do not state estimated income or amounts contributed.*
4. *Do not include any amounts paid by you to your dependents for your own room and board.*

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE
1	Lorie Ann Fleming	706 Ashe St., Key West, Fla.

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Miami, Florida	11/20/35	☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED?	IF SO, HOW WAS MARRIAGE DISSOLVED	IF DIVORCED, GIVE DATE OF DIVORCE DECREE
☐ YES ☒ NO	☐ DEATH ☐ DIVORCE ☐ ANNULMENT	

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE	ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:
THIS SUPPLEMENTAL APPLICATION FILED DUE TO BIRTH OF DAUGHTER.	5/47

Subscribed and sworn to before me (Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

this 29th day of May 19 47

L. H. MUSE, LT., USCG COMMANDING OFFICER
(Signature of attesting officer) CG DEPOT (Title)

Harlie Fleming
Harlie Fleming
(Signature of Serviceman)

DO NOT WRITE BELOW THIS LINE

SHIP OR STATION: OFFICE, COMDR. 7th CG District, Miami, Florida.

DATE OF APPLICATION: 10/21/46

DATE: 20 June, 1940

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
FLEMING,	Harlie	(None)	103 555	CBM.

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Lorie Ann Fleming 706 Ashe Street, Key West, Fla.	Wife			9,022,282	
2		John Harley Fleming (Same)	Son	11	38		
3		Walter James Fleming (Same)	Son	10	40		
4							
5							
6							

1. *Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).*
2. *Enter dates of birth only for children, brothers and sisters, and grandchildren.*
3. *For your wife and/or children do not state estimated income or amounts contributed.*
4. *Do not include any amounts paid by you to your dependents for your own room and board.*

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE: Miami, Florida

DATE OF MARRIAGE: 11/20/25

IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY. ☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED? ☐ YES ☒ NO

IF SO, HOW WAS MARRIAGE DISSOLVED ☐ DEATH ☐ DIVORCE ☐ ANNULMENT

IF DIVORCED, GIVE DATE OF DIVORCE DECREE

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE

ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION: Appointment as Boatswain revoked 8/9/46.
HQ disp 222000Z Sept., 1946.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

Subscribed and sworn to before me (Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

this 21st day of October, 19 46

Robert F. Taylor
(Signature of officer administering oath)

Robert F. Taylor, Machinist, U.S.C.G.
(Title)

Harlie Fleming CBM.
(Signature of Serviceman)

☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

I. I, FLEMING (Last name) HARLIE (First name) *** (Middle name) C.B.M. (Rating) U.S. COAST GUARD (Organization)

COTP, Pt.Everglades,Fla. (Ship or station) 103-555 (Service or serial number) 22 June, 1940 (Date of enlistment) 22 June, 1940. (Date of reporting for active duty)

do hereby apply for the family allowance authorized by Servicemen's Dependents Allowance Act of 1942, for the following-named relatives and/or dependents who are related to me in the manner stated below and those named under Class B are each dependent upon me for a substantial portion of their support. I understand that a monthly deduction will be made from my pay in the amount as required by law ($22 for Class A *or* B dependents or $27 for Class A *and* B dependents).

II.

CLASS A

List: Wife, children (including legally adopted child, stepchild, acknowledged illegitimate child), former wife divorced (to whom alimony is still payable). If you have no dependents in Class A, write "None."

1. FLEMING (Last name) LORIE (First name) ANN (Middle name) WIFE (Relationship) (Month, day, year of birth if minor)
   508 N.E. 2nd. Ave. (Number and street or R. F. D.) Fort Lauderdale (City or post office) Florida (State)
2. FLEMING (Last name) John (First name) Harlie (Middle name) Son (Relationship) 8 November, 1938 (Month, day, year of birth if minor)
   504 N.E. 2nd.Ave. (Number and street or R. F. D.) Fort Lauderdale (City or post office) Florida (State)
3. FLEMING (Last name) Walter (First name) James (Middle name) Son (Relationship) 16 October, 1940 (Month, day, year of birth if minor)
   508 N.E. 2nd.Ave. (Number and street or R. F. D.) Fort Lauderdale (City or post office) Florida (State)
4. _____ (Last name) _____ (First name) _____ (Middle name) _____ (Relationship) _____ (Month, day, year of birth if minor)
   _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

LORIE ANN FLEMING (Name) 508 N.E. 2nd.Ave. (Number and street or R. F. D.) Fort Lauderdale, (City or post office) Florida (State)

_____ (Name) _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

_____ (Name) _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

DATE and place of marriage to present wife 20 September, 1935 Miami, Florida

DATE and place of marriage to divorced wife _____

Amount of monthly alimony or support payment decreed by court order or provided under written agreement for former wife divorced, or for wife and/or child living separate and apart, $_____
(Court order *must* be provided by applicant or payee before application can be adjudicated)

DATE when alimony or support payment ceases _____

DATE and place of divorce _____

Name and designate any child included above who is legally adopted or acknowledged as illegitimate _____

16—29368-2

, you; , sister, half brother, half sister, step-
brother, stepsister, adopted brother, adopted sister, grandchildren—dependents in last group over 18 years of age must be incapable of self-support by reason of mental or physical defect as shown by a *doctor's certificate*).

Give following information as to each Class B dependent claimed:

1. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

2. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

3. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

4. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

5. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

First month for which payments to Class B dependents shall be made _____

State any other facts pertinent to this claim or in explanation thereof _____

_____

Subscribed and sworn to before me, this 29th day of November, 1943

Harlie Fleming
(Signature)

J. T. Nelson
(Signature)

J. T. NELSON, Lieut. U.S.C.G.R.
Captain of the Port, Port Everglades, Fla.
(Title)

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

16—29368-2

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR
FAMILY ALLOWANCE PURPOSES

HARLIE FLEMING	103-555	C.B.M.
(Name)	(Service No.)	(Rating)

To: Chief, Military Morale Division, CG Headquarters, Washington 25, D.C.

You are hereby notified of change in status as indicated below in the case of the person named above.

(X) *Checkage is being discontinued as provided in regulations after checkage for the month of JULY, 1944.

( ) *Checkage is being continued as required by regulations pending notification to stop.

18 July, 1944	Appointed Bos'n
DATE OF CHANGE IN STATUS	NATURE OF CHANGE IN STATUS

*Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

M. S. OLE — 550770
(Signature of Disbursing Officer) (Symbol No.)

SCGO-COTP, MIAMI, FLORIDA
(Station of Disbursing Officer)

CG HEADQUARTERS — Washington 25, D. C.

(Date)

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of:

Chief, Military Morale Division

From: e Division

FLEMING, Harlie 103-555 HMC		CGAS, ST. PETERSBURG, FLA
Name	Rating	Unit
Class A	$22.00	Began: October 1946 Ter: September 1949
Disbursing Officer	Monthly Checkage	Month of First Entitlement

88 Lump sum checkage FA 10-49 thru 11-49 $240.00

1920
ls

S. K. FRICK
Chief, FA Section

FA AMOUNT - - - - - $120.

NAME OF PAYEE - - - LORIE A. FLEMING

CG AIR STATION, ST. PETERSBURG, FLA.
(STATION OF AUTH. CERT. OFFICER)

LUMP SUM CHECKAGE FA- $240. (10/49 thru 11/49)

ENTITLEMENT CEASED - 9/49

CG HEADQUARTERS WASHINGTON, 25, D.C.

30 November 1949
(DATE)

RECEIPT OF THE ABOVE NOTIFICATION IS HEREBY ACKNOWLEDGED. FAMILY ALLOWANCE PAYMENTS WILL BE TERMINATED AFTER PAYMENT FOR THE MONTH OF: November 1949

Gov't. Cont. $98.00

CHIEF, MILITARY MORALE DIVISION

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. [illegible] No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. PLACE AND DATE OF EXAMINATION	
FLEMING, Harlie (n)			St. Petersburg Fla.	
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION	
2 Nov. 1905	44	103-555	Retirement	
7. SERVICE, DEPARTMENT, OR AGENCY		8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
Treasury			USCG	BMC
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)		
M	W	918 N.E. 3 Ave. Ft. Lauderdale Fla.		
14. PLACE OF BIRTH		15. OTHER DATA		
Mattison County N.C.				

16. RATING OR SPECIALTY (*Time in this capacity*) TOTAL LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. [X]
71½ INS.	159 LBS.	X				98.6	

21. LYMPH GLANDS AND LYMPHATICS N. S. A. [X]

22. HEAD, FACE, AND NECK—N. S. A. [X] 23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. [X]

24. EARS—A. CANALS, EXT. EARS—N. S. A. [X]

B. DRUMS—NO PERFORATION [X] N. S. A. [X]

C. HEARING (*Whispered and spoken voice at 16 ft.*)
RIGHT WV 15 /15: 15 SV /15
LEFT WV 15 /15: 15 SV /15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. [X] LEFT EYE—N. S. A. [X]

B. PUPILS—EQUAL [X] NORMAL TO ACCOMMODATION [X] TO LIGHT [X]

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. [X]

D. DISTANT VISION
RIGHT 20/ 20 CORR. TO 20/ BY
LEFT 20/ 20 CORR. TO 20/ BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. ○ CX
S. ○ CX

F. NEAR VISION—(*At 14 inches*)
N.V.A. CORR. TO BY
CORR. TO BY

G. COLOR VISION—N. S. A. [X] TEST USED

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
N.F.A.

I. RED LENS—N. S. A. [ ]
N.F.A.

J. FIELD OF VISION—RIGHT—N. S. A. [ ] LEFT—N. S. A. [ ]
N.F.A

K. DEPTH PERCEPTION TEST USED SCORE N.F.A.

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. [ ] LEFT—N. S. A. [ ]
N.F.A.

M. ACCOMMODATION—RIGHT LEFT
N.F.A.

N. NIGHT VISION TEST USED SCORE N.F.A.

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH: F. RESTORABLE CARIOUS TEETH BY O. EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3). CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR [illegible] UL

LR LL

_____ MALOCCLUSION—N. S. A. [ ]
_____ PERIODONTOCLASIA—N. S. A. [ ]
_____ GINGIVITIS—N. S. A. [ ]

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE 90	B. P.: S. 130 . D. 80	RECUMBENT: PULSE 90	B. P.: S. 134 . D. 84
STANDING (*3 min.*): PULSE 96	B. P.: S. 130 . D. 85	SITTING: PULSE AFTER EXERCISE 110	: 2 MIN. AFTER 98

28. LUNGS—N. S. A. [X] CHEST—N. S. A. [X] (*Include breasts for females*)

29. CHEST—N. S. A. [ ] NOT DONE [X] X-RAY

30. HEART—N. S. A. [X]

31. EKG—N. S. A. [ ] NOT DONE [X]

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. [X]

B. VARICOSE VEINS—NONE [X]

16—54662-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [X]

38. G-U SYSTEM N. S. A. [X] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [X] VAGINAL DONE [ ] OR RECTAL DONE [ ]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING — TEST USED — SCORE — D. PERSONALITY DEVIATION — YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Blood Sugar 115	SP. GR. 1.020	Neg	Neg	Int "O" Rh. Pos.
	MICROSCOPIC: Neg.			D. OTHER LABORATORY EXAMINATIONS: None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY
EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR Retirement
TYPE OF QUALIFICATION
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN Frank L. Price	NAME TYPED OR PRINTED Dr. Frank L. Price, A.A. SURG.
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*) Gerald L. Wale	NAME TYPED OR PRINTED Gerald L. (R

45. FURTHER SPECIALIST'S EXAMINATION INDICATED ☐ YES ☒ NO. IF YES, SPECIFY

EXAMINEE (M) OR (F) (Strike out one) QUALIFIED FOR Retirement

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

46. SIGNATURE OF PHYSICIAN

NAME TYPED OR PRINTED Dr. Frank L. Price, A.A. SURG.

47. SIGNATURE OF PHYSICIAN

NAME TYPED OR PRINTED

48. SIGNATURE OF PHYSICIAN (Specialty, if any)

NAME TYPED OR PRINTED Gerald L. Vale SA. Dent. Surg (Rl

DATE

BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. PLACE AND DATE OF EXAMINATION
FLEMING, Harlie (n)			St. Petersburg Fla.
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
2 Nov. 1905	44	105-555	Retirement
7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
Treasury		USCG	BMC
11. SEX	12. RACE	13. HOME ADDRESS (Street, or RFD number, city, zone, State)	
M	W	918 N.E. 3 Ave. Ft. Lauderdale Fla.	
14. PLACE OF BIRTH		15. OTHER DATA	
Mattison County N.C.			

16. RATING OR SPECIALTY (Time in this capacity) TOTAL LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (Including frame and figure)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (Shoeless)	WEIGHT (Stripped)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☒
71 INS.	159 LBS.	X				98.6	

21. LYMPH GLANDS AND LYMPHATICS N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☐ 23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒

B. DRUMS—NO PERFORATION ☐ N. S. A. ☒

C. HEARING (Whispered and spoken voice at 10 ft.)

RIGHT WV 15 /15: 15 SV /15

LEFT WV 15 /15: 15 SV /15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒

B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☐

D. DISTANT VISION

RIGHT 20/ CORR. TO 20/ BY

LEFT 20/ 20 CORR. TO 20/ 20 BY

E. REFRACTION (Manifest) (Cycloplegic) STRIKE OUT ONE

S. ○ CX

S. ○ CX

F. NEAR VISION—(At 14 inches)

CORR. TO BY

NRA CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED

H. HETEROPHORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE

I. RED LENS—N. S. A. ☐ N.P.A.

J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐

K. DEPTH PERCEPTION TEST USED SCORE

L. OPHTHALMOSCOPIC RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐ N.P.A.

M. ACCOMMODATION—RIGHT N.P.A. LEFT N.P.A.

N. NIGHT VISION TEST USED N.P.A. SCORE

TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY I, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCDA ABCDE ABOVE OR BELOW 54321 12345.

UR p f f n n n n | n n n n n n n n UL

LR f f x o n n n n | n n n n f f x x LL

MALOCCLUSION—N. S. A. ☐

PERIODONTOCLASIA—N. S. A. ☐

GINGIVITIS—N. S. A. ☐

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (Arm at heart level)

SITTING: PULSE	B. P.: S.	D.	RECUMBENT: PULSE	B. P.: S.	D.
STANDING (3 min.): PULSE 90	B. P.: S. 130	D. 80	SITTING: PULSE AFTER EXERCISE 90	134	84
			110	: 2 MIN. AFTER 98	

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. (Include breasts for females) ☒ 96

29. CHEST X-RAY 130 ☐ NOT DONE 86 ☒

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒ VARICOSE VEINS—NONE ☒

16—54002-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [X]

38. G-U SYSTEM N. S. A. [X] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [X] VAGINAL DONE [ ] OR RECTAL DONE [ ]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)
Blood Sugar 115

B. URINALYSIS: SP. GR. 1.020; ALBUMIN: Neg; SUGAR: Neg; MICROSCOPIC: Neg.

C. BLOOD TYPE AND CLASSIFICATION USED: Int "O" Rh. Pos.

D. OTHER LABORATORY EXAMINATIONS: None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY
EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR Retirement
TYPE OF QUALIFICATION
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN Frank L. Price — NAME TYPED OR PRINTED Dr. Frank L. Price, A.A. SURG.

45. SIGNATURE OF PHYSICIAN — NAME TYPED OR PRINTED

46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*) — NAME TYPED OR PRINTED

47. SIGNATURE OF REVIEWING OFFICER Gerald L. Vale — NAME TYPED OR PRINTED Gerald L. Vale SA. Dent. Surg (R) — DATE

FORMULATED UNDER THE AUTHORITY OF THE BUREAU OF THE BUDGET CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME

2. PLACE AND DATE OF EXAMINATION St. Petersburg Fla.

43. FURTHER SPECIALIST'S EXAMINATION INDICATED ☐ YES ☒ NO. IF YES, SPECIFY

EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR Retirement

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN Frank L. Price — NAME TYPED OR PRINTED Dr. Frank L. Price, A.A. SURG.

45. SIGNATURE OF PHYSICIAN — NAME TYPED OR PRINTED

46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*) Gerald L. Vele — NAME TYPED OR PRINTED Gerald L. Vele SA. Dent. Supv (RL)

47. SIGNATURE OF REVIEWING OFFICER — NAME TYPED OR PRINTED — DATE

BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

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3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION	
2 Nov. 1905	44	103-555	Retirement	
7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION	
Treasury		USCG	BMC	
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or R.F.D number, city, zone, State*)		
M	W	918 N.E. 3 Ave. Ft. Lauderdale Fla.		
14. PLACE OF BIRTH		15. OTHER DATA		
Mattison County N.C.				

16. RATING OR SPECIALTY — (*Time in this capacity*) TOTAL — LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☒
71½ INS.	159 LBS.	X				98.6	

21. LYMPH GLANDS AND LYMPHATICS N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒ — 23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒

B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15 /15: 15 SV /15
LEFT WV 15 /15: 15 SV /15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒ — B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☐

D. DISTANT VISION — E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE — F. NEAR VISION—(*At 14 inches*)

RIGHT 20/ 20 CORR. TO 20/ BY S. ○ CX — CORR. TO BY

LEFT 20/ 20 CORR. TO 20/ BY S. ○ CX — NFA CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE

I. RED LENS—N. S. A. ☐ N.F.A. — J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐ — K. DEPTH PERCEPTION TEST USED SCORE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐ N.F.A. LEFT—N. S. A. ☐ — M. ACCOMMODATION—RIGHT N.F.A. LEFT — N. NIGHT VISION TEST USED SCORE N.F.A

26. DENTAL.—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH AS: RESTORABLE CARIOUS TEETH BY O. EXTRACTION INDICATED BY /. MISSING NATURAL TEETH BY X. TEETH REPLACED BY FULL OR PARTIAL DENTURE: HORIZONTAL LINE OVER XXX. TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TEETH (XXX). CROWNS BY C. IMPACTED TEETH BY #. FILLINGS PRESENT IN TOOTH BY F. NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR p f f f n n n n | n n n n n n n n UL

LR f f x o n n n n | n n n n f f x x LL

N.F.A

MALOCCLUSION—N. S. A. ☐
PERIODONTOCLASIA—N. S. A. ☐
GINGIVITIS—N. S. A. ☐

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	90	B. P.: S.		. D.	
STANDING (*3 min.*): PULSE	96	B. P.: S.	150	. D.	80
RECUMBENT: PULSE	90	B. P.: S.	134	. D.	84
SITTING: PULSE AFTER EXERCISE	110	: 2 MIN. AFTER	98		

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)

29. CHEST X-RAY A.W. ☐ NOT DONE ☒

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒

B. VARICOSE VEINS—NONE ☒

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [X]

38. G-U SYSTEM N. S. A. [X] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [X] VAGINAL DONE [ ] OR RECTAL DONE [ ]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]
C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)
Blood Sugar 115

B. URINALYSIS | ALBUMIN | SUGAR
SP. GR. 1.020 | Neg | Neg
MICROSCOPIC
Neg.

C. BLOOD TYPE AND CLASSIFICATION USED
Int "O" Rh. Pos.

D. OTHER LABORATORY EXAMINATIONS
None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY
EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR Retirement
TYPE OF QUALIFICATION
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN Frank L. Price
NAME TYPED OR PRINTED Dr. Frank L. Price, A.A. SURG.

45. SIGNATURE OF PHYSICIAN
NAME TYPED OR PRINTED

NONE [X]

36. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

37. VENEREAL DISEASE
NONE [X]

37. GENITO-URINARY SYSTEM
N. S. A. [X]

38. G U SYSTEM N. S. A. [X] (Include prostate exam. if indicated)

PELVIC—N. S. A. [X] VAGINAL DONE [ ] OR RECTAL DONE [ ]

39. SPINE AND EXTREMITIES A. Bones, Joints, Muscles N. S. A. [X] B. FEET- N. S. A. [X]

C. GAIT N. S. A. [X]

40. NEUROLOGICAL—A. GENERAL SURVEY, MOTOR STATUS, COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRATION, APPREHENSION, COHERENCY OF RESPONSES,

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] (If answer is yes, explain and cite recommendations under Item No. 42)

41. LABORATORY TESTS—A. SEROLOGY (Specify test used—Result)	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Blood Sugar 115	SP. GR. 1.020	Neg	Neg	Int "O" Rh. Pos.
	MICROSCOPIC: Neg.			D. OTHER LABORATORY EXAMINATIONS: None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) OR (IS NOT) (Strike out one) QUALIFIED FOR Retirement

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN Frank L. Price — NAME TYPED OR PRINTED Dr. Frank L. Price, A.A. SURG.

45. SIGNATURE OF PHYSICIAN — NAME TYPED OR PRINTED

46. SIGNATURE OF DENTIST OR PHYSICIAN (Indicate which) Gerald L. Vale — NAME TYPED OR PRINTED Gerald L. Vale SA. Dent. Surg (R)

A. NEUROLOGICAL—N. S. A. [ ] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE [ ] [ ]

41. LABORATORY TESTS—A. SEROLOGY (Specify test used—Result)	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Wass - Neg.	SP. GR. 1.020	Neg	Neg	Int "O" Rh Pos.
	MICROSCOPIC: No			D. OTHER LABORATORY EXAMINATIONS: None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

A

1. Diagnosis of Arteriosclerotic heart disease at U.S. Marine Hospital Savannah, Ga. November 1948. History at this time is not entirely consistant with a diagnosis of angina pectoris . Ekg considered to be within normal limits.

B. NCD

C. NCD

D. None.

Standard Form 88

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] (If answer is yes, explain and cite recommendations under Item No. 42)

41. LABORATORY TESTS—A. SEROLOGY (Specify test used—Result)	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Blood Sugar 115	SP. GR. 1.020	Neg	Neg	Int "O" Rh. Pos.
	MICROSCOPIC Neg.			D. OTHER LABORATORY EXAMINATIONS None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Page _____

Surname FLEMING Service No. 102-555

Christian name-s Harlie (n.)

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Discharged on Retirement	
	5-31-50
	DATE: Frank L. Price
	Dr. Frank L. Price
	A.A. Surg.

9—16148

Standard Form 88

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED ... SCORE ... D. PERSONALITY DEVIATION YES [ ] NO [ ] (If answer is yes, explain and cite recommendations under Item No. 48)

41. LABORATORY TESTS—A. SEROLOGY (Specify test used—Result)	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Blood Sugar 115	SP. GR. 1.020	Neg	Neg	Int "Of Rh. Pos.
	MICROSCOPIC Neg.			D. OTHER LABORATORY EXAMINATIONS None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

Rating ..... Service Number .....

Place CG DEPOT, St. Pete, Fla Date 5-31-50

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

.....

.....

.....

Other defects noted .....

.....

.....

In my opinion those numbered ..... are incident of service.

In my opinion those numbered ..... are not incident of service.

To Be Filled in Only When Physical Examination Prior to Discharge Necessary.

..... *Surgeon, U.S.P.H. Service.*

I certify to the best of my knowledge and belief:

That I have no physical defect(s) X

That I have the following defect(s) .....

.....

.....

To Be Filled in Only When Physical Examination Prior to Discharge Necessary.

Harlie Fleming

Harlie Fleming

BMC. USCG

Rank or Rating, U.S. Coast Guard.

Service terminated 31 May, 1950 (Date)

At CG DEPOT, St. Petersburg, Florida (Place)

By reason of Inactive retired status

John R. Mackey

JOHN R. MACKEY, LT. USCG

Commanding Officer. *Medical Officer.*

(Rank)

2—16144

16—10272-2

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
BASE SIX	4-10-30	7-13-36
TAMPA	7-18-36	9-8-36
McLANE	9-14-36	10-5-
DIX	10-31-36	7-4-
Lisenby Hospital	7-4-38	7-7-3
DIX	7-7-38	12-31-3
BOUTWELL	12-31-38	10-6-39
N.O. DIST. BOAT POOL (AB-49)	10-7-39	6-17-40
CGC-5212(N.O. DISTRICT)	6-17-40	6-22-40
CGC-5212(ST. LOUIS DIST)	6-27-40	9-
FT. LAUDERDALE, BASE.		6/8/41
MH Savannah	6/9/41	6/27/41
Ft. Lauderdale Base	6/28/41	1-13-42
USMH, Ellis Island, N.Y.	1-14-42	2-16-42
	9/5/40	7/11/42
Captain of Port, Miami.	7/11/42	10-1-42
C.O.P. Port Everglades	10-1-42	7-8-44
COTP, MIAMI, FLA.	JUL 28 1944	9-10-44
CG INFIRMARY, MIAMI	7-22-44	8-5-44
C.G. REC. STA. N.O. LA.	9/16/44	9-28-44
U.S.S. REFUGE (AH-11)	APR 4 '45	APR 16 '45
HOSPITAL, #10 Navy 3205 c/o FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA	4-16-45	7-2-45
USNH PEARL HARBOR	7-2-45	7/13/45
USS Zyon	7-13-45	
U. S. NAVAL RECEIVING HOSPITAL GENEVA AVENUE AND MOSCOW STREET SAN FRANCISCO, 12, CALIFORNIA	7-19-45	7-31-45
USNH, JAX., FLA.	8-5-45	10-2-45
USNH, CHAS., S. C.	3-14-46	4-12-46

REMOVE FROM HEALTH RECORD

FLEMING

Liberty Hospital	7-7-39	
LII	12-31-39	10-6-39
BOUTELL	10-7-39	6-17-40
N.O. DIST. BOAT PUC (X-49)	6-17-40	6-22-40
CGC-5212(N.O. DISTRICT)	6-27-40	9-
CGC-5212(ST. LOUIS DIST)		6/8/41
FT. LAUDERDALE, BASE.	6/9/41	6/27/41
MH Savannah	6/28/41	1-13-42
Ft. Lauderdale Base	1-14-42	2-16-42
USMH, Ellis Island, N.Y.	9/5/40	7/11/42
Captain of Port, Miami.	7/11/42	10-1-42
C.O.P. Port Everglades	10-1-42	7-8-44
MIAMI	7-22-44	8-5-44
N.O.LA. (AH-11)	9/16/44 APR 4 '45	9-28-44 APR 16 '45
...Navy 3205 OST OFFICE, ...CISCO, CALIFORNIA	4-16-45	7-2-45
PEARL HARBOR	7-2-45	7/13/45
USS Lyon	7-13-45	
U.S. NAVAL RECEIVING HOSPITAL GENEVA AVENUE AND MOSCOW STREET SAN FRANCISCO, 12, CALIFORNIA	7-19-45	7-31-45
USNH, JAX., FLA.	8-6-45	10-2-45
USNH		4-19-46

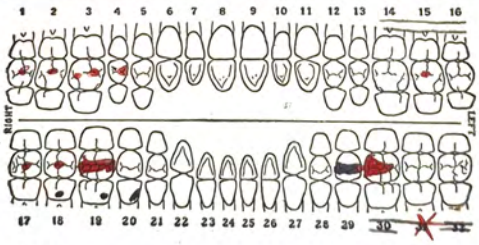
...ALTH RECORD

FLEMING
(Surname)
Harkie
(Christian name(s))
Born: Place N.S. Date 11/2/1905

INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311–2319, inclusive, Manual of the Medical Department, U. S. Navy.

RECORD OF FIRST DENTAL EXAMINATION



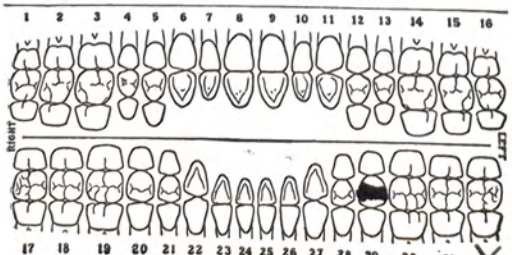
REMARKS:

Pthesia on left side extensive.

1-2-47 R.M. Ricketts
Lt(j) DC-USNR

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—10272-2

...A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUM...

Exam Prophy — 4/4/45 DF Yelle

Alloy IE — 4/4/45 LF Yelle

(Surname)

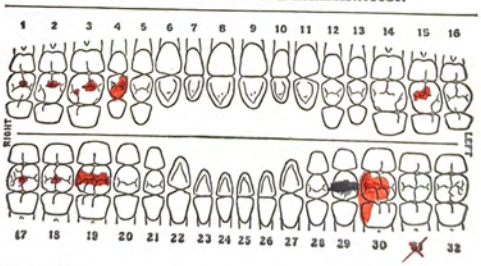
(Christian name(s))

Born: Place _____ Date _____

INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311–2319, inclusive, Manual of the Medical Department, U. S. Navy.

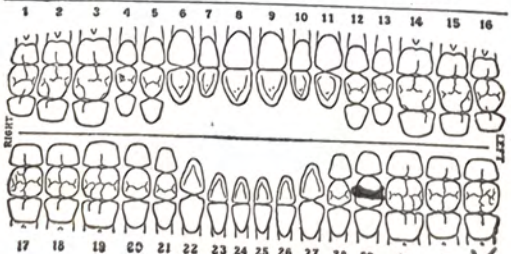
RECORD OF FIRST DENTAL EXAMINATION



REMARKS: _____

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—10272-2

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D.

Reg.

(Surname first)

Age: Years 40 Months 4 Color White

Part: Annual Physical
(Special temporary or regular assignment, appointment or promotion)

Rank or Rating Lieutenant (jg)

Place Cincs., S. C. Date 3-26-46

Personal Medical History VDH Malaria - 1940
Recurrence of Malaria-1942,Apr. '45,
June '45.Arteriosclerosis,observed Dec
'45.

Vision: R.E. w/ 20 L.E. w/ 20 Corrected: R.E. w/ L.E. w/

Color blind? Non-Partial Test used Plates

Hearing: Conversational speech R.E. w/ 30 L.E. w/ 30

Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left Normal
(Condition of drums, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (Indicate on diagram: Missing, "x"; replaced, "o"; carious, "c".)

(Right Side)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Gums Pyorrhea Temperature 98.4

Height 71 3/4 Weight (stripped) 148 Lbs. Usually 8o

Skin Normal

Lymph. glands Normal

Chest: Inspiration 3o½ Expiration 37

Heart and blood vessels Normal

Blood pressure: Systolic 128 Diastolic 88

Pulse before exercise 86 , after exercise 108 , after 2 min. 86

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Sugar Sediment

Microscopical exam. (If indicated) epithelia Sp. Gr.

Blood cells Pus cells Casts

Blood (If indicated) Hb % Reds Whites

Wassermann or Kahn test: Date 2-26-46 Result Neg.

42 A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS

On account of (Personnel Stricken in U.S., Class, S. C.)

J. F. [illegible]

J. E. [illegible], U. S. A.

(Date)

1st INDORSEMENT
29 March, 1946

Place Charleston, S.C.
From: [illegible]
To: Commandant, Coast Guard

Ref: (a) Alcoast 30, 1946

1. Forwarded for action. Present status:

Attached: CGC CYPRESS

[illegible], USCG, Dist. Comdr.-Of. in Chg.

2d INDORSEMENT

[illegible] QUARTERS MEDICAL OFFICE,
[illegible] COAST GUARD, Washington.

(Date)

findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Surname first)

Age: Years 39 Months 7 Color White

For: Promotion to Warrant
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating CBM

Place Miami, Fla. Date 20 July, 1944

Personal Medical History U.C.D. - Malaria cured incident of service

Vision: R.E. 20/ 20 L.E. 20/ 30 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Plates

Hearing: Conversational speech R.E. 20/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "T".)

(Right Side)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Gums Normal

Height 71 9/ inches. Weight (stripped) 145 lbs. Temperature 98.6

Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 37 Expiration 34½

Heart and blood vessels Normal

Blood pressure: Systolic 120 Diastolic 90

Pulse before exercise 80, after exercise 100, after 2 min. 88

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Negative Sugar Negative Shreds ____

Microscopical exam. (if indicated) epithelia ____ Sp. G. 1.028

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____ % Reds ____ Whites ____

Wassermann or Kahn test: Date 7/20/44 Result Negative

10—27070-1

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—

Asst. Surgeon, U.S. Public Health Service.

1st INDORSEMENT

7 August, 1944
(Date)

Place Miami, Florida

From: SCGO-COTP

To: Commandant.

Via: DCGO, 7th ND

1. Forwarded for action. Present status: C.B.M.; "Appointment for temporary service"; ALCOAST 59-44 S. V. CHAPMAN, Acting
Commanding

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Surname) Harlie

(Given name-s)

C.B.M. 103-555
(Rank or rate) (Service number)

INSTRUCTIONS

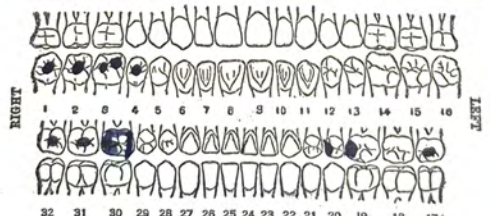
The Dental Record will be inserted as the top sheet in the Health Record.

This sheet will be prepared when an officer or man is first examined or treated by a dental officer, and subsequent entries will be made according to instructions.

The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

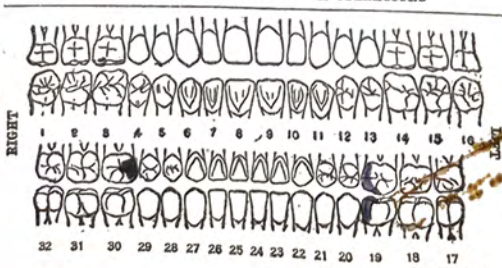
RECORD OF FIRST DENTAL EXAMINATION



REMARKS: R H E R L E
Defective fillings 17E-19R
Pyorrhea Alveolaris

. N. Baker 11-8-43 - Exam
Asst. Dental Surgeon, USPHS (R)
Mobile Dental Unit No. H. H. B.
8-4-43. H. H. Boyers
Asst. Dental Surgeon, USPHS (R)
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—30266-1



Exam. 2-26-45 J. H. Tolbert
C.D. 12-10-46 J. M. Tibbetts

RECORD

Name FLEMING, Harlie.
(Surname first)
Rank or rating B.M.1c. Service number 103-555

SMALLPOX VACCINATION

Number of prior scars 1

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
10/1/34		9R	E.M.A.
12-27-39	Jt. Melvin	P.R.	Jt. Melvin C. Ph. M.
2-3-43	J Bucher	P.R.	JB

ENTER RESULT AS: "PR"; "AR"; "IR"; OR "F"
(See instructions on back)

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
10/1/34	10/8/34	10/22/34	P. M. Hendricks
10/10/38	10/18/38	10/25/38	Donald S. Fraser
2/3/43	2/10/43	2/17/43	J. A. Barrow CPhM
Typhoid "B"		5-2-44	Dwight Reese Jr.

Booster 11-8-EXEMPTION
Booster (If exempted from vaccination or inoculation, state reason)

TETANUS OK
T.T. 12-23-41 — T.T. 3-7-42
Int. Blood Type "O"
Tetanus Tox. booster ½ cc 6-15-43

2—16142

(Signature of medical officer)

PR.

Primary reactions are those in which the broadest redness occurs eight (8) to fourteen (14) days after vaccination; they always have a vesicle.

AR.

Accelerated reactions are those in which the broadest redness occurs four (4) to seven (7) days after vaccination; they also have a vesicle.

IR.

Immunity reactions are those in which the broadest redness occurs eight (8) to seventy-two (72) hours after vaccination. Such reaction is evidence of immunity only if fully potent vaccine is used. The vaccine should be kept constantly [illegible]ing or be used within two weeks after leaving [illegible]ers and be kept in an icebox meanwhile. If [illegible]ns are not known to have been fulfilled, an [illegible]munity reaction should be marked with a question [illegible]).

F.

Failures are all other reactions or no reaction.

When either vaccination or inoculation is completed and entered on the record sheet, a duplicate entry shall be made on a duplicate sheet which shall be immediately forwarded to Headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1939 2—16142

Surname FLEMING Service No. [illegible]

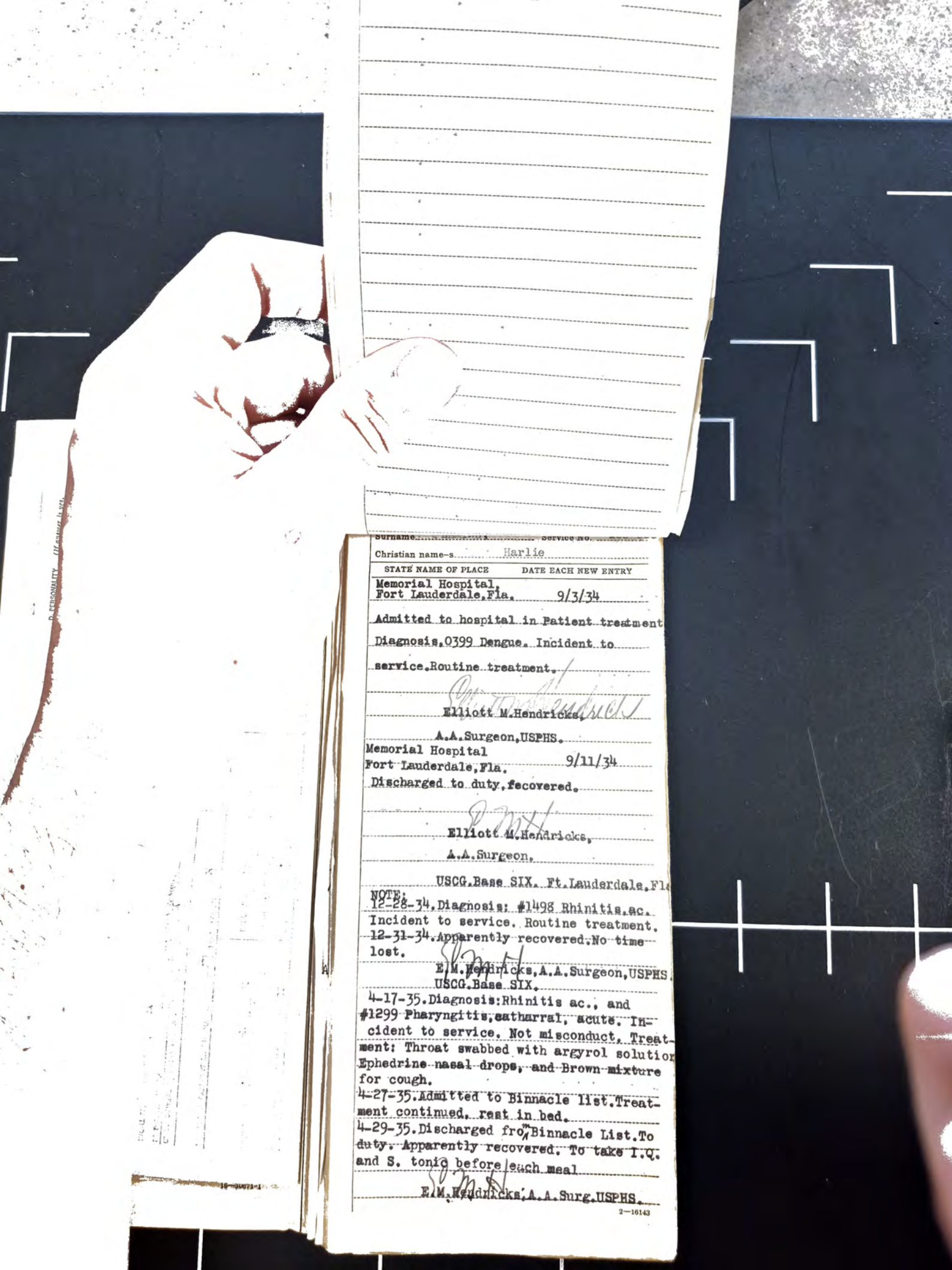
Christian name-s Harlie

STATE NAME OF PLACE	DATE EACH NEW ENTRY	
C.G. Rec. Sta., Medical Section		
New Orleans, La.		
SMALL POX ✓	SEP 16 1944	a m
YELLOW FEVER ✓	9-23-44	a m
TYPHOID BOOSTER		
TET. TOX. BOOSTER. ✓	SEP 16 1944	a m
TYPHUS:		
1st.	SEP 16 1944	a m
2nd.	9-23-44	a m
3rd.	9/28/44	N.G.A.D.
Booster.		
CHOLERA:		
1st.	SEP 16 1944	a m
2nd.	9-23-44	a m
Booster.		

Albert Mantooth

Albert Mantooth, CPhM

16—25658-1



Surname..... Service No. .....

Christian name-s Harlie

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Memorial Hospital, Fort Lauderdale, Fla.	9/3/34

Admitted to hospital in Patient treatment

Diagnosis, 0399 Dengue. Incident to service. Routine treatment.

Elliott M. Hendricks,

A.A. Surgeon, USPHS.

Memorial Hospital
Fort Lauderdale, Fla. 9/11/34

Discharged to duty, fecovered.

Elliott M. Hendricks,

A.A. Surgeon,

USCG. Base SIX. Ft. Lauderdale, Fla

NOTE:
12-28-34. Diagnosis: #1498 Rhinitis ac. Incident to service. Routine treatment.
12-31-34. Apparently recovered. No time lost.

E.M. Hendricks, A.A. Surgeon, USPHS.
USCG. Base SIX.

4-17-35. Diagnosis: Rhinitis ac., and #1299 Pharyngitis, catharral, acute. Incident to service. Not misconduct. Treatment: Throat swabbed with argyrol solution Ephedrine nasal drops, and Brown mixture for cough.

4-27-35. Admitted to Binnacle list. Treatment continued, rest in bed.

4-29-35. Discharged from Binnacle List. To duty. Apparently recovered. To take I.Q. and S. tonic before each meal

E.M. Hendricks, A.A. Surg. USPHS.

2—16143

USCG BASE SIX

NOTE:
5-20-35. Diagnosis:#3001 Abrasion, r thigh, (ball game) Cleaned and dressed with sterile dressing.

Elliott M. Hendricks, A.A. Surg. USPHS

USCG Base SIX.

NOTE:
6-21-35. Diagnosis:#1023 Myalgia, post. l thorax muscles. Incident to service, Routine treatment. No time lost.

Elliott M. Hendricks, A.A. Surg. USPHS.

USCG Base SIX.

NOTE:
6-29-35. Diagnosis: 3082 Fracture simple, 5th and 6th rib, left side. Incident to service. Was hit by a pitched ball, while playing baseball. Chest strapped. Placed on Potassium Iodide therapy. 5 grains tid. after each meal.
7-6-35. Strapping removed. To continue on K I therapy.
7-12-35. Potassium Iodide discontinued is now showings signs of an acute Stage of rhinitis. Ephedrine nasal drops to be administered once a day.

Elliott M. Hendricks, A.A. Sur USPHS.

USCG Base SIX.

NOTE:
5-20-35. Diagnosis:#3001 Abrasion, r thigh, (ball game) Cleaned and dressed with sterile dressing.

Elliott M Hendricks, A.A. Surg. USPHS

USCG Base SIX.

NOTE: 6-21-35. Diagnosis:#1023 Myalgia, post. 1 thorax muscles. Incident to service. Routine treatment. No time lost.

Elliott M. Hendricks, A.A. Surg. USPHS.

USCG Base SIX.

NOTE: 6-29-35. Diagnosis:3082 Fracture simple, 5th and 6th rib, left side. Incident to service. Was hit by a pitched ball, while playing baseball. Chest strapped. Placed on Potassium Iodide therapy. 5 grains tid. after each meal.

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Elliott M. Hendricks

Elliott M. Hendricks, A.A. Surg

USPHS.

USCG Base SIX.

Diagnosis:#0868 Influenza, resp.
nt to service, Not misconduct.
emperature of 101 F. last p.m.
th Ephedrine and argyrol nasal
Codeine gr 1/3 and Aspirin gr 5
ery four hours. condition bacame

Surname..... Service No. .....

Christian name-s. Harlie.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
USCG TAMPA. Mobile, Ala.	AUG 10 1936

Admitted to treatment for 2nd degree burn (Sun) on abdomen. (4023). Incident to the Service and not misconduct. Condition occured while working in intense heat on board ship. Treatment consisted of Alum Comp Ung.

8-12-36:- Present condition improving.

US PHS RELIEF STATION 1-21-37

PANAMA CITY, Florida

Pharyngitis, catarrhal, acute No. 1351. Incident to service. No fever.

Returned to Duty.

Don S. Fraser
A.A. Surgeon in Charge

US PHS Relief Station August 18, 1937

Panama City, Florida

No. 0619, Foreign Body in Right eye

While chipping a radiater piece flew in Right eye. Incident to Service, not due to misconduct.

Donald S. Fraser
A.A. Surgeon in Charge

2—16143

41. LABORATORY (Specify test and Result)
Blood Sugar 115 Mg.

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF

US PHS Relief Station January 4, 193[illegible]
Panama City, Florida

Incident to Service, not Mis-conduct
Under observation - Uncinariasis -
No. 1790. - Hookworm disease -

Donald S. Fraser
A.A. Surgeon

January 6, 1938

Discharged patient - not due to
hookworm disease - findings negative.

Donald S. Fraser
A.A. Surgeon

US PHS Relief Station March 15/38
Panama City, Florida
Common Cold, No. 0331, Incident
to Service, Not due to Mis-conduct.
R/ Routine treatment.

Donald S. Fraser
A.A. Surgeon in Charge

US PHS Relief Station JULY 4/38
Panama City, Florida
4123 - Wound Contused, Volar surface
left forearm and at the base of thumb.
Caused by delayed explosion [illegible]

Surname Harlie.
Christian name-s.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
US PHS Relief Station	7-14-37
PanamaCity, Florida	
Common Cold, Not due to misconduct.	
Incident to service. R/ Routine	
treatment.	

Donald S. Fraser
A.A. Surgeon in Char

Con't from page 4

July 8/38
Station

...Malaria - Negative.
...Malaria - Negative.

Donald S. Fraser
A.A. Surgeon

US PHS Relief Station March 15/38

Panama City, Florida

Common Cold, No. 0331, Incident to Service, Not due to Mis-conduct.

R/ Routine treatment.

Donald S. Fraser
A.A. Surgeon in Charge

...ation JULY 4/38

Florida

...d Contused, Volar surface ...orearm and at the base of thumb. ...aused by delayed explosion of fireworks. Incident of [illegible]

Surname [illegible] Service No. 105-000

Christian name-s. Harlie.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
US PHS Relief Station	7-14-37
PanamaCity, Florida	
Common Cold, Not due to misconduct.	
Incident to service. R/ Routine	
treatment.	
Donald S. Fraser	
A.A. Surgeon in Char	
Con't from page 4	
US PHS Relief Station	July 8/38
Panama City, Florida	
Wounds redressed , and improving.	
Donald S. Fraser	
A.A. Surgeon	
	July 12/38
Wounds redressed.	
Donald S. Fraser	
A.A. Surgeon	
	July 16/38
Wounds healing, redressed.	
Donald S. Fraser	
A.A. Surgeon	
	July 20/38
Wounds redressed.	
Donald S. Fraser	
A.A. Surgeon	

2—16143

41. LABORATORY TESTS—A. SEROLOGY (Specify test used—Result)

Blood Sugar 115

B. [illegible]

Sp. Gr. 1.020 Neg.

MICROSCOPIC

Neg.

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

July 30/38

Wounds healed, patient dis-charged.

Donald S. Fraser
A.A. Surgeon in Charge

Absent on account of sickness from 7-7-38 to 7-18-38. Wound, multiple, left forearm base of thumb (4129).

A.J. Brown, Chief Boatswain, USCG.

DEPOT, Sick Bay, Curtis Bay, Md.
12-1-38 Admitted this date for Out-patient treatment.
INCIDENT TO SERVICE:
CHIEF COMPLAINT: Patient complains of a cold in head of 3 days duration, with slight cough.
TREATMENT. Routine.
12-2-38 Treatment continued.
12-3-38 As patient did not report case closed.

A.A. Surgeon.

US PHS Relief Station May 27/39

Panama City, Florida

Pharyngitis, catarrhal, acute, No. 1351 - Incident of Service. Not due to mis-conduct. No fever. No loss of time. Painted throat & salicylates.

Donald S. Fraser

...account of sickness from 7-7-38
to 7-18-38. Wound, multiple, left forearm
base of thumb (4129).
A.J. Brown
A.J. Brown, Chief Boatswain, USCG.

DEPOT, Sick Rep... Curtis Bay, Md.
...date for Out-
...nt complains of
...days duration.
...Routine.
12-2-38 Treatment continued.
12-3-38 As patient does not report case closed.
A.A. Surgeon.

US PHS Relief Station May 27/39
Panama City, Florida
Pharyngitis, catarrhal, acute. No. 1351 - Incident of Service. Not due to Mis-conduct. No fever. No loss of time.
R/ Painted throat & salicylates.
Donald S. Fraser
A.A. Surgeon

Surname
Christian name-s Harlie

STATE NAME OF PLACE	DATE EACH NEW ENTRY
US PHS Relief Station	June 19/39
Panama City, Florida	
Pharyngitis, catarrhal, acute No. 1351. Incident of Service. No Fever. No loss of time. Donald S. Fraser A.A. Surgeon	June 26/39
Patient dis-charged. Donald S. Fraser A.A. Surgeon	
U.S. Coast Guard Dispensary, Pascagoula, Miss. 16 December, 1939. Diagnosis: (0624) Furuncle, left nostril. Probably caused by infected hair follicle. Opened, drained and 3% Tr. Iodine applied. 12-18-39: No further treatment indicated. J.E. Melvin J.E. Melvin, C.Ph.M.	
U.S.C.G. Dispensary, Pascagoula, Miss. 28 December, 1939. Diagnosis: (1804) Vaccinia, left upper arm. Vaccination redressed. To receive daily dressings. 12-31-39: No further treatment necessary. J.E. Melvin J.E. Melvin, C.Ph.M.	
U.S.C.G. DISPENSARY, Pascagoula, Miss. 10 Jan., 1940. Diagnosis: (0868) Influenza, respiratory type. Origin in line of duty. Patient complains of chilling sensation, general malaise, and violent headache. Temp. subnormal, pulse 120. Patient has dullness in both lung bases.	

Over 2—16143

Treatment: To bed immediately. Laxative stat. Phenacetin grs. llss and salol gr.llss with quinine grs. 3, every three hours. Ice cap to forehead; nasal spray q.i.d. Force flds. 1-11-40: 8:00 a.m. Temp. 102.F. Treatment continued. Headache ~~###~~ is some better - ice cap continued. 1-12-40: Temp. 99.F. Patient feels better today. Treatment remains the same. 1-14-40: Patient up and about temperature normal, but not fit for duty. There is still a slight headache and a feeling of indisposition. Patient placed on regular diet, and bowels kept freely opened. 1-6-40: Treatment discontinued. Patient says he feels about normal, except for general weakness. 1-18-40: Restored to duty. No further treatment indicated. 10 days off duty, this admission.

J.E. Melvin

J.E. Melvin, C.Ph.M.

U.S.C.G. Dispensary, Pascagoula, Miss.

~~17 Feb., 1940. Diagnosis: (0452)~~ Diarrhea, fermentative. Origin in line of duty. Patient states that he has frequent watery stools, pain in the lower abdomen and a feeling of weakness. ~~No localized pain in the L.R.Q. T.P.R.~~ normal. Treatment: Bis. subnitrate grs. xx, and Camph. Tr. Opii 2 drams every three hrs. Liquid diet suggested for the next few days. 2-20-40: Symptoms have subsided. No further treatment given. No days off duty.

J.E. Melvin

J.E. Melvin, C.Ph.M.

There is still a slight headache and a feeling of indisposition. Patient placed on regular diet, and bowels kept freely opened. 1-6-40: Treatment discontinued. Patient says he feels about normal, except for general weakness. 1-18-40: Restored to duty. No further treatment indicated. 10 days off duty, this admission.

J.E. Melvin, C.Ph.M.

U.S.C.G. Dispensary, Pascagoula, Miss.

17 Feb., 1940. Diagnosis: (0452) Diarrhea, fermentative. Origin in line of duty. Patient states that he has frequent watery stools, pain in the lower abdomen and a feeling of weakness. No localized pain in the L.R.Q. T.P.R. normal. Treatment: Bis. subnitrate grs. xx, and Camph. Tr. Opii 2 drams every three hrs. Liquid diet suggested for the next few days. 2-20-40: Symptoms have subsided. No further treatment given. No days off duty.

J.E. Melvin, C.Ph.M.

5-24-40- Pt. a...

Surname

Christian name-s Harlie.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Ft. Lauderdale, Base., Ft. Lauderdale, Fla	
9-6-40 Incident to service.	
Diagnosis: Malarial Fever(Estivo Autumnal Type)(0972)	
PRESENT HISTORY: Man has been at this unit but a few days, having arrived from Gorgas, Alabama. He has a temp. of 101-4°F. Chills and indications of Malarial Fever. Taken to Broward General Hospital This date. Put to bed.	
EXAMINATION: Dr. Hendricks saw patient and Blood Smears for Malarial Parasites were done. MANY MALARIA PARASITES WERE FOUND.	
TREATMENT: Light diet. Quinine Hydro. 5.cc. Water freely. Hosp care.	
9-7-40 Codeine given for headache. A.M. care. Light diet. Morning bath. Quinine Gr. v. given Water Ad. lib	
9-8-40 Soft diet. Quinine Gr. v. Water. Temp. 99.o Had good day.	
9-9-40 Routine treatment for Malaria and Hosp. care. Light diet. Water Ad. lib. No complaints.	
9-10-40 Routine treat. for Malaria.	

2—16143

(Continued).

Quinine Gr. V. A good day no complaint

11-40 H.S. Care. Light diet. Quinine

Dr. Hendricks in. A comfortable

day.

9-12-40 Routine care. Temp. Normal.

Light diet. Patient up and about.

Dr. Hendricks in. Patient discharged this date.

E. M. HENDRICKS, M.C. USN

A.A. Surgeon, U.S.P.H.S.

t. Lauderdale, Base., Ft. Lauderdale, Fla.

-11-41 Incident to service.(NMC)

agnosis: Under Observation Malarial

(0972) Fever(Estivo Autumnal Type)

RESENT HISTORY: Patient came to sick-

Bay complaining of general feeling

of malaise. Headache. Chills with

no fever. Has a past history of

malaria. Taken to Broward General

Hospital. Malarial smear taken.

Smears show no evidence of malaria.

2-41 Throat much reddened. Painted

with mercurochrome. Pain in bones

Persists. External

Christian name-s. Marlie.

STATE NAME OF PLACE DATE EACH NEW ENTRY

(Continued) 1-14-41 Reg. diet.

?Flue treatment given. Routine Hosp.

care.

1-15-41 Reg. diet. No complaint. up an

about. Routine treat.

1-16-41 A good day. Discharged.

H.W. Cunningham, CPhM

For Dr. E.M. Hendricks.

Ft. Lauderdale Base.

Ft. Lauderdale, Fla.

3 May, 1941

DIAG: Under Obs. Malarial fever (1793)

Patient reported complaining of chills and fever. Has been treated for malaria several times before. T.38.5 Quinine Sulf. Gr.V. Relieved of duty and sent home.

5-4 Condition is unchanged , refered to Broward General Hospital for further examinationnand treatment. One day

STATE OF PLACE DATE EACH NEW ENTRY

ontinued) 1-14-41 Reg. diet.

?Flue treatment given. Routine Hosp. care.

1-15-41 Reg. diet. No complaint. up an about. Routine treat.

1-16-41 A good day. Discharged.

F.E. Cunningham, CPhM

For Dr. E.M. Hendricks.

Ft. Lauderdale Base,
Ft. Lauderdale, Fla.
3 May, 1941
DIAG: Under Obs. Malarial fever (1793)
Patient reported complaining of chills and fever. Has been treated for malaria several times before. T.38.5 Quinine Suld. Gr. V. Relieved of duty and sent home.
5-4 Condition is unchanged , refered to Broward General Hospital for further examinationnand treatment. One day of absence at home.

J.J. Harbart, C.Ph.M.(a)

BROWARD GENERAL HOSPITAL
Ft. Lauderdale Fla.
4 May, 1941
DIA G: Malarial Fever, estivo-autumnal (0972)
Incident to service, recurrance of old condition.
C.C. Chills and fever.
LAB. EXA M : Shows blood smear containing EA parasites.

2—16143

PHY. EXAM: Essentially negative.
PAST HIST. See previous entries.
~~TREAT: Routine treatment for malarial~~
fever given with Quinine Dihydrochloride intravenously. Regular diet.
Treatment continued to5-10-41 at
which time patient had improved so as
~~to be fit for resumption of regular dut~~
Absent from duty 6 days.

E. M. Hendricks Surg.

Ft. Lauderdale Base
Ft. Lauderdale Fla.
~~7 June, 1941~~
DIAG: Malarial fever, estivo-autumnal type, (0972)
Incident to service, see previous history.
Patient complains of a recurrance of his condition, chills fever, etc.
In view of this mans past medical history it is recommended that he be sent to some Marine Hospital for further observation and treatment.

E.M. HENDRICKS, A.A. Surg.

Ft. Lauderdale Base.
Ft. Lauderdale, Fla.
~~6 June, 1941~~

accordance with the above recommendati
lent is refered to the Marine Hospital
annah, Ga., for observation and treat-
nt this date.

J.J. Harbart, CPhM(a)

STATE NAME OF PLACE. DATE EACH NEW ENTRY

U.S.MARINE HOSPIATL
SAVANNAH, GA
9 June, 1941.
" Admitted as an Inpatient at this time"
"Incident of Service and Not due to his own misconduct".
DIAGNOSIS: # 0976., MALARIAL FEVER, (Hys (Hysterical).
FAMILY and PERSONAL HISTORY:
Occupation; C.G.Bosn't Mate.
Habits:
(1). Alcohol - None.
(2). Tobacco * Pipe, occasionally
(3). Drugs, etc. - Quinine,. ".
Family History: Father, living and well. Mother deceased. 3 sister's living & well.
No T.B., Diabetse or Cancer.
PREVIOUS PERSONAL HISTORY:
(1). Last Tropical Service and Port:
CUBA, 1927.
(2). Diseases:
Usual childhood diseases. Pneumonia 2 yrs. ago. Typhoid during childhood. Lead poisoning several yrs. ago.
No operations.
(3). Injuries; None.
(4). Venereal: G.C. in 1928. No complications. Denies Syphilis.
HISTORY OF PRESENT DISEASE:
Chief complaint:
" I have the Malaria".
10 months ago patient had the Malaria with Chills every 2nd. or 3rd day and Fever.
Lasted about 2 weeks but has never felt quite well since. Has aching in the bones, weakness and weight loss. Has been taking 20Grains of Quinine daily for the past 20 months.
4 days ago and 2 days ago had chills &

aching. Otherwise was in good health.

PHYSICAL EXAMINATION:
Patient is a Tall and thin individual that is not so acutely ill.

WEIGHT: Normal weight - 132
Height - 6 ft.

HEAD - Color of hair Brown

EYES: Color -nBlue
Sclera - Clear.
Pupils - Normal.

Conjunctiva - Clear.

EARS: Normal.

MOUTH: Tongue - Negative.
Teeth - Fair.

THROAT: Normal.

NECK: Pulsation- None.
Swelling - None.

THORAX: Sternum depressed. Flaring of Costal margin. (Rachitic deformity).

HEART: Rate - 70 (Regular).
Apex impulse - Normal.
Sounds - Normal.
Murmurs - None.
Thrills - None.
Aortic second sound - Normal.
Blood Pressure - 118/70
Aorta not palpable in jugular notch.
Peripheral vessels - Normal.
Varicosities - Moderate small varicosities in both legs.

LUNGS: Clear.

ABDOMEN: No masses, tenderness and no ans felt.

GENITALS: Negative.

GLANDS: Cervical - 0
Axillary - 0
Epitrochlear - 0/
Inguinal - 1 plus.

RECTAL: Negative.

EXTREMITIES: Negative.

SPINE: Negative.

EYES: Normal.
MOUTH: Tongue - Negative.
Teeth - Fair.
THROAT: Normal.
NECK: Pulsation - None.
Swelling - None.
THORAX: Sternum depressed. Flaring of Costal margin. ~~(Rachitic deformity).~~
HEART: Rate - 70 (Regular).
Apex impulse - Normal.
Sounds - Normal.
Murmurs - Normal.
Thrills - None.
Aortic second sound - Normal.
Blood Pressure - 118/70
Aorta not palpable in jugular notch.
Peripheral vessels - Normal.
Varicosities - Moderate amount
Varicosities in both legs.
LUNGS: Clear.
ABDOMEN: No masses, tenderness and
GENITALS: Negative.

Christian name-s. Harlie

STATE NAME OF PLACE DATE EACH NEW ENTRY

WARD SURGEON'S NOTES AND TREATMENT RECORD:

6-10-41. Regular diet.
Emergency malaria smear.
Atabrin., Grs. ss T.I.D. for 5 days.

6-13-41. Begin Sodium Cacodylate Monday June 16.

6-16-41. No change.

6-19-41. Feeling much better and wants to go to work.

6-20-41. X-ray of chest. Dilate pupils Urine specimen to Washington for Lead determination.

6-23-41. Eye grounds do not appear abnormal.

6-26-41. X-ray of chest appears normal.

6-27-41. A Coast Guard patient who had Malaria 10 months ago and has not been the same since. He also has a history of lead poisoning. His general appearance is not good. There has been considerable Facial Atrophy, Bilateral. X-ray of chest is negative. Eye grounds are negative. A specimen of Urine has been sent to the National Institute of Health for Lead determinatiojn. This report has not yet been returned. The serology is Negative. The acute symptoms have subsided.

7-3-41. NATIONAL INSTITUE of HEALTH report on Urine Specimen.
The 170 CC specimen of Urine contained 0.031 mg of lead or 0.182 mg. of lead per liter.
Discharged to duty on the 27 June 1941.

S.P.Sanford
S.P.Sanford
A.A.Surgeon., USPHS.

2—10/41

A. NEUROLOGICAL—N. S. A. ☒ B. PSYCHIATRIC—N. S. A. ☐ C. PSYCHOLOGICAL TESTING
41. LABORATORY TESTS—A. SEROLOGY (Sp. [illegible] and—Flocc.)
Blood Sugar 115
B. URINALYSIS ALBUMIN Int 'of Rh. Pos.
SUGAR 1.020 Neg. Neg.
MICROSCOPIC Neg.
C. BLOOD TYPE AND CLASSIFICATION USED
TEST USED
D. OTHER LABORATORY EXAMINATIONS None
42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

Coast Guard Base
Fort Lauderdale, Florida.
30 September, 1941.

DIAG: Upper respiratory infection (0859)
~~Incident to service, contracted thru~~ exposure wheile operating small boat to which he is assigned.

CHIEF COMPLAINT: Fever, cough, anorexia, ~~head cold, for past several days.~~

PAST HISTORY: See previous entries.

PRESENT HISTORY: Had been operating a ~~picket boat on assigned duties and had~~ become thouroughly wet and chilled befo he could get a change of clothing. Statea that "cold" he had contracted has now gone into his chest.

PHYSICAL EXAM: Is essentially nega except for coryza, and rales in upp lungs. T.99.4 P.72. R.20.

~~TERMINAL NOTE:~~ This patient admitted to Broward General Hospital as inpatient on 9-30-41. Placed on routine nursing care, and systemic therapy instituted, followed by uneventful recovery. Discharged 10-8-41 with the recommendation that he be granted 8 days sick leave after which he should be fit for duty. ~~Absent 8 days.~~

E.M. HENDRICKS, A.A. Surg.

~~Coast Guard Base~~
Fort Lauderdale, Fla.
8 October, 1941.
In accordance with the above recommendation patient is granted 8 days sick leave by the commanding officer.

Surname [illegible] Service No. [illegible]
Christian name [illegible]

Christian name—s

STATE NAME OF PLACE DATE EACH NEW ENTRY

Fort Lauderdale Base

12/23/41

1639 Tetanus Toxoid 1cc

12/29/41 Blood Typed A O

3/25/42 Tetanus Toxoid ½ c.c.

Wm Schueeheis QMM.

U.S. MARINE HOSPITAL
Ellis Island, New York.
~~14~~ January, 1942.

ADMITTED TO HOSPITAL THIS DATE FOR IN-PATIENT TREATMENT.

DIAGNOSIS: 1645-Sinusitis, chronic.
0448-Deviated nasal septum.

INCIDENT TO SERVICE: Yes.

FIT FOR DUTY: No.

CHIEF COMPLAINT: "Headaches and weakness."

PRESENT H ISTORY: Malarial parasites were found in this pts. blood in Sept., 1940. Health record shows that pt. was ill with chills and malaise Jan., 1940, ~~chills, wt. loss and malaise in May, 1940~~ and in Sept. he had chills and fever and ~~malaria was found. Since then he has~~ been under treatment and in Jan. 1941 was hospitalized for exacerbation. In ~~June he was sent to~~ Savannah for workup because of his conditiom. Was discharged to duty on June 27, 1941. For past 6 mos. or more he has had a gradual increasing weakness and shortness of breath. ~~In past month he has developed severe~~ headaches, occipital in location. He has had a poor appetitie for a yr., no gas, regular bowel movements. He becomes short of breath on exertion and has some ~~sensation of tightness in his chest.~~ Pt. has lost about 20 lb. in past year.

ness and nervousness over his inability to continue on. He states that he had ~~nothing to worry him. He has no conflict~~ -s of any kind. He has no fears of anxieties and feels that his nervousness arises on a basis of his physical weakness and being unable to carry on as he ~~did before his present illness.~~

The past medical history reveals no evidence of VD to his knowledge. He has always enjoyed good health. Examination into the developmental background ~~not reveal at this time any psych~~ factors which would account for t man's present condition. He appa. has always been a rather stable pe ality with no unusual swings in mood, ~~anxieties, apprehensions, or conflicts.~~

PHYSICAL EXAMINATION: Reveals a poorly nourished, white, adult male, of asthenic habitus. There is a congenital depression of the lower sternum which has been present since birth. Otherwise, th gross physical exam is essentially within limits considered normal.

NEUROLOGICAL EXAMINATION: Including cranial nerves, motor status and coordination, deep and superficial reflexes, and sensory status, are all within limits considered normal at this time. A ~~rather superficial mental status reveals~~ this individual to be fairly alert, responsive, and to be mildly anxious about his condition, but not pathologically so

At this time there does not appear ~~to be any psychological or psychogenic~~ disturbance to account for this man's present condition. There is no evidence of organic disturbance to his central or peripheral nervous system. It is felt ~~that this male's nervousness as he puts~~

Christian name—s Harlie

STATE NAME OF PLA

Christian name-s Harlie

STATE NAME OF PLACE	DATE EACH NEW ENTRY

2-3-42--Combined fluoroscopic and radiographic exam. of the GI tract shows no ~~persistent irregularity of the greater~~ or lesser curvature of the stomach. The duodenal bulb filled well fluoroscopically and on 8 out of 14 exposures, ont theother 6 it filled defectively on the ~~left lesser curvature side of the bulb,~~ but there was no tenderness ofer the bulb nor was there prepyloric widening. Six hour film shows no retention in the stomach or only a few specks retained and ~~the barium column advanced as far as the~~ ascending colon. The stomach descended to about 2" below the level of the crest-s on standing. The 24 hr. film and 48 hr. film show no abnormality of the colon ~~Conclusion: Slight gastroptosis within limits~~ for the recent weight loss of twenty pounds.

~~2-4242--~~Aspirin gr v p.r.n.

2-15-42--This man has had a thorough ~~work up and no organic disease found.~~ His headaches may be related to the attacks of malaria he had. Rx. for ~~Tabloid-Enpirin Compound,~~ gr v p.r.n.

2-16-42--No longer in need of hospitalization. ~~Discharged from hospital this~~ date fit for regular duty; Condition on discharge, IMPROVED. 33 days off dut

H. L. Price

F. L. Pfice,
P. A. Surgeon, USPHS

APPROVED:

A. R. SWEENEY,
Medical Dire ctor, USPHS
Executive Officer.

2—16143

NAME OF PLACE DATE EACH NEW ENTRY

Port Everglades Base

11-12-42

DIAG: 0976. Malarial Fever. Chronic
Incident to Service.

~~CHIEF COMPLAINT: Pains, body aches, heada~~
ache. Transferred to Broward General Hosp
R/ Bed Rest; regulated diet; sulfathia-
zole; sodium bicarbonate; nasal spray;
milk of magnesia; cascara; Empirin;
~~11-16-42 Condition improved Pulse,~~
temperature and respiration normal.
DISCHARGED; 11-17-42 Sick Leave recomd.
DAYS OFF DUTY; 5 days.

Elliott M. Hendricks

Elliott M. Hendricks, AA Surgeon, USPHS

C.G.P. PORT EVERGLADES, FLORIDA.

12-26-42

DIAG: 0340 CONSTIPATION.

R/: CATHARTIC COMP.

3-13-43

148-4x8 Blister, 3 toe left foot.

4-4-43 069x Headache

6-15-43 Tet.tox. booster ½ cc
given.

16—25658-1

CG INFIRMARY, Miami, Fla.

22 July, 1944

DIAGNOSIS: 710-x10 Renal Glycosuria

STATUS: Not misconduct, incident of service.

SUMMARY: This patient was ~~admitted stating that he has no complain~~ Stated that he dame in for examination for promotion and sugar was found in urine. No weakness, no tiredness, no loss of weight, no excessive thirst or ~~hunger. There is no frequency of~~ urination. There is no ~~tenderness~~ decrease in the libido.

PHYSICAL EXAMINATION: Fairly well developed, and nourished, middle aged white male.
Weight 142 lbs. Height 71.
Examination is otherwise negative.

LABORATORY FINDINGS. Fasting blood sugar 75 mm % per 100 cc of blood.
Blook Kahn is negative. Glucose tolerance test. Fasting specimen - 91 mg of sugar per 100 cc of whole blood.
50 grams of dextrose was given.

30 minutes	147
60 minutes	145
120 minutes	58
180 minutes	83

The urine of 60 minute specimen showed sugar and 120 also showed trace of sugar. The urine examined for lactose found negative. On three occasions ran 2+ and 3+ sugar. It was felt that this

patient suffered from mild case of Renal Glycosuria.

Date of discharge: 8-5-44
Days off duty: 14 days
Recommendation: Return to duty.

Louis Margolis
P.A. Surg., USPHS(R)

...ge of discharge.
...ts off duty.
...recommendation.

...duty
...days
...return to duty.

...
Louis Margolis
P.A. Surg., USPHS (R)

...
(Christian name(s))

Born: Place ..... Date .....

STATE NAME OF PLACE — DATE EACH NEW ENTRY

USS REFUGE (AH-11)

RA 4-4-45: ~~DIAGNOSIS: NO DISEASE (MED. OBS~~ ERVATION) 2143. DNEPTE. Not misconduct. Patient reported on board without entry in health record or other explanation as to cause of his being ordered here for treatment by USCG Army Manning Detachment Navy 920

CC: Headaches.

PI: For past 3 years has had headaches which have increased in severity and duration in past 6 weeks. Headache is of pressure type "in middle of head". Deafness has been increasing during these 3 years and vision is less acute. Appetite has failed, 2 months. No change in bowel function. SIight dyspnea on exertion and more on worry. No urinary complaints.

PH: Malaria 1940 with recurrences. Dengue in 1938. Lead poisoning 18 years ago (painting double bottom ship) Pneumonia 1920.

FH: Father 72 has stomach trouble. Mother died of childbirth.

PE: Looks older than 40. Arcus senilis early. Skin clear. Pupils equal, regular, and react normally. Nose and mouth normal Neck supple. No thyroid enlargement. Chest: Rhachitic flaring of ribs. Lungs are clear. Heart: Not enlarged. BP126/68 Regular rhythm with rare premature beat. Over pulmonic area a faint systolic blow is heard not transmitted. Abdomen: No viscera or masses palpable. No hernia. Extremities normal. Reflexes: Achilles and patellar are equal and normal. Rhomberg negative. Biceps reflexes equal and active. Vessels: Radials are thickened. Impression: Premature aging. Occupational fatigue.

☆ GPO 16-9917-1

41. LABORATORY TESTS—A. SEROLOGY (Specify test used—Kline)

Blood Sugar 115

B. URINALYSIS — ALBUMIN: Neg — SUGAR: Neg — SP. GR. 1.020 — MICROSCOPIC: Neg.

C. BLOOD TYPE AND CLASSIFICATION USED — SCORE: Int "O" Rh. Pos.

D. OTHER LABORATORY EXAMINATIONS: None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

MEDICAL HISTORY

STATE NAME OF PLACE — DATE EACH NEW ENTRY

4-7-45: Continues to complain of headaches Blood sugar 97.6 mgm/100 cc. B.U.N. 15 Sp.Gr. blood I.061. Sp.Gr. plasma I.026 Hematocrit 49. Hgb: 16.5 gm. blood protein 6.5 gm. Blood Kahn negative.

4-8-45: X-ray of skull and chest. Skull: The shadow of the calcified pinial gland is about 3 or 4 times the diameter which is usually seen but it is in the midline of the skull in both the AP and PA views of the skull. Nothing else of not is seen in the skull. Chest: There is blunting of the left costophrenic angle suggesting minimal pleural thickening i this base, otherwise, the chest is norma in appearance.

4-8-45: Eye consult: Vision uncorrected: OD: 18/20 OS: 14/20. External exam of globes is negative. Fundus exam shows numerous bilateral granular and shred like vitreous apacities. Discs are oval, of good color with well defined margins. There is a slight variation in caliber of arterial light reflex. Maculae and periphery of retina appear normal. Manifest refraction and rx: OD: - 25 plus 75 x 20 equals 20/15. OS: - 50 plus 125 x 147½ equals 20/15. Slit lamp exam shows normal anterior segments. Diagnosis: 1. Mixed astigmatism. 2. Vitreous apacities. Impression: Headaches could be caused by his refreactive error. No treatment indicated for vitreous apacities. /s/T.K.LONG.

4-8-45: Patient has been furnished with glasses.

4-12-45: No change.

T ~~WRIG AF~~ Transf

BASE HOSPITAL #15, NAVY 3205
% FPC, SAN FRANCISCO, CALIF.
FT 4-16-45: DIAGNOSIS: NO DISEASE,
(Medical Observation) #2143.
Not misconduct. DNEPTE.
This patient was transferred to this hospital from the U.S.S. Refuge. The history and physical examination are as recorded there with no changes nor additions.
The blood pressure at rest is: 125/70. Pulse: 70. Immediately after exercise: 128/68. Pulse: 92. Three minutes after exercise: 125/72. There is a roughening of the 1st sound at the apex, heart tones otherwise normal. The radial arteries are definitely thickened; there is a variation in arterial light reflex in retinal and the man appears and acts ten years older than his age.
Impression: Premature senility and probably generalized arterial sclerosis.
4-23-45: Sed rate: 4mm. - 60 min.
Urinalysis entirely normal.
Blood sugar: 74 mg. per 100cc. blood. NPN: 17mg. - 100cc.
(To be repeated)
P.S.P: 15 min. - 40%
30 min. - 25%
1 Hr. - 20%
Neurological examination:
Px: Bp- 130/82. Peripheral arteries beaded. The following are the positive neuro signs. Increase in arterial light reflex in

(over)

☆ GPO 16—9917-1

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

retina, no retinitis however, both KJ'S absent but present and equal under reinforcement. Rt. AJ. absent even under reinforcement. I wouldn't doubt there is some cerebral arterial sclerosis present, but this couldn't account for headache. I see no explanation for same in neuro examination.

/s/ R.Y. HERREN
Lt. (MC) USNR

E.N.T. exam:
There is an astigmatism which properly corrected by the lens obtained aboard the U.S.S. Reft about one week ago. I would suggest that he wear the glasses constantly to see if any relief is obtained. However, judging by the history it is likely there is some other cause for the headaches.

/s/ J. GOLDMAN
Lt. (MC) USNR

E.N.T. EXAM:
E.N.T is essentially negative except for slight high left septal deviation. Good ventillation. No history of sinusitis, but states he has frequent colds. X-Ray sinuses requested to rule out sphenoid involvement.

MEDICAL HISTORY

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Appeared before a board of Medical Survey and his evacuation from this are was recommended.

T 7-2-45 Transferred this date to USNH within the Continental limits of the U.S. VIA, N.A.T.S. for further treatment and disposition.

18

G.W. Shaw

G.W. SHAW
Lt.Comdr.(MC) USNR

APPROVED:
E.G. Graves
E.G. GRAVES
CAPTAIN (MC) USNR

(Christian name(s))

Born: Place _____ Date _____

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. NAVAL HOSPITAL, PEARL HARBOR, T.H.
DATE: ET: 7-2-45
~~DIAGNOSIS:~~ ARTERIOSCLEROSIS

NO. 210

ORIGIN: NOT DNEPTE due to own misconduct

Review of Health Record shows that this officer was thoroughly ~~studied and diagnosis established at~~ USN Base Hospital # 15. Appeared before a Board of Medical Survey ~~at that activity which~~ concurred in the diagnosis and recommended evacuation to a USNH in the ~~Continental~~ USA for further treatment and disposition. Condition is essentially the same as last entry in health record. No further study here. Recommend early evacuation.
T 2/13/45 TRAVEL: TROOP CLASS
1A

L.M.NELSON
COMDR(MC)USNR

APPROVED:

L.A.[illegible]
CAPT(MC)USNR
EXECUTIVE OFFICER

570964—O-44 ☆ GPO 16—9917-1

Born: Place

STATE	NAME OF PLACE	DATE EACH NEW ENTRY

U.S.S. TRYON (APH-1)

FT ~~7-13-45~~

DIAGNOSIS: ARTERIORSCLEROSIS

210 NOT EPTE, NOT MISCONDUCT.

Patient admitted aboard this vessel for treatment and transportation.

no K

T 7-14-45 Transferred this date to U.S.N. Hospital, Inv. Norfo.

I.J. Culey

APPROVED:

W.H. SCHWARTZ
Commander, (MC) USN.,
~~Medical~~ Officer.

Comdr (MC) USN

570964—O-44 ☆ GPO 16—9917-1

State name of place. Date of each entry.

U.S. NAVAL RECEIVING HOSPITAL,
GENEVA AVE AND HOSCOW STREET,
SAN FRANCISCO 12, CALIFORNIA.

FT: Date: 7-19-45

Diagnosis: ARTERIOSCLEROSIS, GENERAL

Diag. No. # 210 EPTE: NO
Not due to own misconduct.

This patient was received from overseas for further transfer. Admitted for record purposes only. Examined this date and found physically and mentally fit for travel without a Medical Attendant.

T: JUL 31 1945 Transferred this date to U.S.N.H.

12

USNH JACKSONVILLE, FLA.

Approved:

D. UIMAR,
Comdr.(MC)USNR.

E. T. KNOWLES,
Comdr.(MC)USN.
Executive Officer.

FT: 8-5-45: ARTERIOCLEROSIS, GENERAL

CC: Headache.

PI: Patient was hospitalized in South Pacific April 4, 1945 with severe occipital and vertex headaches, low grade fever and chills. 3 months prior to this, patient had moderate malaise and ease of fatigue. He was diagnosed malaria. Treatment with atabrine t.i.d. for 2 weeks and once a day for another month. While in the hospital he was diagnosed artericlerosis.

Now patient complains of headaches, only now and then, that seem to start in the back of the neck and radiate upward to occipital and vertex. They "seem to be improving a great deal."

He has noted occasional dizziness and dyspnea on exertion (walking 3-4 blocks). His appetite has not been good.

No edema, P.N.D., or orthopnea. No chest pain or pain in legs. Right shoulder and upper arm have been aching a little during past 3 weeks.

PH: Usual childhood diseases. Otherwise negative.

FH: Non-contributory.

Review of systems: Other than above, essentially normal.

PE: TPR 98.4, 84, 20. BP 138/88. Well-developed, tall slender white male in no acute discomfort, appearing to be in his 40's.

☆ GPO 16—9017-1

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

Head and Neck: Normal.
Eyes: Pupils regular and equal, react to L and A.
ENT: Normal.
Nodes: Normal.
Peripheral vasc. system: One plus sclerosis
Lungs: C and R to A and P.
Heart: Not enlarged. Sounds regular and good quality. A2>P2. Both are distant. No significant murmurs.
Abdomen: Normal.
Genitalia & extremities: Normal.
Reflexes: Physiological.

8-10-45: Granted leave.

8-25-45: Returned from leave.

8-31-45: The patient states that his headaches are much less severe and less frequent.

9-7-45: No change.

9-14-45: Will return to duty.

9-24-45: Has gained 5 pounds.

LAB. DATA: 1. CBC: RBC 4,800,000; WBC 7,800; Hgb 16; Grams 103; Seg 60; Lymph 30; Eos. 6; Bas 4.
2. Sed rate 7mm/hr.
3. Urinalysis Negative.
4. Malaria smear negative.
5. Specific gravity test: Normal function.
6. ECG: Normal tracing.
7. Eye consultation: V.A.: OD 18/20 OS 18/20. No history of ocular disease or injury. E.O.M. full, tensions normal. External examination is negative. Slit

FLEMING
Harlie (Surname) (n)
(Christian name(s))
Born: Place Fla. Date 12-2-05

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. NAVAL HOSPITAL, [illegible]

in size, color, contour. A-V ratio is normal. There is a slight increase in arterial light streak, no venous compression. No central or peripheral fundal pathology. In the absence of any evidence of ureal tract disease, a history of trauma, the vitreous opacities are probably on a systemic basis. There is no manifest refractive error. Would recommend elimation of any focus of infection and perhaps the use of K.I

mxv s/G. L. O'Nei

MEDICAL HISTORY

STATE NAME OF PLACE	DATE EACH NEW ENTRY

D 10-2-45: Discharged from treatment to
3 report to Captain of the Port, Jacksonville, Florida for further disposition by District Coast Guard Officer, Sixth Naval District, Charleston, S. C. prior to approval of Medical Survey in accordance with ltr. District Coast Guard Sixth Naval District, File 401, dated 10 May, 1945.

E. G. Givhan

E. G. GIVHAN
COMDR., (MC) USNR

APPROVED:

W. M. Sheppe

W. M. SHEPPE
CAPT. (MC) USNR

rah

Christian name—s Harlie

STATE NAME OF PLACE	DATE EACH NEW ENTRY

COTP INFIRMARY
CHARLESTON, SOUTH CAROLINA
~~14 March, 1946~~

Diagnosis: Medical Observation
(y00-y00)

~~History:~~ ~~This man is being referred f~~ for Medical Observation to determine causes of long standing occipital headaches, also for check on previously diagnosed condition of Renal glycosuria ~~He was also treated for malaria during~~ recent years. At present he is also up for Annual Physical to determine his status for full regualar duty.

J. H. MCDONOUGH
S. A. SURG.(R) USPHS

~~U. S. NAVAL HOSPITAL, CHARLESTON, S. C.~~

ET DATE 3-14-46

DIAGNOSIS: DU (MEDICAL OBSERVATION

2122

NOT MISCONDUCT

CC: Frequent headaches.

PI: This officer was admitted to hospital ambulatory to determine his ~~status for full regular duty. His~~ Chief complaint is of headaches which

U.S. NAVAL HOSPITAL, CHARLESTON, S.C.
(Continued)

have had exacerbations and remissions in frequency of occurance and in ~~severity for past four or five years.~~ For past few weeks he has had these headaches almost every day. They begin in back of neck and radiate to "top of head."

PH: Usual childhood diseases uncomplicated. Malaria in 1940 with yearly reoccurances Malarial paresites (P. Vivax) found in blood as late ~~as 4-28-45.~~ Has received several courses of quinine sulf and one course of atabrine.
Dengue in 1938 - Lead poisoning in 1927 while painting double bottom ~~ship.~~ Diagnosed Renal Glycosuria in July 1944. (Blood sugar levels found normal). Diagnosed Arteriosclerosis on 6-14-45 But on further study this diagnosis could not be confirmed and ~~symptoms~~ were attributed to malarial asthenia. Diagnosis changed to No Disease on 9-29-45.

ROS: Essentially negative except for ~~occ. dyspnea on exertion~~ (climbing ladder, walking 3 or 4 blocks) and mild ankle edema with some pain in arches, on standing long watches (4 to 6 hrs. on feet). No recent weight loss ~~or gain. No dizzyness;~~ no claudicating; no precard pain. No palp.

FH: Non-contributory. No diabetes or other familial diseases.

Yn ii developed & well nourished

Herlie (Christian name(s))

Born: Place ..... Date .....

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. NAVAL HOSPITAL, CHARLESTON, S.C.
(Continued)

EYES: React to I&A. Fundoscopic not done.

EARS: Normal

NOSE: Normal

PHARYNX: Normal

LUNGS: Clear to P&A, slight dullness over left posterior costophrenic angle.

HEART: Normal size to percussion. Normal rate & rhythm. No murmurs. Sounds fair.

Born: Place _____ Date _____

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. NAVAL HOSPITAL, CHARLESTON, S.C.
(Continued)

EYES: React to L&A. Fundoscopic not done.

EARS: Normal

NOSE: Normal

PHARYNX: Normal

LUNGS: Clear to P&A, slight dullness over left posterior costophrenic angle.

HEART: Normal size to percussion. Normal rate & rhythm. No murmurs. Sounds fair quality.

ABDOMEN: Recti slightly relaxed. Soft No tenderness. No masses. KLS not enlarged.

G.U.: Normal adult male.

NEURO-MUSCULAR: Reflexes normal. No gross motor or sensory changes.

VESSELS: Peripheral sclerotic grade II. Post Tibials somewhat decreased. ~~Dorsalis Pedis palp. but deminished.~~ Fundal - undue tortuosity or sclerosis.

EXTREM.: Slight cyanosis in dependent position.

Headaches started immediately after 1st attack malaria in 1940, recurring at ~~first about once a week and not very~~ severe - gradually became worse so that June '45 they were severe lasting from ~~1 to 3 days and recurring 2 or 3 times~~ wk. Attacks precipitated by anything that causes nerve tention

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. NAVAL HOSPITAL, CHARLESTON, S.C.
(Continued)

such as excitement, concentration or worry.

20 years service - Perm. rank CBM; temp. rank Warrant Bos'n. In 1944-45 ~~in South Pacific on Army Supply freighter,~~ no combat but under air attack 3 times; at time of general quarters "headaches ~~would start immediately; if attacked~~ without warning headache not noticed until afterwards. Married - 2 children, ~~6 & 8. Denies family or domestic or~~ financial worries.

~~P~~Perspires easily espec. hands and arm pits, easily excited and nervous, be~~comes shaky,~~ dreams practically every night (years). For past year has been taking phenobarb at times, 2 yrs. about ~~once every couple wks. This doesn't~~ relieve headache, but aids sleeping.

ROS: Headaches as above. Begin in Nape of neck and remains occipital.

EYES: Negative

NOSE & THROAT: Negative

G.I.: Appetite poor several mos., no indigestion, Bowel Movement regular, ~~no constipation.~~

G.U.: Day 3-4; no nycturea; no diff. wit ~~ream.~~

~~BITS: Denies liquor (1 pt. in 6 mos.).~~

~~This man has some peripheral arteral~~ s more on

~~day 3-4: no~~ Harlie

(Christian name(s))

Born: Place _____ Date _____

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S. NAVAL HOSPITAL, CHARLESTON, S.C.
(Continued)

3-25-46: Blood smears twice positive for Plasmodia.

C 3-25-46: Diag. changed this date to:
A MALARIA, BENIGN TERTIAN, #1030.
D ~~Reason: Concurrent. Not Misconduct.~~

O

4-3-46: LAB. DATA: R&M Neg. Sp.Gr. ~~1.022.~~

CBC - WBC 6,000, Hgb. 97%, 15 gms.
Stool neg. for Ova & parasites.

3-18-46: Thick smear positive for ~~Plasmodia, on 2 occas.~~
Blood Kahn negative.

3-28-46: EXTON ROSE TEST -

SPEC.	BLOOD SUGAR	URINE SUGAR
Fast.	86.2 mgs.	Neg.
1/2 hr.	110.2 mgs.	Neg.
~~1 hr.~~	116.2 mgs.	Neg.

/s/ K. P. Knudtson
Lt.Cdr.(MC) USN

3-18-46: ECG Negative.

3-28-46: Eyes refracted and glasses ordered.
BP - 120/80.

~~This man has had atabrine gr. III t.i.d.~~ for 10 days with no relief from headaches.
I do not feel arteriosclerosis is basis

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. NAVAL HOSPITAL, CHARLESTON, S.C.
(Continued)

headaches.

4-2-46: Headaches severe yesterday. No relief from gynergin.
~~This man knows he will revert to CBM;~~ wants to be retired but clains C.G. retire only 2% of eligible men per year, hence ~~will take several yrs. to reach him.~~

4-5-46: BUN 18.5 mgs.
Blood Smear neg. for Malaria.
~~Hgb. 83%.~~

4-5-46: Neurological Exam. -
Cranial nerves - negative. Fundi normal.
~~Motor system~~
coordination } Intact
Sensory System
~~Reflexes - bilaterally equal~~
Babinski, Hoffmann and Rhomberg Neg.

4-8-46: N.P. CONSULTATION -

(3-21-46) At present my views on this case are much the same as those ex~~pressed, years ago, by Dr. Vasterwork.~~ However, shall have him back for another interview, to continue search for psychic factors.

(4-1-46) No new findings. Opinion is that this man is simply "run-down", ~~physically and as regards his will and~~ motivation to continue in the service. My opinion is that if he retires and ~~limits himself in activity, he will~~ to have headaches, as long

~~[illegible] Wt Marks [illegible]~~

~~[illegible] from Emerg.~~

~~This man knows he will revert to CD;~~

~~wants to be retired but claims C.O. retire~~

~~only 2% of eligible men per year, hence~~

~~will take several yrs. to reach him.~~

4-5-46: BUN 13.5 mgs.
Blood Smear neg. for Malaria.
Hgb. 83%.

4-5-46: Neurological Exam. -
Cranial Nerves - negative. Fundi normal.
Motor system
coordination
Sensory System Intact
Reflexes - bilaterally equal
Babinski, Hoffmann and Rhomberg Neg.

4-8-46: N.P. CONSULTATION

(3-21-46) At present my view
case are much the same as th
pressed, years ago, by Dr. W
However, shall have him back
interview, to continue search fo
psychic factors.

(4-8-46) No new findings. Opinion is

(Christian name(s)) Date

Born: Place

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. NAVAL HOSPITAL, CHARLESTON, S.C.
(Continued)

(4-9-46) ELECTROENCEPHALOGRAM -
On 4-2-46 showed no abnormality indicative of intracranial pathology ~~or pathological psysiology.~~

Patient interviewed again, with no additional findings of importance. As stated in previous note. I still think this man is tired, and that his tolerance for strain is reduced. This does not constitute a psycho-neurosis, but the Diagnosis Fatigue Operational could be applied. This diagnosis would not serve as grounds for retirement, but he could be surveyed to limited duty on it, I should think.
Suggest you try giving Elixis Phenobarb Drams 1 t.i.d. ac. and drams 2 h.s. for a few days.

/s/ W. F. Roth, Jr.
Cdr.(MC) USNR

BSP TEST - 60% retention dye at 5 min.
10% retention dye at 30 min.
Liver palpable, abdomen veins distended with evidence of reversal of flow.

4-13-46: Icterus Index 5.7
Blood Protein 6.18 gms.
Gall bladder x-ray series - negative.

C 4-15-46: Diag. changed this date to:
AD CIRRHOSIS, LIVER, ATROPHIC, #312.
Reason: Concurrent. Not Misconduct.

21

4-16-46: Board of Medical Survey met

☆ GPO 16—9917-1

41. LABORATORY TESTS—A. SEROLOGY (Specify test used—Result)
Blood Sugar 115

B. URINALYSIS
SP. GR. 1.020 Neg. Neg
MICROSCOPIC Neg.

D. OTHER LABORATORY EXAMINATIONS
Int "of Rh. Pos.
None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

MEDICAL HISTORY

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S. NAVAL HOSPITAL, CHARLESTON, S.C.
(Continued)

this date. Diagnosis: CIRRHOSIS, LIVER ATROPHIC, #312. Disability is not the ~~result of his own misconduct.~~ Was incurred in line of duty. Did not exist prior to enlistment. Present Condition: ~~Unfit for service.~~ Probable Future Duration: Permanent. Recommendation: That he appear before Naval Retiring Board.

D 4-19-46: Discharged this date to D.C.G.M.O. to await approval of above survey.

4

W. A. CRIST
CAPT.(MC) USNR
CHIEF OF MEDICINE

APPROVED:

R. D. MACKEY
CAPT.(MC) USN
EXECUTIVE OFFICER.

Christian name-s Harlie

STATE NAME OF PLACE DATE EACH NEW ENTRY

11/21/47. Diag: PROSTATIC EN-
LARGEMENT, Chronic.
~~Not due to own misconduct.~~
Did not exist prior to enlistment
In line of duty.

C.C. Pain in rectum sufficient
~~to keep him awake last nite~~
Duration several days with increas
ing intensity.

P.I. No history of previous in-
volvement of the prostate.
He thought he had piles and his
initial complaint was of piles
that hurt a lot but did not bleed
or protrude. Present attack has
~~lasted~~ about a week, although he
had been troubled off and on for
about two or three months.

P.E. No piles visible. Digital
examination reveals no trace
of piles but a prostate low down
in the rectum, considerably en-
larged, irregular in outline, very
sensitive to touch and of somewhat
hard consistency. The probable
diagnosis is chronic prostatitis,
but in a man of his age the pos-
sibility of malignancy cannot be
overlooked, especially in view of
~~the hardness~~ and irregularity of
the gland.

Referred to Hospital in Miami
by orders of Miami H.Q. for study,
treatment and disposition by
urological specialist.

A. H. Hamilton, M.D.
A.A.SURGEON USPHS

16—25668-1

Christian name—s Harlie

STATE NAME OF PLACE	DATE EACH NEW ENTRY

25 November, 1947

7th CG District Infirmary
Miami, Florida

~~Diag: Prostatitis, low grade, not acute~~

Hist: Pain in rectum - paroxysmal - once weekly - feels like bowels want to move Last attack duration of about 8 hours - ~~about Nov. 18, 1947. NOTED~~ first attack of pain 3 months ago. No bleeding - regular habits - never have to get up at night to urinate.

~~Examination:~~ No loss in weight or appetite. Maintains regular weight of 104#.

Rectal Exam:

Slight tenderness ~~anus~~ over right lobe of prostate otherwise rectal examination is normal.

No Hemorrhoids [redacted]

Fit for duty

CLAUDE G. ECCLES
Surg. USPHS(R)

Recommend 1 c.c. Penicillin i/m all ways when man complains of tenderness in the prostate. C.G.E.

16—25658-1

DISTRICT MEDICAL OFFICE, 7 CGD,
MIAMI, FLORIDA

9 November, 1948

DIAGNOSIS: Tentative; chronic
Coronary Heart Disease.

HISTORY: Patient reported to this office presenting a report of EKG dated 11-5-48 made at Jackson Memorial Hospital through facilities of the USPHS Relief Station, Miami, Florida. A copy of this report is as follows:

USPHS Relief Station, Miami 3, Florida
November 8, 1948
Report of EKG- 11-5-48
HARLIE FLEMING - Age 44 W
"Rate 71 - P.R. 10 QRS. Axis shift left. Rhythm normal sinus. Prominent S 2,3,AVF; QRS in chest leads widened & slurred. Myocardial impairment; with impaired intra ventricular conduction; Left ventricle hypertrophy; possible chronic coronary heart disease."
SHEFFEL H. WRIGHT M.D.

Patient has had pain in the left chest for the last 5-6 months. This pain is described as originating below and slightly to left of sternum. He has shortness of breath and increasing generalized weakness with a feeling of depression. He has had 24 years of active duty Coast Guard service. There is a previous past medical history of Malaria, Arteriosclerosis, Renal glycosuria and Cirrhosis of the Liver, atrophic with many other entries of more or less minor nature.

GROSS EXAMINATION: Essentially negative except for an average degree of generalized arteriosclerosis compatible with increasing age. Clinically no outstanding findings are revealed in the Heart exdept for the EKG which is

MEDICAL HISTORY

Surname FLEMING Service No. _____

Christian name-s Harlie

STATE NAME OF PLACE DATE EACH NEW ENTRY

noted.

RECOMMENDATIONS: It is recommended that this patient be transferred to ~~the USMH, Savannah, Ga. without delay~~ for in-patient treatment and a medical Board of Survey to determine present fitness for continued duty in the U. S. Coast Guard.
~~Report of EKG and pictorial Cardiogram~~ to be presented to the Medical Officer in Charge of this case at the Marine Hospital.

Harold G. Eccles

HAROLD G. ECCLES, Surgeon, USPHS(R)
Chief, Medical Section, 7th CG District

U.S.Marine Hospital.
Savannah, Ga.
23 November, 1948.

ADMITTED TO IP 11-11-48
DISCHARGED 11-22-48

DIAGNOSIS:Arteriosclerotic heart disease

STATUS:Incident of service and not due to own misconduct.

CHIEF COMPLAINT:"Shortness of breath".

SUMMARY OF HOSPITALIZATION:
This patient was admitted to this hospital complaining of shortness of breath. The patient gives history of having this condition for for five (5) or six (6) months, also of having feet and ankles to swell, which has been going on for four (4) or five (5) years. Also the patient states that for the

past six (6) months he gets a sharp pain inthe pericardium two (2) or three (3) times a day which lasts about 30 seconds. After this pain a dull ache is noted in the pericardium which lasts about three (3) hrs. This patient was transferred to this hospital from the 7TH. Coast Guard District Medical Office upon the recommendation of the District Medical Officer for inpatient treatment and Board of Medical Surve to determine this patients fitness f further duty in the U.S.Coast Guard. Review of systems upon admittance were essentially negative. Lungs were clear to P&A. Heart borders could not be made out by persussion. There was noted a systolic murmur without radiatio at apex. Rate and rhythm were regular. X-ray of chest on 11-15-48 revealed the heart to be within normal limits. Some thickening in the left costo phrenic angle due to pleural reaction noted. The x-ray showed no evidence of active parenchymal pathology. Electrocardiographic report on 11-15-48 is also normal. A BMS was held on this patient on 11-22-48 and came to the conclusion that this man could carry on his full duties in the U.S.Coast Guard, it further recommended though that this man return to this hospital in three (3) months for another check up. This patient was discharged on the afternoon of 11-22-48 fit for full duty. No leave recommended. Days lost from duty this entry, 11.

E. C. Sutter

E.C.SUTTER.
Asst. Surg. USPHS.

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

CG BASE
KEY WEST FLA.

Form NCG-2525D

MEDICAL HISTORY

Page _____

Surname FLEMING Service No. 103-535

Christian name-s Harlie

STATE NAME OF PLACE	DATE EACH NEW ENTRY

7CGD MEDICAL OFFICE, MIAMI FLA

9 March, 1949

HISTORY: (As noted in the Health Record)

Dr. Hamilton, contract A.A. Surg. at Key West, Fla. reported on January 19, 1949, that patient complained of pains around his heart and shortness of breath. He noted that the duties to which the patient is assigned are rather strenuous in view of his medical history.

EXAMINATION: When seen this date the patient appeared well nourished and in no acute distress. The patient states that he experiences precordial pain about once daily with radiating pain down the left arm. No episode has been entirely debilitating. He is taking no medication, at the present time.

Blood pressure:

Sitting: 128/82 Standing: 132/86
Recumbent: 130/86

PULSE: Sitting: 78 Standing: 80
Recumbent: 76
After exercise: 118 2 min. after: 78

RESPIRATION: 78 rpm

URINE: Sp. gravity: 1.025 Negative for albumin and sugar.

Examination of the heart reveals no abnormal findings on auscultation. There is no enlargement. Rate and rhythm are within normal limits.

16—25658-1

(over)

Rec 8/23/50

Budget Bureau No. 76-R167
Approval expires 10-31-49

APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN

NATIONAL SERVICE LIFE INSURANCE

DO NOT WRITE IN THIS SPACE
INSURANCE NUMBER ASSIGNED

NOTE: Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF INSURED (Print or type)

Harlie Fleming

2. INSURANCE FILE NO.

FN -

FH -

3. MAILING ADDRESS FOR INSURANCE PURPOSES (Number and street or rural route, City or P.O., zone number and State)

918 N. E. 3rd Ave., Ft. Lauderdale, Fla.

4. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD

5. SERVICE SERIAL NO.

103555

6. Application is hereby made for renewal of National Service Life Insurance on the Five-year Level Premium Term plan, granted under Certificate No. N 247 59 93 in the amount of $ 5,000, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (See Instr. 2)

7. AMOUNT OF INSURANCE TO BE RENEWED (See Instr. 1)

$ 5,000

8. AMOUNT REMITTED WITH THIS APPLICATION

INSURANCE PREMIUM	$
TOTAL DISABILITY INCOME PROVISION PREMIUM (If any)	$
TOTAL	$

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (See Instr. 3)

☐ ADDED ☐ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (Complete one) (See Instr. 4)

A. ☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES)

PERIOD (Monthly, quarterly, semiannually or annually)

B. Check one

☐ ALLOTMENT FROM ACTIVE SERVICE PAY, OR

☐ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE: Apr 1950

AMOUNT OF ALLOTMENT: $ 4.75

ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT

C. ☐ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (See Instrs. 5 and 6)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (If married woman, her own first and middle names and husband's last name must be given.)	RELATIONSHIP	AMOUNT	OPTION
PRINCIPAL: Lorie Ann Fleming	Wife	5,000	1
Same As Above			
CONTINGENT: John Harlie Fleming	Son	5,000	1
Same			

12. MAIL POLICY TO (Name and address)

Harlie Fleming, 918 N. E. 3rd Avenue, Ft. Lauderdale, Fla.

13. WITNESSED BY (See Instr. 7)

George R. Archer

14. SIGNED AT (Address)

15. DATE

16. ADDRESS OF WITNESS

VA Office Ft. Lauderdale, Fla

17. SIGNATURE OF APPLICANT (Do not print)

Harlie Fleming

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.

VA FORM OCT 1948 **9-1658** EXISTING STOCKS OF VA FORM 9-1658, AUG 1948, WILL BE USED.

3-13 3-7

FILE RCS

Name FLEMING, Harlie Service No. 103-555

Date of Retirement 6-1-50 Retired rank or rate BOATSWAIN

If man has held a rank or rating higher than present retired rank or rating, indicate highest rank or rating held during CG service

COMPUTATION OF AVERAGE CONDUCT MARKS

Enlisted	Discharged	Mark	Period	Computation
6-19-28	6-18-30	3.83	24	8.043
6-19-30	6-20-32	4;00	24	96.00
6-21-32	6-20-34	4;00	24	96.00
6-21-34	6-21-37	4;00	36	144.00
6-22-37	6-21-40	4;00	36	144.00
6-22-40	11-4-46	4;00	76	304.00
11-5-46	11-28-49	4;00	37	148.00
11-29-49	6-1-50	4;00	6	24.00
		TOTALS	260	1036.43

Final average conduct mark 3,98

Entitled to 10% for good conduct yes. (yes or no)

Computed by Sarah McKennel Verified by B Simmons

ALLOTMENT STOPPAGE

File 72
Sec 3.7

From compensation of

FLEMING, Harlie, Boatswain, USCG, Retired (103555)

PAYABLE TO

Amount $3.95

Name Treasurer of United States

Street and No.

Post office Wash. 25 State D.C.

Stop allotment after payment

for the month of March 1950
for which checkage has been made.

REASON FOR STOPPAGE: Expiration of term period N 2 475 993

Harlie Fleming
(Signature of Allotter)

Rank or rating Boatswain, Retired

APPROVED:

Commanding
or
Commander
District

STOPPAGE REGISTERED, Date 28 August, 1950

R. L. EDWARDS, LTJG
Authorized Certifying Officer
U. S. C. G.

Pay Officer

SEP 6 1950

DF
© Sent

(Renewal)

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been discontinued as requested.

Allotment Disbursing Officer.

R. L. EDWARDS, LTJG, USCG
Authorized Certifying Officer

SA

APPLICATION FOR ALLOTMENT

FLEMING, Harlie, Boatswain, Retired (103556)

PAYABLE TO

Name Treasurer of United States

Street and No.

Post office Wash. 25 State D.C.

Monthly allotment in the amount of

Four dollars and seventy-five cents ($ 4.75) Dollars.
(Words) (Figures)

If payable to a bank, business institution, or individual, for credit of*—

Name Bos'n Harlie Fleming

Reason for allotment

NSLI Premium N 2 475 995

First payment: Month April, 1950

I hereby request and authorize allotment, chargeable to my pay as above.

Harlie Fleming

Rank or rating Boatswain, Ret. U. S. C. G.

, 19

Approved, allotment granted,

Commanding

Commander, District.

Witnessed and registered 28 August, 1950

R. L. EDMANDS, LTJG, USCG

Authorized Certifying Officer

Pay officer,

16—12642—1

SEP 6 1950

ACKNOWLEDGMENT

$5,000 Term Renewed eff. 5/1/50 amt. 4.75

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

R. L. EDMANDS, LTJG, USCG
Authorized Certifying Officer

DO NOT FOLD — MAIL FLAT

* Allotter or member immediate family

4

DF
2CA

PMM
9 August, 1950
File: 72

MJM
File 3-7
72

From: Commandant (PMM)
To: Boatswain Harlie Fleming, USCG, Retired, (103555)
918 Northeast 3rd Avenue, Fort Lauderdale, Florida.

-2-

6. Advise Commandant (PMM) of action that will be taken by you in connection with your National Service Life Insurance.

B. M. CHISWELL
By direction

Incls:
1. VA ltr FL9-355
2. Forms VA9-1658 and 9-358
3. Forms CG-2528 and CG-2528-A adm
4. Forms CG-2528 and CG-2528-A
5. Pamphlet VA9-5 and Envelope

8/9/50

MJM:lis rm 2002 2-4

MJM.

PMM
9 August, 1950
72

From: Commandant (PMM)
To: Boatswain Harlie Fleming, USCG, Retired,(105555)
918 Northeast 3rd Avenue, Fort Lauderdale, Florida.

Subj: National Service Life Insurance, Policy No. N 2 475 993;
Expiration of term period.

1. There is herewith forwarded a notification from the Veterans Administration regarding the expiration of the term period of the $5,000 National Service Life Insurance issued to you under policy number N 2 475 993. Inasmuch as the term period expired on 30 April, 1950 Headquarters has authorized an administrative change in your allotment as evidenced by the inclosed administrative allotment adjustment Forms CG-2528-A and CG-2528. This action was taken in compliance with an agreement with the Veterans Administration to continue the protection of this insurance until you have had ample opportunity to advise this office of your wishes in the matter.

2. There is in effect at the present time an allotment in the amount of $3.95 per month for the payment of premiums on National Service Life Insurance as follows:

$3.95 - $5,000 level term insurance N 2 475 993 effective 1 May, 1942.
(correct premium should be $3.85 per month).

This allotment has been administratively stopped with the month of last payment March, 1950 and an administrative allotment, in the amount of $4.75, reflecting the increased premium, has been placed in effect with the month of first payment April, 1950. It is requested that you complete the inclosed application for renewal (Form VA9-1658) and the necessary allotment adjustment (Forms CG-2528 and CG-2528-A).

3. In view of the fact that payments of the administrative allotment have already been made to the Veterans Administration, in the event you do not desire to continue the protection of this insurance, the administrative allotment as established by Headquarters may not be discontinued retroactively but must be stopped on a current basis.

4. If you prefer, this insurance may be converted to one of the six permanent plans, i.e., Ordinary Life, 30-Payment Life, 20-Payment Life, 20-Year Endowment, Endowment at age 60 or Endowment at age 65.

5. The completed application, in duplicate, togdether with the necessary allotment adjustment (Forms CG-2528 and CG-2528-A) should be forwarded to commandant (PMM) for transmittal to the Veterans Administration.

18 July, 1950
PO

From: Commandant
To: Boatswain Harlie Fleming (103-555), USCG (Ret)
Via: Commander, 7th Coast Guard District (p)

Subj: Retired rank.

The Secretary of the Treasury on 14 July, 1950, determined that your performance of duty as Boatswain for temporary service was satisfactory. You are, therefore, advanced on the retired list to that rank effective 1 June, 1950, pursuant to the provisions of Title 14, United States Code, Section 362.

N. H. LESLIE
By direction

1950 JUL 24 AM 8 45

POA

EHBURT:dh Room 3108 3-5

...ers. 443
(Revised May 1942)

APR 6 1945

...WAINWRIGHT
...MISSOURI (BB)

REPORT ON THE FITNESS OF OFFICERS

(To be submitted in accordance with Section 5 of Chapter 2, U. S. Navy Regulations, 1920, and Bureau of Naval Personnel Manual, Article C–1007)

(Before making out this report read latest Bureau of Naval Personnel circular letter on the subject of fitness reports)

FILE-REF

The following four questions to be made out by the officer reported on:

Fleming Harlie, Rank BOS'N, U. S. ~~N.~~ C G
(Surname first)

Ship or Station FS 347 Period from 10 JULY 1944 to 15 March 1945
(Ship aviation units enter ship to which attached)

1. Regular duties watch officer

Additional duties Boatswain of Vessel.
(State watch duties, both deck and engineering. After each duty insert in parenthesis number of months this reporting period)

2. Present address of { wife (if married) Josie Anne Fleming 706 Caroline St. Key West Fla
next of kin (if unmarried) .....

(Indicate above the best address at which the Bureau of Naval Personnel may communicate with the wife or next of kin in an emergency. The above address does not relate to the usual residence (home) which is maintained in the Bureau. See Art. 135(2), U. S. N. R., 1920.)

3. Proficiency in foreign languages, stating which ones, and ability therein None.

4. My preference for next duty is—

(a) Sea ..... Fleet .....

(b) Shore, 7th Naval District Location Miami Fla

Harlie Fleming
(Signature)

Following to be made out by Reporting Officer:

5. **Reporting Officer:** Name William M Blake, Rank LIEUT, U. S. ~~N.~~ C G

6. Reporting officer's official status relative to officer reported on Commanding Officer

7. Employment of ship during period of this report Watch Officer.
ENROUTE To & Convoy in S. W. PAC.

8. Assign marks on scale of 0–4 in appropriate subdivisions given below, and any other qualification on which observation has been sufficient to justify marking.
(Staff officers to be marked with respect to required duties. Mark below 2.5 constitutes an unsatisfactory report)

Present assignment 3.6 Ability to command 3.0 As executive or division officer 3.5 As deck watch officer 3.5

In administration ✓ Ship handling ✓

9. Has the work of this officer been reported on either in a commendatory way or adversely during the period of this report? If so, state the subject, reference numbers, and substance of report. Clip copy to report. Comply with U. S. Navy Regulations, article 137 (11) with respect to commendatory reports. Any adverse comment constitutes an unsatisfactory report.

NO

10. Considering ... irements in war, indicate ... having this officer under your command. Would you—

Pers. 443
(Revised May 1942)

APR 6 1945

VAN RIPER
USSCR(W)

REPORT ON THE FITNESS OF OFFICERS

(To be submitted in accordance with Section 5 of Chapter 2, U. S. Navy Regulations, 1920, and Bureau of Naval Personnel Manual, Article C–1007)

(Before making out this report read latest Bureau of Naval Personnel circular letter on the subject of fitness reports)

FILE-REF

The following four questions to be made out by the officer reported on:

Fleming Harlie (Surname first), Rank BOS'N, U. S. ~~N.~~ CG

Ship or Station ES 347 (Ship aviation units enter ship to which attached) Period from 10 JULY 1944 to 15 March 1945

1. Regular duties watch officer

Additional duties Boatswain of Vessel.
(State watch duties, both deck and engineering. After each duty insert in parenthesis number of months this reporting period)

2. Present address of { wife (if married) Lorie Anne Fleming 706 Ashe St. Key West Fla
next of kin (if unmarried) }

(Indicate above the best address at which the Bureau of Naval Personnel may communicate with the wife or next of kin in an emergency. The above address does not relate to the usual residence (home) which is maintained in the Bureau. See Art. 135(2), U. S. N. R., 1920.)

3. Proficiency in foreign languages, stating which ones, and ability therein None.

4. My preference for next duty is—

(a) Sea ____ Fleet ____

(b) Shore 7th Naval District Location Miami Fla

Harlie Fleming
(Signature)

Following to be made out by Reporting Officer:

5. **Reporting Officer:** Name William M Blake, Rank LIEUT, U. S. ~~N.~~ C.G

6. Reporting officer's official status relative to officer reported on Commanding Officer

7. Employment of ship during period of this report Watch Officer.
ENROUTE To & Convoy in S. W. PAC.

8. Assign marks on scale of 0–4 in appropriate subdivisions given below, and any other qualification on which observation has been sufficient to justify marking.
(Staff officers to be marked with respect to required duties. Mark below 2.5 constitutes an unsatisfactory report)

Present assignment 3.6 Ability to command 3.0 As executive or division officer 3.5 As deck watch officer 3.4

In administration V Ship handling V

9. Has the work of this officer been reported on either in a commendatory way or adversely during the period of this report? If so, state the subject, reference numbers, and substance of report. Clip copy to report. Comply with U. S. Navy Regulations, article 137 (11) with respect to commendatory reports. Any adverse comment constitutes an unsatisfactory report.

No

10. *Considering the possible requirements in war, indicate your attitude toward having this officer under your command.* Would you—
(An affirmative entry in item (4) constitutes an unsatisfactory report)

(1) Particularly desire to have him? Yes (2) Be pleased to have him? ____ (3) Be satisfied to have him? ____

(4) ____ not to have him?

(1) Particularly desire to have him? Yes (2) Be pleased to have him? ..... (3) Be satisfied to have him? .....

(4) Prefer not to have him? .....

11. Has he any weaknesses—mental, moral, physical, etc.—which adversely affect his efficiency? (If "Yes," give details.)
(An implied or stated defect constitutes an unsatisfactory report)

No.

[OVER]

16—29045-1

with reference to a cause and to higher authority.)	ing and advising.			execution of his duty.	
Perseverance (With reference to maintenance of purpose or undertaking in spite of obstacles or discouragement.)	Determined, resolute.		Constant in purpose. ✓	Fairly steady.	Inclined to vacillate.
Reactions in emergencies (With reference to the faculty of acting instinctively in a logical manner in difficult and unforeseen situations.)	Exceptionally cool-headed and logical in his actions under all conditions.		Composed and logical in his actions in difficult situations. ✓	Fairly logical in his actions in general.	Inclined to be disconcerted.
Endurance (With reference to ability for carrying on under any and all conditions.)	Capable of standing an exceptional amount of physical hardships and strain.		Can perform well his duties under trying conditions. ✓	Of normal endurance.	Less than normal.
Industry (With reference to performance of duties in an energetic manner.)	Extremely energetic and industrious.		Thorough and energetic. ✓	Reasonably energetic and industrious.	Indolent; lazy.
Military bearing and neatness of person and dress (With reference to dignity of demeanor, correctness of uniform, and smartness of appearance.)	Exceptional.		Very good. ✓	Fair.	Unmilitary and untidy.

A CHECK TO RIGHT OF THIS LI

13. In comparison with other officers of his rank and approximate length of service, how would you designate this officer? Outstanding ..... Above average ✓ Average ..... Below average .....

REMARKS

14. Is this officer professionally qualified to perform ALL the duties of his grade? Yes ..... No ✓ If deficient in any particular, comment is required. Give in this space a clear, concise estimate of this officer's personal and military character, his fitness for promotion, and duty performed worthy of special mention, and any information which might be of value to the Department in making assignments to duty. A check opposite "No," except for inexperienced Ensigns, or a statement that performance of duty is clearly unsatisfactory constitutes an unsatisfactory report. A statement of minor deficiencies either in character or performance of duties constitutes an unfavorable report. (THIS SPACE IS NOT TO BE LEFT BLANK.)

THIS OFFICER IS PROFESSIONALLY QUALIFIED IN ALL DUTIES OF HIS GRADE, EXCEPT NAVIGATION

15. An *unsatisfactory report* must have statement of officer reported on attached; an *unfavorable report* requires that officer reported on has been informed of his deficiencies either verbally or in writing. Has this been done? ..... What improvement, if any, has been noted? .....

W. M. Blake, Lt. U.S.C.G.
(Signature)

16—29045-1

(Do not write in unruled portion of this space)

Fleming J Harlie
(Name of officer; surname first)

BOS'N. USCG.
(Rank and corps)

15 March 1945
(Date)

REPORT OF DEPENDENTS UNDER ACT OF JUNE 10, 1922

(NOTE.—The Act of June 10, 1922, defines the term "dependent" as a lawful wife, unmarried children under 21 years of age, or the mother of an officer provided she is in fact dependent on him for her chief support.)

Number Three.

Mother _____
(Yes or No)

Wife Yes
(Yes or No)

Age and sex of each child under 21 years of age:

John Harlie Fleming MALE 6½ years

Walter James Fleming MALE 4½ years

16—29045-1

BENEFICIARY SLIP

Name FLEMING HARLIE
(Print name, surname to the left)

AT SEA (Place) 15 march 1945 (Date)

Any change since last report:

YES or ~~NO~~

(Strike out one; if no change, do not fill out remainder of this report)

Under the provisions of the Act of June 4, 1920 (41 Stat. 824), as amended by the Act of May 22, 1928 (45 Stat. 710; U. S. C. Title 34, Sec. 943), as further amended by Public Law 16, 77th Congress, approved March 17, 1941, directing the payment of six months' pay to the widow, children, or dependent relative of any officer, enlisted man, or nurse, on the active list of the regular Navy or regular Marine Corps, or on the retired list when on active duty, or officer, aviation cadet, midshipman, nurse, warrant officer, or enlisted man of the U. S. Naval Reserve called or ordered into active naval or military service by the Federal Government for extended naval or military service in excess of 30 days, who dies of wounds or disease not the result of his or her own misconduct, I give below the name and address of my wife and that of each of my children:

Josie Ann Fleming
(Full name of wife; if not married, so state)

706 Ashe St Key West Fla
(Address of wife)

John Harlie Fleming
(Full name of child; if none, so state)

706 Ashe St Key West Fla
(Address of child)

Walter James Fleming
(Full name of child; if none, so state)

706 Ashe St Key West Fla.
(Address of child)

(Full name of child; if none, so state)

(Address of child)

In the event of my leaving no widow or child or of their decease before payment is made, I then designate as my beneficiary under the said act the following *dependent relative*, my

(Relationship)

(Name in full)

(Address)

*State briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," etc.

(OVER) 16—29045-1

REPORT OF NEXT OF KIN

Fleming J Harlie
(Name of officer, surname first)

15 March 1945
(Date)

Any change since last report:

YES or ~~NO~~

(Strike out one; if no change, do not fill out remainder of this report)

Name of next of kin: Josie Ann Fleming

Wife
(Relationship)

Permanent residence:

Street and No. 706 Ashe St

City or town Key West

State Fla

Emergency address:

Street and No. Same

City or town _____

State _____

Harlie Fleming
(Signature)

Boats [illegible] USCG.
(Rank and corps)

16—29045-1

In the event that payment cannot be made to the above-named dependent relative, I then designate as my beneficiary under the said act the following dependent relative, my

(Relationship)

(Name in full)

(Address)

*

* State briefly wherein dependency exists.

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing are true to the best of my knowledge and belief.

Harlie F. Clemin Jr
(Name)

Boatswains Mate, U. S. C.G. Navy.
(Rank)

Subscribed and sworn to before me, this 15th day of March, 1945, I having authority to administer oaths.

Wm Black, Lt.
U. S. C. G.
F-S-347.

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries must be stated carefully. If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith."

New beneficiary slips shall be executed and forwarded as above in all cases of change of status of the grantor or in that of his or her beneficiaries.

In any event, payment will be made to the widow or children, if any, whether designated or not.

U. S. GOVERNMENT PRINTING OFFICE. 16—29045-1

N. Pers. 443a
(Revised July 1942)

(TO BE USED ONLY FOR OFFICERS ON SHORE DUTY)

REPORT ON THE FITNESS OF OFFICERS

(To be submitted in accordance with Section 5 of Chapter 2, U. S. Navy Regulations, 1920, and Bureau of Navigation Manual, Article C-1007)

(Before making out this report read latest Bureau of Naval Personnel circular letter on the subject of fitness reports)

The following four questions to be made out by the officer reported on:

FLEMING, Harlie (Surname first), Rank Boatswain, C.G.R., U. S. ~~N~~

Station SCGO-COTP, Miami, Florida (Aviation units enter naval station to which attached) Period from 10 July, 1944 to 10 September, 1944

1. Regular duties Watch Officer and Assistant to Maintenance Officer

   Additional duties None

   (After each duty insert in parentheses number of months this reporting period)

2. Present address of { wife (if married) 508 N.E. 2nd Avenue, Fort Lauderdale, Florida
   { next of kin (if unmarried)

   (Indicate above the best address at which the Bureau of Navigation may communicate with the wife or next of kin in an emergency. The above address does not relate to the usual residence (home) which is maintained in the Bureau. See Art. 135(2), U. S. N. R., 1920.)

3. Proficiency in foreign languages, stating which ones, and ability therein None

4. My preference for next duty is— NO PREFERENCE

   (a) Sea ____ Fleet ____

   (b) Shore ____ Location ____

   Harlie Fleming
   HARLIE FLEMING
   (Signature)

Following to be made out by Reporting Officer:

5. **Reporting Officer:** Name Maurice G. Field, Rank Lieutenant Commander, C.G.R., U. S. ~~N~~

6. Reporting officer's official status relative to officer reported on Commanding Officer

7. Assign marks on scale of 0–4 in appropriate subdivisions given below, and any other qualification on which observation has been sufficient to justify marking.
   (Staff officers to be marked with respect to required duties. Mark below 2.5 constitutes an unsatisfactory report)

   Present assignment 3.3 Ability to command 3.3 As executive or division officer 3.3

   As deck watch officer 3.3 In administration 3.1

8. Has the work of this officer been reported on either in a commendatory way or adversely during the period of this report? If so, state the subject, reference numbers, and substance of report. Clip copy to report. Comply with U. S. Navy Regulations, Article 137 (11) with respect to commendatory reports. Any adverse comment constitutes an unsatisfactory report.

   no report

11. To what degree has he exhibited the following qualities? (See instructions in latest Bureau of Naval Personnel circular letter subject of fitness reports.)

Intelligence (With reference to the faculty of comprehension; mental acuteness.)	Exceptionally quick-witted; keen in understanding.	Grasps essentials of a situation quickly.	Understands normal situations and conditions.	Slow of comprehension; unimaginative.	
Judgment (With reference to a discriminating perception by which the values and relations of things are mentally asserted.)	Unusually keen in estimating situations and reaching sound decisions.	Can generally be depended on to make proper decisions.	Fair judgment in normal and routine things.	Frequently draws wrong conclusions.	
Initiative (With reference to constructive thinking and resourcefulness; ability and intelligence to act on own responsibility.)	Exceptional in ability to think, plan, and do things without waiting to be told and instructed.	Able to plan and execute missions on his own responsibility.	Capable of performing routine duties on own responsibility.	Requires constant guidance and supervision in his work, or evades responsibilities.	
Force (With reference to moral power possessed and exerted in producing results.)	Strong, dynamic.	Strong.	Effectual under normal and routine circumstances.	Less than normal.	
Leadership *(With reference to the faculty of directing, controlling, and influencing others in definite lines of action.)*	*Inspires others to a high degree by precept and example.*	A very good leader.	Leads fairly well.	A poor leader.	
Moral Courage *(With reference to that mental quality which impels one to carry out the dictates of his conscience and convictions fearlessly.)*	Exceptionally courageous.	Courageous to a high degree.	Fairly courageous.	Timid.	
Cooperation (With reference to the faculty of working harmoniously with others toward the accomplishment of common duties.)	Exceptionally successful in working with others to a common end.	Works in harmony with others.	Cooperates fairly well.	Not cooperative.	
Loyalty (Fidelity, faithfulness, allegiance, constancy — all with reference to a cause and to higher authority.)	Unswerving in allegiance; frank and honest in aiding and advising.	A high sense of loyalty.	Reasonably faithful in the execution of his duty.	Inclined to be disloyal.	
Perseverance (With reference to maintenance of purpose or undertaking in spite of obstacles or discouragement.)	Determined, resolute.	Constant in purpose.	Fairly steady.	Inclined to vacillate.	
Reactions in emergencies (With reference to the faculty of acting instinctively in a logical manner in difficult and unforeseen situations.)	Exceptionally cool-headed and logical in his actions under all conditions.	Composed and logical in his actions in difficult situations.	Fairly logical in his actions in general.	Inclined to be disconcerted.	
Endurance (With reference to ability for carrying on under any and all conditions.)	Capable of standing an exceptional amount of physical hardships and strain.	Can perform well his duties under trying conditions.	Of normal endurance.	Less than normal.	
Industry (With reference to performance of duties in an energetic manner.)	Extremely energetic and industrious.	Thorough and energetic.	Reasonably energetic and industrious.	Indolent; lazy.	
Military bearing and neatness of person and dress (With reference to dignity of demeanor, correctness of uniform, and smartness of appearance.)	Exceptional.	Very good.	Fair.	Unmilitary and untidy.	

A CHECK TO RIGHT OF THIS LINE CONSTITUTES AN UNSATISFACTORY REPORT

12. In comparison with other officers of his rank and approximate length of service, how would you designate this officer? Outstanding _____ Above average _____ Average _____ Below average _____ **Excellent** _____.

REMARKS

13. **Is this officer professionally qualified to perform ALL the duties of his grade? Yes _____ No _____ If deficient in any particular, comment is required. Give in this space a clear, concise estimate of this officer's personal and military character, his fitness for promotion, and duty performed worthy of special mention, and any information which might be of value to the Department in making assignments to duty. A check opposite "No," except for inexperienced Ensigns, or a statement that performance of duty is clearly unsatisfactory constitutes an unsatisfactory report. A statement of minor deficiencies either in character or performance of duties constitutes an unfavorable report. (THIS SPACE IS NOT TO BE LEFT BLANK.)**

Above officer has been assigned to small boats and has performed his duties in a most capable manner. He shows aptness in boat handling and seems to be well versed in all departments of seamanship. He has just recently been promoted to Warrant Boatswain and in my estimation can efficiently perform the duties of that rate. His personal character is good and his military bearing satisfactory. He is deemed fit for promotion.

14. An *unsatisfactory report* must have statement of officer reported on attached; an *unfavorable report* requires that officer reported on has been informed of his deficiencies either verbally or in writing. Has this been done? _____ What improvement, if any, has been noted? _____

Maurice G. Field

MAURICE G. FIELD, Lieut. Comdr., USCGR

(Signature)

FLEMING, Harlie
(Name of officer; surname first)

Boatswain, USCG
(Rank and corps)

10 September, 1944
(Date)

REPORT OF DEPENDENTS UNDER ACT OF JUNE 10, 1922

(NOTE.—The Act of June 10, 1922, defines the term "dependent" as a lawful wife, unmarried children under 21 years of age, or the mother of an officer, provided she is in fact dependent on him for her chief support.)

Number three

Mother no
(Yes or No)

Wife yes
(Yes or No)

Age and sex of each child under 21 years of age:

JOHN HARLIE FLEMING, SON, AGE 6

WALTER JAMES FLEMING, SON, AGE 4

(Do not write in ruled portion of this space)

16—22799-1

BENEFICIARY SLIP

Name FLEMING, Harlie
(Print name, surname to the left)

SCGO-COTP, Miami, Fla. 10 Sept., 1944
(Place) (Date)

Any change since last report:

~~YES~~ NO FIRST REPORT

(Strike out one; if no change, do not fill out remainder of this report)

Under the provisions of the Act of June 4, 1920 (41 Stat. 824), as amended by the Act of May 22, 1928 (45 Stat. 710; U. S. C. Title 34, Sec. 943), as further amended by Public Law 16, 77th Congress, approved March 17, 1941, directing the payment of six months' pay to the widow, children, or dependent relative of any officer, enlisted man, or nurse, on the active list of the regular Navy or regular Marine Corps, or on the retired list when on active duty, or officer, aviation cadet, midshipman, nurse, warrant officer, or enlisted man of the U. S. Naval Reserve called or ordered into active naval or military service by the Federal Government for extended naval or military service in excess of 30 days, who dies of wounds or disease not the result of his or her own misconduct, I give below the name and address of my wife and that of each of my children:

Mrs. Lorie Ann Lowe Fleming
(Full name of wife; if not married, so state)

508 N.E. 2nd Ave., Ft. Lauderdale, Fla.
(Address of wife)

John Harlie Fleming
(Full name of child; if none, so state)

508 N.E. 2nd Ave., Ft. Lauderdale, Fla.
(Address of child)

Walter James Fleming
(Full name of child; if none, so state)

508 N.E. 2nd Ave., Ft. Lauderdale, Fla.
(Address of child)

None
(Full name of child; if none, so state)

(Address of child)

In the event of my leaving no widow or child or of their decease before payment is made, I then designate as my beneficiary under the said act the following *dependent relative*, my

Father
(Relationship)

Steve Fleming
(Name in full)

Route #2, Greenville, S.C.
(Address)

Potential

*State briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," etc.

(OVER)

16—22799-1

REPORT OF NEXT OF KIN

FLEMING, Harlie
(Name of officer, surname first)

10 September, 1944
(Date)

Any change since last report:

~~YES~~ NO FIRST R

(Strike out one; if no change, do not fill out remainder of t

Name of next of kin:

Mrs. Lorie Ann Lowe Fleming

Wife
(Relationship)

Permanent residence:

Street and No. 508 N.E. 2nd Ave

City or town Fort Lauderdale

State Florida

Emergency address:

Street and No. 706 Ash Street

City or town Key West

State Florida

Harlie Fleming
HARLIE FLEMING
(Signature)

Boatswain, U
(Rank and cor

In the event that payment cannot be made to the above-named dependent relative, I then designate as my beneficiary under the said act the following dependent relative, my

Sister
(Relationship)

Mrs. Olie Knight
(Name in full)

Route #2, Greenville, S. C.
(Address)

Potential

* State briefly wherein dependency exists.

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing are true to the best of my knowledge and belief.

Harlie Fleming
HARLIE FLEMING
(Name)

Boatswain C.G., U. S. Navy.
(Rank)

Subscribed and sworn to before me, this ____ day of September, 19 44, I having authority to administer oaths.

Maurice C. Field
MAURICE C. FIELD

Lieutenant Commander, USCGR

SCGO-COTP, Miami, Florida

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries must be stated carefully. If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith."

New beneficiary slips shall be executed and forwarded as above in all cases of change of status of the grantor or in that of his or her beneficiaries.

In any event, payment will be made to the widow or children, if any, whether designated or not.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1942 16—22799-1

3125
P-1277

BOSN
FLEMING, Earlie

103 555

1 photo.

[illegible] FILES

Subj: BOSN Earlie Fleming 2693 [illegible]

1. [illegible] CARD No. 03355 has been cancelled and destroyed.

2. Card No. 02128 , has been issued in lieu of

R. T. A

.....

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4011 (6-60)

APPLICATION FOR ARMED FORCES IDENTIFICATION CARD, DD2CG

PART I - TO BE COMPLETED BY APPLICANT *(Print or type)*

NAME *(Last, first, middle initial)*	GRADE OR RATE			SERVICE NUMBER
FLEMING, Harlie (n)	BOSN	USCG	X	26933
		USCGR		

DUTY ASSIGNMENT *(Ship, Station, etc.)*	MAILING ADDRESS *(If not on active duty)*	35 MM PHOTO ATTACHED	
	1501 N W 11th Place Fort Lauderdale, Fla.	PHOTO BEING MADE BY ISSUING ACTIVITY	

REASON FOR REQUESTING CARD *(Check appropriate box)*

- ☐ INITIAL ISSUE
- ☐ ENTRY ON EXTENDED ACTIVE DUTY
- ☐ RELEASED TO INACTIVE DUTY
- ☒ RETIRED WITH PAY
- ☐ REPLACE MUTILATED CARD
- ☐ REPLACE LOST, STOLEN OR DESTROYED CARD *(Explain on reverse)*
- ☐ CHANGE IN GRADE
- ☐ PRESENT CARD EXPIRED
- ☐ OTHER *(Specify)*

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES	BLOOD TYPE
11-2-05	160	6'	Brown	Gray	

DATE OF APPLICATION	SIGNATURE OF APPLICANT
	Harlie Fleming

PART II - TO BE COMPLETED BY VERIFYING OFFICER

The data entered in the items above have been verified and corrected as noted in appropriate items.

TYPE OF DD 2CG TO BE ISSUED	RETIRED CARD ONLY	EXPIRATION DATE	SIGNATURE, TITLE, AND MAILING ADDRESS OF VERIFYING OFFICER
☐ ACTIVE ☐ RESERVE ☒ RETIRED	☒ MEDICARE AUTHORIZED ☐ MEDICARE NOT AUTHORIZED	Indef.	A. C. WAGNER, CDR, USCG USCG HQ, Wash., D. C.

PART III - TO BE COMPLETED BY ISSUING OFFICER

CARD NO. ISSUED	DATE OF ISSUE	SIGNATURE, TITLE AND MAILING ADDRESS OF ISSUING OFFICER
02128	2-14-61	U.S.COAST GUARD HQ.WASH.D.C. R. C. Phillips LCDR R.C.PHILLIPS USCG

REPLACES CGHQ-3505, CGHQ-9958, AND VARIOUS APPLICATION FORMS USED IN FIELD, ALL OF WHICH ARE OBSOLETE GPO 899536

OIN
24 February 1961

From: Commandant
To: BOSN Harlie Fleming 26933 USCG-RET, 1501 N.W. 11th Place,
Fort Lauderdale, Fla.

Subj: Armed Forces Identification Card; completion of

1. Enclosed please find Armed Forces Identification Card #02128, issued to you.

2. Please acknowledge receipt of this card on the carbon copy of this letter and return it to the Commandant (OIN) in the enclosed self-addressed franked envelope.

R. C. PHILLIPS
By direction

Encl: (1) Identification Card
(2) Franked envelope

RECEIVED Harlie Fleming

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

"1" last month "19"

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie		Boatswain, USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
USCGC CYPRESS		Charleston, S. C.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
6th Naval District	10 October, 1945

TIME 1615
DATE 10 October, 1945

REPORTED FROM: Office, DCGO, 6th NavDist., Charleston, S. C.
FOR Assignment temporary duty.

DUTY CODE NO. 76(S) AUTH: DCGO,6ND Ind-2, on COTP, Jax., Fla. ltr. 10-3-45 (72)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: T. B. Christiansen

T. B. CHRISTIANSEN, Lt. Comdr. USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					Officer Personnel			
Rate	Pay Grade	District	Foreign Domestic	Duty	District	Sea Shore	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI	XI	XIV	XV	XVIII

Post Indexed
Change Sheet
Flexoline
Addressed
OCT 19 1945
Filed by

Records	
Posting	Coding

Machine Accounting

Punched _____

Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 137

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie	none	Boatswain
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
O,DCGO 6ND		Charleston, S.C.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
06-001		5 October, 1945

TIME 0830
DATE 4 October, 1945
REPORTED FROM: inpatient treatment at US Naval Hospital, Jacksonville, Fla.
FOR duty

DUTY CODE NO. 18 AUTH:

TIME 1100
DATE 4 October, 1945
TRANSFERRED TO: CGC CYPRESS, Charleston, S.C.
FOR temporary duty

AUTH: DCGO 6ND/Ind-2 10-4-45

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

S. T. BAKETEL
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
V

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 137

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie	none	Boatswain
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
O,DCGO 6ND		Charleston, S.C.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
06-001		5 October, 1945

TIME 0830
DATE 4 October, 1945
REPORTED FROM: inpatient treatment at US Naval Hospital, Jacksonville, Fla.
FOR duty

DUTY CODE No. 18 AUTH:

TIME 1100
DATE 4 October, 1945
TRANSFERRED TO: CGC CYPRESS, Charleston, S.C.
FOR temporary duty

AUTH: DCGO 6ND/Ind-2 10-4-45

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

S. T. BAKETEL
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

3-5

U. S. NAVAL HOSPITAL
JACKSONVILLE, FLA.

OCT

NH30/00/J1(
JJO'M/lk

2 October 1945

To: Bos'n. Harlie (n) FLEMING, USCG.

Subj: Orders.

Ref: (a) Ltr, DCG Sixth NavDist, File 701, dated 10 May 1945.

1. In accordance with reference (a), and recommendation of a board of medical survey that you be returned to full duty, you are discharged from treatment this date and will report to the Captain of the Port, Jacksonville, Florida, for further disposition awaiting action on medical survey and receipt of orders from the Commandant of the Coast Guard.

John J. O'Malley
Medical Officer in Command.

cc: Comdt., USCG.

S. NAVAL HOSPITAL
JACKSONVILLE, FLORIDA.

NH30/00/
JJO'M/lr

15 August 1945

To: Boatswain Harlie (n) FLEMING, USCG.

Subj: Orders and Incentive Leave.

Ref: (a) ALSTACON 111830 dated 12 June 1945.

1. In accordance with reference (a), you are hereby granted 15 days Incentive leave, at the expiration of which you will report prior to midnight 28 August 1945 to the Medical Officer in Command, U.S.N.H., Jacksonville, Florida for further treatment and disposition.

2. This authority is granted with the understanding that you will be entitled to no mileage or expense. In case you do not desire to bear this expense, return this letter for cancellation.

3. You gave as your address while on leave: General Delivery, Greenville, S.C.
If you change your address notify the Medical Officer in Command, U.S.N.H., Jacksonville, Florida.

4. In case of serious illness or accident report at your own expense to the nearest government facility and notify by telegram the Medical Officer in Command, U.S.N.H., Jacksonville, Florida.

5. You are warned not to participate in any press conference or talk to reporters or over the radio except after conference and clearance of the subject matter by the public relations officer of the Navy or Marine Corps.

John J. O'Malley,
Medical Officer in Command

Post Sheet
Routine
Contact
Leave
Filed by

cc:
ChNavPers
ChBuM&S
USNH,

Departed _____.

Returned _____.

Finished File Pers 3103-1

NAVPERS 323
(Revised April 1943)

B Navy 42

C-5

REPORT OF COMPLIANCE WITH ORDERS

(See notes below)

NavHosp, Jacksonville, Fla. — (Ship or Station)

7 Aug 1945 — (Date)

From: Bos'n. Harlie (n) FLEMING, USCG — File No. _____
(Typewrite or print rank and name)

To: ~~Bureau of Naval Personnel~~, Domdt., U. S. Coast Guard
Via Commanding Officer.

Subject: Report of compliance with orders.

Reference: (*a*) Order No. NH60-13/00/Draft No. 375-45 dated 31 July, 19 45
issued by NavRecHosp, San Francisco, Calif.

1. Reference (*a*) was received on 31 July, 19 45

I ~~was received from~~ / was discharged from ~~completed~~ NavRecHosp, San Francisco, Calif.
on 31 July, 19 45
(Date of detachment)

I ~~assumed command of~~ / reported NavHosp, Jacksonville, Fla.
on 5 Aug, 19 45
(Date of reporting)

2. (*a*) I sailed from United States to duty outside continental limits thereof on _____,
(Date of sailing)
19_____ (this item to be inserted only if applicable).

(*b*) I arrived in United States from duty outside continental limits thereof on _____,
(Date of arrival)
19_____ (this item to be inserted only if applicable).

Harlie Fleming
(Signature)

Forwarded by Capt. John J. O'Malley, MC, USN.

NOTE (*a*).—It is a matter of special importance to officers' records that this form be made out with care and accuracy and forwarded to the Bureau of Naval Personnel promptly. In the case of aviation and staff corps officers, a copy marked DUPLICATE should also be forwarded.

(*b*).—In cases of delay counting as leave, the forwarding of this form does not dispense with the requirement of forwarding Form BNP 321 (Report of Leave of Absence), which should be forwarded in addition to this form.

U. S. GOVERNMENT PRINTING OFFICE 16—29071-4

NH60-13/00
Draft No. 375-45
HANB/wwh

U. S. NAVAL RECEIVING HOSPITAL
Geneva Ave. and Moscow St.
San Francisco, California

31 July 1945

From: The Medical Officer in Command
To: Boatswain Harlie (n) FLEMING, USCG
U. S. Naval Receiving Hosp., San Francisco, Calif.

Subject: ORDERS to continue treatment at the U. S. Naval Hospital, Jacksonville, Florida.

Authority: Bu Med Dispatch 231750 dated 23 July 1945

1. In accordance with the above authority, you are discharged from treatment this date, will proceed immediately to the subject named hospital and report to the Medical Officer in Command for further treatment and disposition.

2. Proceed, as used in these orders, will not be misconstrued to be used as proceed time, which is not authorized.

3. You are hereby certified to be a Class III patient and are able to travel without a medical attendant.

4. No public quarters were assigned to you or your dependents, if any, from 19 July 1945 to this date.

cc: ComUSCG
BuPers
USCG-12thND

Post Hist
Change Sheet
Flexoline
Retract
Leave
Filed

H. A. N. BRUCKSHAW
K. M. CLOSE, Pharm., USN
Deputy

U. S. NAVAL RECEIVING HOSP., SAN FRANCISCO, CALIF.
31 July 1945

Orders received at_____

NMSH—Form 1
(1942)

No. NH60-13/J35273/00

ADMISSION OR DISCHARGE OF OFFICER

Receiving
U. S. Naval Hospital San Francisco, Calif.

19 July, 19 45

Coast Guard Headquarters
To: ~~Bureau of Naval Personnel~~, Navy Department, ~~via Commandant~~

~~Commandant, U. S. Marine Corps, c/o Commandant~~

The following-named officer was { admitted to / ~~discharged from~~ } this hospital as indicated below:
(Crosstout one)

Name FLEMING Harlie (n) Rank Bosn's USCG

Admitted 19 July, 19 45, * from Navy 115
last duty sta FS 347

Probable duration of stay in hospital Indefinite

Probable sick leave on discharge from hospital Indefinite

Discharged ....., 19....., * to .....

.....
(Signature, Medical Officer in Command)

H.A.N. BRUCKSHAW, Captain., (M. C.), U. S. Navy.

K. M. CLOSE, Pharm. USN.
Deputy.

* In cases where the commanding officer or forwarding senior considers it unwise to disclose the name of the ship or station to which the officer is attached, this information should be omitted from the report.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1942 16—18868-2

COAST GUARD - ARMY MANNING DETACHMENT
NAVY 920, c/o F.P.O., SAN FRANCISCO, CALIF.

Fla.

USNH Jacksonville 3-5

File S.L.

Address reply to
Commander (p)
Refer to file: 670-72
CHS:cam

CGAMDet Navy 920

10 July, 1945

To: Boatswain Harlie Fleming, USCG

Subj: Philippine Liberation Ribbon: Eligibility for

1. In accordance with USAFFE General Order No. 23 (2-5-45), you are entitled to wear the Philippine Liberation Ribbon.

2. Eligibility for this award is due to your having served on board the USA PS-347 in Philippine waters during the required period of time.

C. H. STOBER
By direction

CC: HQ

Post Index	C
Change Sheet	
Flexoline	
Abstract	
Leave	
File	

NH60-13/00
Draft No. 375-45
HANB/wwh

U. S. NAVAL RECEIVING HOSPITAL
Geneva Ave. and Moscow St.
San Francisco, California

31 July 1945

From: The Medical Officer in Command
To: Boatswain Harlie (n) FLEMING, USCG
U. S. Naval Receiving Hosp., San Francisco, Calif.

Subject: ORDERS to continue treatment at the U. S. Naval Hospital, Jacksonville, Florida.

Authority: Bu Med Dispatch 231750 dated 23 July 1945

1. In accordance with the above authority, you are discharged from treatment this date, will proceed immediately to the subject named hospital and report to the Medical Officer in Command for further treatment and disposition.

2. Proceed, as used in these orders, will not be misconstrued to be used as proceed time, which is not authorized.

3. You are hereby certified to be a Class III patient and are able to travel without a medical attendant.

4. No public quarters were assigned to you or your dependents, if any, from 19 July 1945 to this date.

cc: ComUSCG
BuPers
USCG-12thND

H. A. N. BRUCKSHAW

K. M. CLOSE, Pharm., USN
Deputy

- -

U. S. NAVAL RECEIVING HOSP., SAN FRANCISCO, CALIF.
31 July 1945

Orders received at_____

_____

- -

NMSH—Form 1
(1942)

No. NH60-13/J35273/00

ADMISSION OR DISCHARGE OF OFFICER

Receiving
U. S. Naval Hospital San Francisco, Calif.

31 July, *19* 45

Coast Guard Headquarters
To: ~~Bureau of Naval Personnel~~, Navy Department, ~~the Commandant~~

~~Commandant U. S. Marine Corps, via Commandant~~

The following-named officer was { ~~admitted to~~ / discharged from } this hospital as indicated below:
(Cross out one)

Name FLEMING Harlie (n) Rank Bos'n USCG

Admitted ____, 19____, * from ____

Probable duration of stay in hospital ____

Probable sick leave on discharge from hospital ____

Discharged 31 July, 19 45 * to USNH JACKSONVILLE, FLA.

____
(Signature, Medical Officer in Command)

H.A.N. BRUCKSHAW, Captain, *(M. C.), U. S. Navy.*

K. M. CLOSE PHARM USN
DEPUTY

* In cases where the commanding officer or forwarding senior considers it unwise to disclose the name of the ship or station to which the officer is attached, this information should be omitted from the report.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1942 16—18868-2

End-3
NH17/P16-3/00/LOS:cb

U.S. NAVAL HOSPITAL, PEARL HARBOR, T.H.

5 July 1945

From: Medical Officer in Command.
To : Bos'n Harlie (n) FLEMING, US. Coast Guard (103555)

1. Reported in transient 7-8-45.

L.O. STONE

End-4
NH17/P16-3/00/LOS:cb

U.S. NAVAL HOSPITAL, PEARL HARBOR, T.H.

13 JUL 1945

From: Medical Officer in Command.
To : Bos'n Harlie (n) FLEMING, U.S. Coast Guard (103555).

1. Departed.

L.O. STONE

U.S.S. TRYON (APH-1)

FIFTH ENDORSEMENT:
APH1/P16-4/00

JUL 19 1945

1. You reported for transportation on 13 July 1945.

2. Transportation completed this date. Carry out basic orders.

3. Subsistance was furnished you without cost.

4. You arrived inside continental United States on 19 July 1945.

JOHN C. VAN GELDER

H. L. BUTLER,
Lieutenant, USN,
By direction.

NH60-13/00 End. No. 6
U. S. NAVAL RECEIVING HOSPITAL
San Francisco, California
Date 19 JUL 1945
From: Medical Officer in Command
1. You reported this date in compliance with basic orders.
K.M.CLOSE Pharm USN
Personnel Officer
By Direction of MO in C

Post Index
Service Record
Payroll
Abstract
Leave
Filed by

NDH15/P16-4/OC
HER/cld

U. S. NAVAL BASE HOSPITAL NO. 15
NAVY 3205
c/o Fleet Post Office
San Francisco, California

JUL 2 - 1945

From: Medical Officer in Command.
To : Lieutenant Dexter Sutton NEIL, CEC(S), USNR (240194)
Ensign Ralph Robert CAMPBELL, D, USNR (360045)
Ensign Norman Alfred MORLEY, D(L), USNR (393477)
Ensign Don Russell CUMMINGS, HC, USN (283515)
Chief Bos'n Adolf Herman BROSCHK, USN (198531)
Bos'n Harlie (n) FLEMING, U.S.Coast Guard (103555)

Subject: Change of Duty.

Reference: (a) Com7thFlt restricted dispatch of 28 June 1945.

1. Detached this date.

2. By authority contained in reference (a) which cannot be quoted, you will proceed via first available government air transportation orally designated to a port in the Continental United States. Upon arrival in the United States you will report to the Medical Officer in Command of the nearest U. S. Naval Hospital for further treatment and disposition.

H. E. ROBINS

cc:
BuPers
Com7thFlt
ComSerFor7thFlt
SubComServ7th(M-NG)
CND
FRC, Navy 926

30 JUN 1945 ENDORSEMENT

COMMANDER NAVAL BASE, NAVY 3205

Reported for transportation . Proceed by transportation orally assigned. Class _____ Priority is certified for travel via Naval Air Transport Service. Total Baggage allowance of _____ pounds is authorized.

William THOM, Lieut. USNR
By direction.

NBH15/P16-4/00
HER/cld

U. S. NAVAL BASE HOSPITAL NO. 15
NAVY 3205
c/o Fleet Post Office
San Francisco, California

JUL 2 - 1945

From: Medical Officer in Command.
To : Lieutenant Dexter Sutton NEIL, CEC(S), USNR (240194)
Ensign Ralph Robert CAMPBELL, D, USNR (360045)
Ensign Norman Alfred MORLEY, D(L), USNR (393477)
Ensign Don Russell CUMMINGS, HC, USN (283515)
Chief Bos'n Adolf Herman BROSCHK, USN (198531)
Bos'n Harlie (n) FLEMING, U.S.Coast Guard (103555)

Subject: Change of Duty.

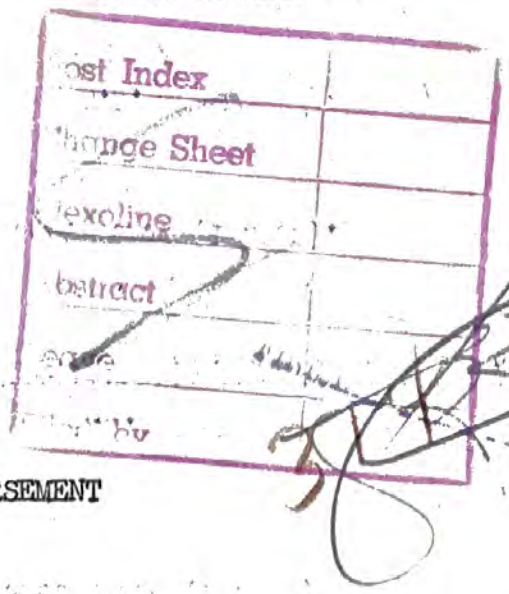
Reference: (a) Com7thFlt restricted dispatch of 28 June 1945.

1. Detached this date.

2. By authority contained in reference (a) which cannot be quoted, you will proceed via first available government air transportation orally designated to a port in the Continental United States. Upon arrival in the United States you will report to the Medical Officer in Command of the nearest U. S. Naval Hospital for further treatment and disposition.

H. E. ROBINS

cc:
BuPers
Com7thFlt
ComSerFor7thFlt
SubComServ7th(M-NG)
CND
FRO, Navy 926



30 JUN 1945

ENDORSEMENT

COMMANDER NAVAL BASE, NAVY 3205
Reported for transportation . Proceed by transportation orally assignod. Class _____ Priority is certified for travel via Naval Air Transport Service. Total Baggage allowance of _____ pounds is authorized.

William TH.M, Lieut. USNR
By direction.

End-3
NH17/P16-3/00/LOS:cb

U.S. NAVAL HOSPITAL, PEARL HARBOR, T.H.

5 July 1945

From: Medical Officer in Command.
To : Bos'n Harlie (n) FLEMING, US. Coast Guard (103555)

1. Reported in transient 7-2-45.

L.O. STONE

End-4
NH17/P16-3/00/LOS:cb

U.S. NAVAL HOSPITAL, PEARL HARBOR, T.H.

13 JUL 1945

From: Medical Officer in Command.
To : Bos'n Harlie (n) FLEMING, U.S. Coast Guard (103555).

1. Departed.

L.O. STONE

U.S.S. TRYON (APH-I)

FIFTH ENDORSEMENT:
APH1/P16-4/00

JUL 19 1945

1. You reported for transportation on 13 July 1945.

2. Transportation completed this date. Carry out basic orders.

3. Subsistance was furnished you without cost.

4. You arrived inside continental United States on 19 July 1945.

JOHN G. VAN GELDER

H. L. BUTLER,
Lieutenant, USN,
By direction.

NH60-13/00 End. No. 6
U. S. NAVAL RECEIVING HOSPITAL
San Francisco, California
Date 19 JUL 1945
From: Medical Officer in Command
1. You reported this date in compliance with basic orders.
K.M.CLOSE Pharm USN
Personnel Officer
By Direction of MO in C

NBH15/P16-4/00
HER/cld

U. S. NAVAL BASE HOSPITAL NO. 15
NAVY 3205
c/o Fleet Post Office
San Francisco, California

FILE 188

AND Navy 926

JUL 2 - 1945

From: Medical Officer in Command.
To : Lieutenant Dexter Sutton NEIL, CEC(S), USNR (240194)
Ensign Ralph Robert CAMPBELL, D, USNR (360045)
Ensign Norman Alfred MORLEY, D(L), USNR (393477)
Ensign Don Russell CUMMINGS, HC, USN (283515)
Chief Bos'n Adolf Herman BROSCHK, USN (198531)
Bos'n Harlie (n) FLEMING, U.S.Coast Guard (103555)

Subject: Change of Duty.

Reference: (a) Com7thFlt restricted dispatch of 28 June 1945.

1. Detached this date.

2. By authority contained in reference (a) which cannot be quoted, you will proceed via first available government air transportation orally designated to a port in the Continental United States. Upon arrival in the United States you will report to the Medical Officer in Command of the nearest U. S. Naval Hospital for further treatment and disposition.

H. E. ROBINS

Leave

Filed by

cc:
BuPers
Com7thFlt
ComSerFor7thFlt
SubComServ7th(M-NG)
CND
FRO, Navy 926

Date: 5 August 1943 U. S. Naval Hospital, Jacksonville, Fla.
MED/cc/3
JJO'M/ik

To: Boatswain Mate (2c) FLEMING, HARLIE.

Subj: Orders. HARLIE FLEMING

1. Reported this date for further treatment and disposition.

CERTIFIED A TRUE COPY
H. Fleming.

John J. O'Malley
Medical Officer in Command.

Post Index
Change Sheet
Flexoline
Abstract
Leave
Filed in

NH60-13/00
Draft No. 375-45
HANB/wwh

U. S. NAVAL RECEIVING HOSPITAL
Geneva Ave. and Moscow St.
San Francisco, California

31 July 1945

From: The Medical Officer in Command
To: Boatswain Harlie (n) FLEMING, USCG
U. S. Naval Receiving Hosp., San Francisco, Calif.

Subject: ORDERS to continue treatment at the U. S. Naval Hospital, Jacksonville, Florida.

Authority: Bu Med Dispatch 231750 dated 23 July 1945

1. In accordance with the above authority, you are discharged from treatment this date, will proceed immediately to the subject named hospital and report to the Medical Officer in Command for further treatment and disposition.

2. Proceed, as used in these orders, will not be misconstrued to be used as proceed time, which is not authorized.

3. You are hereby certified to be a Class III patient and are able to travel without a medical attendant.

4. No public quarters were assigned to you or your dependents, if any, from 19 July 1945 to this date.

cc: ComUSCG
BuPers
USCG-12thND

H. A. N. BRUCKSHAW

K. M. CLOSE, Pharm., USN
Deputy

- -

U. S. NAVAL RECEIVING HOSP., SAN FRANCISCO, CALIF.
31 July 1945

Orders received at_____

_____

- -

NDH15/P16-4/00
HER/cld

U. S. NAVAL BASE HOSPITAL NO. 15
NAVY 3205
c/o Fleet Post Office
San Francisco, California

Post Index
Change Sheet
JUL 2 - 1945

From: Medical Officer in Command.
To : Lieutenant Dexter Sutton NEIL, CEC(S), USNR (240194)
Ensign Ralph Robert CAMPBELL, D, USNR (360045)
Ensign Norman Alfred MORLEY, D(L), USNR (393477)
Ensign Don Russell CUMMINGS, HC, USN (283515)
Chief Bos'n Adolf Herman BROSCHK, USN (198531)
Bos'n Harlie (n) FLEMING, U.S.Coast Guard (103555)

Subject: Change of Duty.

Reference: (a) Com7thFlt restricted dispatch of 28 June 1945.

1. Detached this date.

2. By authority contained in reference (a) which cannot be quoted, you will proceed via first available government air transportation orally designated to a port in the Continental United States. Upon arrival in the United States you will report to the Medical Officer in Command of the nearest U. S. Naval Hospital for further treatment and disposition.

H. E. ROBINS

MEMORANDUM ENDORSEMENT

From: Commanding Officer VR-13 Manila
To : Bos'n Harlie Fleming
TRANSPORTATION VIA NAVAL AIR TRANSPORT SERVICE
(FURNISHED, NOT FURNISHED) FROM THIS STATION.
To : Hnl / Med Pl
(REASON)
7/1/45
Date
By direction

cc:
BuPers
Com7thFlt
ComSerFor7thFlt
SubComServ7th(M-NG)
CNB
FRO, Navy 926

30 JUN 1945

ENDORSEMENT

COMMANDER NAVAL BASE, NAVY 3205

Reported for transportation. Proceed by transportation orally assigned. Class 3 Priority is certified for travel via Naval Air Transport Service. Total Baggage allowance of 55 pounds is authorized.

Eug. R. N. Orbach, Lieut. USNR.
William THOM, Lieut. USNR
By direction.

End-3
NH17/P16-3/00/LOS:cb

U.S. NAVAL HOSPITAL, PEARL HARBOR, T.H.

5 July 1945

From: Medical Officer in Command.
To : Bos'n Harlie (n) FLEMING, U.S. Coast Guard (103555)

1. Reported in transient 7-2-45.

L.O. STONE

End-4
NH17/P16-3/00/LOS:cb

U.S. NAVAL HOSPITAL, PEARL HARBOR, T.H.

13 JUL 1945

From: Medical Officer in Command.
To : Bos'n Harlie (n) FLEMING, U.S.Coast Guard (103555)

1. Departed.

L.O. STONE

U.S.S. TRYON (APH-1)

FIFTH ENDORSEMENT:
APH1/P16-4/00

JUL 19 1945

1. You reported for transportation on 13 July 1945.

2. Transportation completed this date. Carry out basic orders.

3. Subsistance was furnished you without cost.

4. You arrived inside continental United States on 19 July 1945.

JOHN G. VAN GELDER

H. L. BUTLER,
Lieutenant, USN,
By direction.

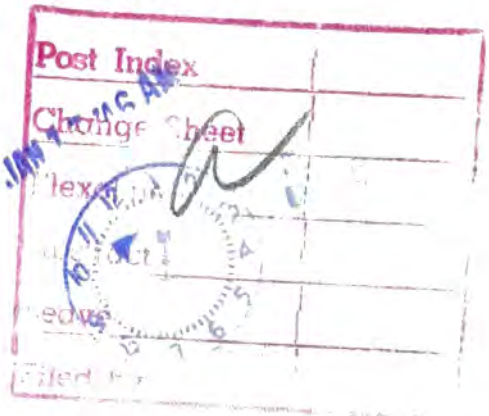
NH60-13/00 End. No. 6
U. S. NAVAL RECEIVING HOSPITAL
San Francisco, California
Date 19 JUL 1945
From: Medical Officer in Command
1. You reported this date in compliance with basic orders.
K. M. CLOSE Pharm USN
Personnel Officer
By Direction of MO in C

UNITED STATES COAST GUARD



ADDRESS REPLY TO
Commanding Officer U.S.A. FS 347

AND REFER TO



11 May, 1945

To: HARLIE FLEMING, Boatswain, USCG

Subj: ~~Orders;~~ amendment to.

1. In accordance with verbal instructions COMMANDER, COAST GUARD ARMY MANNING DETACHMENT, Navy 920 and my letter 2 April, 1945 is hereby amended.

2. Upon completion of this temporary duty and hospitalization, you will report to COMMANDER, COAST GUARD ARMY MANNING DETACHMENT, Navy 920 for further assignment to duty.

3. This order constitutes a permanent change of station from home port of this vessel to such permanent station as may be assigned.

W. M. BLAKE

CC:
CGAMD
File

SECOND ENDORSEMENT
BH15/P16-4(b)/00
HER/cld

U. S. NAVAL BASE HOSPITAL NO. 15
NAVY 3205

16 April 1945

From: Medical Officer in Command.
To : Boatswain Harlie FLEMING, U.S.C.G.

Subject: Orders.

1. Reported this date for hospitalization and treatment.

H. E. ROBINS.

CC:BuPers
Com7thFlt
SubComServ7th
CNB

file

FIRST ENDORSEMENT
AH-11/P16-4/CWJ:sb

U.S.S. [illegible] c/o [illegible]
San Francisco, Calif.,
16 APR 1945

From: The Commanding Officer.

To: Boatswain Harlie FLEMING, USCG.

Subject: ORDERS.

1. You reported on board for treatment and transportation on 4 April 1945.

2. Transportation completed this date. Proceed immediately and report to the Medical Officer in Command, U.S. Naval Base Hospital # 15, Navy 3205 for further treatment and disposition.

M.A. JURKOPS.

U.S.C.G.

Active Duty ~~Army~~ Officer Personnel.

FLEMING, Harlie (n) (Name in Full) Warrant Bos'n (Rank) 16 April, 1945 (Date)

You were admitted for treatment 4-4-45 (Date) and furnished rations during your stay on this ship.

You were (~~discharged~~) (transferred) from this vessel 4-16-45 (Date) and since date of admission have been furnished rations during the period stated below for which you are expected to deposit payment with the Ship's Disbursing Officer. 4-4-45 to 4-16-45 (Inclusive date during which subsistence was furnished) at the charge of $.80 per diem, ~~in accordance with paragraph 5, of BuMed Cir. Ltr. P3-2/NH(054-42) dated 23 July 1943, of which you were furnished a copy upon admission.~~

Total number of ration days 12 @ $.80 diem.

Total Amound Due $ 9.60

C. R. WILCOX, Captain, (MC) U.S. Navy,
The Medical Officer.

U.S.S. REFUGE (AH11)

4-16-45 (Date)

From: The Disbursing Officer.

To: FLEMING, Harlie (n) (Name) Warrant Bos'n (Rank) U.S.C.G. ~~U.S. Army~~.

1. Receipt for subsistence furnished you 4-4-45 to 4-16-45 (Inclusive Dates)

12 (Number) days @ $ .80 per diem. Total $ 9.60

2. Payment received.

J.K. NERNEY
Lt(jg) SC, USNR

REPORT OF CHANGE IN PERSONNEL

(Name)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
	HARLIE			Boatswain, USCG

(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)
U.S.C.G. FS 347		Navy 920	21 May, 1945

(Minor unit)

11 May, 1945

Temporary duty made permanent this date. TR to COAST GUARD ARMY MANNING DETACHMENT, Navy 920 for further assignment to duty.

DUTY CODE No.:
AUTHORITY:

Verb.Orders, CGAMD, Navy
CO/Ltr. (2 April, 1945)

W. M. BLAKE
(Commanding)

(Title)

Enclosure
Change Sheet
Flexoline
Abstract
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SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea - Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

FS 347

BTL
JSB

SECOND ENDORSEMENT
BH15/P16-4(b)/00
HER/cld

U. S. NAVAL BASE HOSPITAL NO. 15
NAVY 3205

16 April 1945

From: Medical Officer in Command.
To : Boatswain Harlie FLEMING, U.S.C.G.

Subject: Orders.

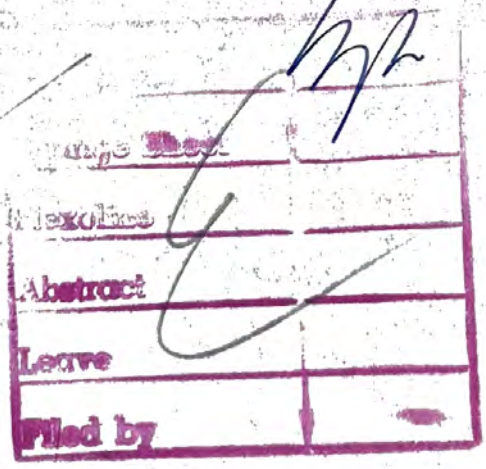
1. Reported this date for hospitalization and treatment.

H. E. ROBINS.

CC:BuPers
Com7thFlt
SubComServ7th
CNB

file

Court Brief



OF CHANGE IN PERSONNEL
United States Coast Guard
NAVCG-2599(Rev.6-44)

FS-347 FILE

Surname, First Name, Initial	Service No.	Present Rank Rating
FLEMING, Harlie	346	Boatswain, USCG

Major Unit Name	Minor Unit Name	Location
CG ARMY MANNING DETACHMENT		Navy 920

Unit Item No. or Vessel's Assigned District	Date
	4 April, 1945

Time 1500
Date 3 April, 1945

Reported From: USA FS-347
For further transfer.

Duty Code No. 32 Auth: CGAMD/L 4-4-45 (72)

Time 0900
Date 4 April 45

Transferred To: USS REFUGE (AH-11)
For medical treatment and hospitalization.

Auth: CGAMD/L 4-4-45 (72)

Changed in Rank / Rating From _____ To _____ Effective _____

Duty Code No. Auth:

Other Changes (Specify)

Pings Sheet
Flexoline
Abstract
Leave
Filed by

Duty Code No. Auth:

W. R. INGLE
By direction (Commanding)

SPACE BELOW FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
PUNCHED
VERIFIED

ACCOUNTING COPY

PERSONNEL BUDGET

UNITED STATES COAST GUARD
New Orleans, La.

FILE P & S

To: DCGO, 8th Naval District

Subj: Authority to incur expense for travel of dependents; request for

1. It is requested that authority be granted to incur expense for the travel of my dependents which are listed below from _____ during the month of _____ 1944, in connection with Miami, Florida under November, of certificate of permanent change of station signed by Commanding Officer in accordance with F & SC 2-44. "The transportation or reimbursement requested herein is as elected by the applicant or claimant in accordance with paragraph 4 of Finance and Supply Circular No. 2-44."
The statement from the Commanding Officer certifies that I have a permanent change of station from _____ to sea duty.

COTP, MIAMI, FLA.

Name	Relationship	Date of Birth of Children
Lorie Ann L. Fleming	Dependent wife	
John H. Fleming	Son	9/8/36
Walter G. Fleming	Son	7/12/40

2. I hereby agree to the checkage of my personal pay account for cost of transportation furnished my dependents in excess of allowances as prescribed by the pay and supply instructions.

3. I hereby designate _____ as the point to which travel is desired. San Francisco, Calif.

$149.27-1½ adult F.C. fares
4V.80-Section Pullman

Signed Harlie Fleming

Harlie Fleming

Rank _____

Bos'n, USCG

Ind-1
ODCGO, 8ND (ft)

30 October, 1944

FILE W. H. C.

Authorized. Expense incurred in connection with this travel is charged to Headquarters' travel allotment symbol No. 051-20.

cost Index

$197.07

_____

MARION L. MARTIN
By direction

" I certify that Boatswain HARLIE FLEMING, USCG has been ordered from permanent duty at Miami, Florida under orders of HQ/L 9/4/44(CC-72-531) to sea duty or to a place where the dependents are not permitted to go and is entitled to transportation for dependents to any designated place in continental United States".

W. M. BLAKE, Lieut., USCG
Commanding Officer
U S Army FS-347

" I certify that Boatswain HARLIE FLEMING, USCG has been ordered from permanent duty at Miami, Florida under orders of HQ/L 9/4/44(CC-72-531) to sea duty or to a place where the dependents are not permitted to go and is entitled to transportation for dependents to any designated place in continental United States".

W. M. BLAKE, Lieut., USCG
Commanding Officer
U.S. Army FS-347

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
FLEMING	Harlie			Boatswain, USCG

(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)
U. S. ARMY FS-347		New Orleans, La.	21 October, 1944

(Minor unit)

1500, 29 September, 1944, arrived Kewaunee, Wisc., and reported to Prospective Commanding Officer, US Army FS-347, pending assignment to duty.

1700, 5 October, 1944, reported aboard U. S. Army FS-347, and assigned to duty.

DUTY CODE No.: 50
AUTHORITY:
CO, CGRS, NOLA/L
9/28/44 (71-781-531-601)

W. M. BLAKE, Lieut., USCG
(Commanding)

Commanding Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

USA - 55347

HEADQUARTERS EIGHTH NAVAL DISTRICT

U. S. NAVY WARTIME MERCHANT SHIP
CONVOY COMMUNICATION SCHOOL
1 Canal Street,
New Orleans, La.

Ref. No. 333

Date 30 September 1944

From: OinC, WarMerShipComSch, 1 Canal St., NOLa.

To: OinC, FS Detail, U.S.C.G. RecSta., NOLa.

Subj: Wartime Merchant Ships Communication - Instruction in.

1. FLEMING, H. BOS'N
Name / Rank or Rate / Class / Service Number
has satisfactorily completed a course in Wartime Merchant Ship Communications. Recalled before completion of course.

2. QUALIFICATIONS:
a. Number of hours of instruction 6 3/4.
b. Visual Procedure grade _____.
c. Radio Procedure grade including TBY Instruction _____.

3. RETURNED FOR BRUSHUP:

(Any brushup work taken at this or other WarMerShipComSch's may be entered in the following chart to include a running account of Wartime Merchant Ship Communication instruction.)

Date	No. of Hrs. Instr.	Grades Visual	Grades Radio	School and Certifying Officer

Out Index
Change Sheet
Recruiting
Abstract
Leave
Filed By

P. Pippin

P. PIPPEN, Lt(jg),USNR
Officer in Charge

UNITED STATES COAST GUARD
New Orleans, Louisiana

CG RECEIVING STATION
Refer to file: 71-781-531-601

28 September, 1944

C O N F I D E N T I A L

To: Harlie Fleming, Boatswain, USCG - RESERVE.

OCT -7 1944

Subj: Orders; new assignment.

1. Upon receipt hereof, you are detached from all duties previously assigned you. Pursuant to instructions contained in Headquarters' dispatch 070416, April 1944, proceed to Kewaunee Shipbuilding Co., Kewaunee, Wisconsin and upon arrival thereat, report to the Commanding Officer, Army vessel FS-347 for assignment to duty.

2. This order constitutes a permanent change of station from your last permanent station.

3. No travel is indicated in the execution hereof, and none is authorized.

4. The travel necessary to the execution of this order is required by the public interests and is chargeable to Headquarters' travel allotment symbol 051-20.

5. During necessary travel time and while on temporary duty, transportation at government expense and a per diem of $ 7.00 in lieu of subsistence, for a period not exceeding ninety (90) days, except while occupying government quarters on shore when a per diem allowance of $ 3.00 is authorized, except while in a vessel or while on authorized delay, when no per diem is allowed.

6. If the orders which assigned you to the Receiving Station for temporary duty authorized a per diem in lieu of subsistence, and allowance specified therein is continued in effect.

7. Paragraph (s) 3 & 5 (does) (do) not apply in this case.

8. Youare warned not to discuss any activities or movements or locations of vessels nor to participate in a press conference or talk to reporters or over the radio except with specific authorization by the Commandant.

S. M. GASH

CC: HQ
ATC
DCGO 8ND (operations)
DCGO 8ND (Personnel)
DCGO 8ND (pay)
DCGO 8ND (transportation)
File

Ind-1
CGRS,NOLA
28 September, 1944

Delivered at _____ this date and place. Issued Government T/R # 375,303 ($36.39), #375,304($9.05) and #375,305($1.00) covering transportation and pullman expenses from New Orleans, La. to Kewaunee, Wisconsin.

S. M. GASH

Ind-2
CGRS,NOLA
28 September, 1944

Received and departed at 1100 this date and place.

Harlie Fleming

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943) jsk

REPORT OF CHANGE IN PERSONNEL

FILE U. S. S.

FLEMING	Harlie		USCG	BOATSWAIN
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

C.G.RECEIVING STATION	NEW ORLEANS,LA. 08-030	28 September,1944
(Major unit)	(Unit Item No. or vessel's assigned district) (Place)	(Date)

(Minor unit)

At 1100 this date and place, departed from this unit ~~to FS-347,~~ KEWAUNEE SHIPBUILDING CO.,KEWAUNEE, WISCONSIN for assignment to duty.

DUTY CODE No.: 50 (D)
AUTHORITY:
H/D 070416, April, 1944

H. W. SHERRY, ENSIGN
(Commanding)

EXECUTIVE OFFICER
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

USGRS NOLA

FILE U. S. S

REPORT OF CHANGE IN PERSONNEL

FDEMING	Harlie		USCG	BOATSWAIN
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

C.G. RECEIVING STATION	NEW ORLEANS, LA.	08-030	16 September, 1944.
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

(Minor unit)

At 0830 this date and place, reported to this unit from DCGO, EIGHTH NAVDIST, NEW ORLEANS, LA, for assignment to temporary duty connection outfitting and manning Army vessels and for duty on board.

DUTY CODE No.: 37(D)
AUTHORITY:
H/L 9-4-44
Ind-5 DCGO 8ND

Index aa
Change Sheet
Gazoline
SEP 1944

H.W. SHERRY, ENSIGN
(Commanding)

EXECUTIVE OFFICER
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

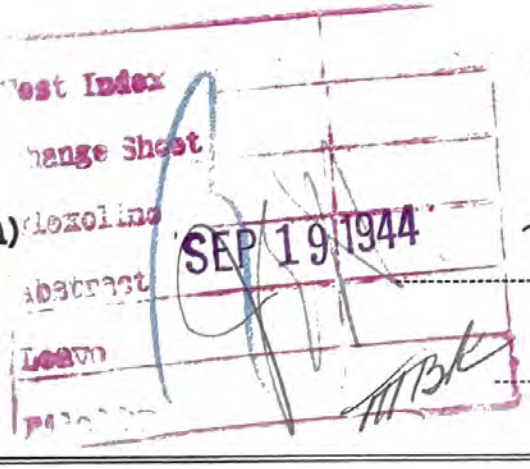
REPORT OF CHANGE IN PERSONNEL

FLEMING,	Harlie			Bos'n, USCG
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

(SCGO-COTP)
07-105. COTP OFFICE, MIAMI, FLA. 11 September, 1944
(Unit) (Place) (Date)

1215, 10 Sept., 44, Detached fm further duty at this unit and Dptd to DCGO, 8th ND for Td in connection with manning of Army vessels and for duty on board one to be designated by DCGO, 8th ND.

(37-D)
AUTHORITY:
HL 9-4-44 (72-531)(POA)



R. L. STARR
(Commanding)

By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE

(POA)
CG-72
531

RESTRICTED

FILE
I. S. S.

4 September, 1944

To: Boatswain Harlie Fleming, USCG - COTP, Miami, Fla.

Via: DCGO, 7th Naval District

Subj: New assignment; orders; travel

1. You are detached from all duty previously assigned. Proceed to New Orleans, La., report to the DCGO, 8th Naval District, for temporary duty in connection with manning of Army vessels and for duty on board one to be designated by that officer.

2. This order constitutes a permanent change of station from your last permanent station.

3. The travel necessary to the execution hereof is required by the public interests.

4. Travel by privately-owned conveyance is authorized.

5. Per diem, not to exceed five months at any one temporary duty station, is authorized.

N. R. STILES
By direction

CC: DCGO 8th ND

OPE

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eave
U. S. COAST GUARD
MAIL SECTION (2)
MAILED SEP 4 1944

U. S. COAST GUARD

3106

V MI NR 3
011643

GR 28 BT

FROM ACTION INFORM

~~DCGO 7TH NAVDIST~~

~~COMDT CG~~

Adm. Management	Inspection
Aero. Engineering	Intelligence
Aids to Navigation	Legal
Allowances	Material Budget
Asst. Commandant	Mar. Mar. Insp'n
Aviation	Mer. Mar. Personnel
Budget & Reports	Military Morale
Civil Engineering	Naval Engineering
Civilian Personnel	Operations
Commandant	Personnel
Communications	Port Security
Comm. Engineering	Public Relations
Contract Services	Supply
Engineering	Training
Finance	Transportation

TEXT

IN ACCORDANCE WITH ALCOAST 59-44 ACCEPTANCE OF APPOINTMENT OF HARLE FLEMING USCG FORWARDED THIS DATE BOATSWAIN FLEMING RETAINED COTP MIAMI FLO PENDING HQ ORDERS TO NEW DUTY ASSIGNMENT . Harlie

REF: SUBJECT TO CONDITIONS AND PROCEDURE SPECIFIED IN PERSONNEL BULLETIN 59-44 PAREN IF BULLETIN NOT RECEIVED SUBJECT TO PROCEDURE OUTLINED IN ALCOAST FIFTY NINETEEN FORTYTWO PAREN AND CONDITIONS AND PROCEDURE ETC.....

age 39

Done 9/4

To NOIa for any records

OPERATOR'S RECORD AND DATE

TOT 1717 JC 1 SEPT XXX 44/BR/TV

OFFICIAL INITIALS

$

Ind-2
ODCGO, 7th NavDist
CG-72
1 September, 1944

SEP 4 '44 PM

To: The Commandant (POA)

Subj: Boatswain Harlie Fleming, USCG; appointment for temporary service; acceptance of

Forwarded.

G. M. BAILEY
By direction



DIST. COAST GUARD OFFICE
7TH NAVAL DIST. MIAMI, FLA.
SEP 7 18 AM



UNITED STATES COAST GUARD

ADDRESS REPLY TO:
CAPTAIN OF THE PORT
REFER TO FILE No. 72

MIAMI 30, FLORIDA

9 August, 1944

To: The Commandant

Via: SCGO-COTP, Miami, Florida
DCGO, 7th ND

Subj: Appointment for temporary service; acceptance of

I hereby accept appointment as Boatswain for temporary service in the U. S. Coast Guard to rank from 10 July, 1944, under authority of Alcoast 59-44, dated 19 July, 1944.

Harlie Fleming
HARLIE FLEMING

Ind-1
SCGO-COTP, Miami, Fla. (p)
9 August, 1944

To: The Commandant

Via: DCGO, 7th ND

1. Forwarded.

2. It is requested that the DCGO, 7th ND, notify HQ by dispatch of Fleming's arrival in accordance with Alcoast 59-44.

M. G. Field
M. G. FIELD
Commanding

NCG 2599
U. S. Coast Guard
(Jan. 1943)

Mr Pitts

3-6

FILE
J. S. S

REPORT OF CHANGE IN PERSONNEL

FLEMING, (Surname) Harlie (First name) (Middle initial) — (Service No.) Boatswain, USCG (Rank or rating)

(SCGO-COTP)
07-105 (Unit) COTP OFFICE, MIAMI, FLA. (Place) 14 August, 1944 (Date)

C & R S, Nola

9 August, 1944, accepted appointment to the rank of Boatswain for temporary service in the U. S. Coast Guard by the President under date of 18 July, 1944, with rank as such from 10 July, 1944.

Post Index
Change Sheet
Clothing
Address

(06-D)
AUTHORITY:
DCGO, 7ND/L 8-8-44(72) ALCOAST 59-44.

R. L. STARR, (Commanding)

By direction. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29504-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
CAPTAIN OF THE PORT
REFER TO FILE No. 72

MIAMI 30, FLORIDA

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

3-5

9 August, 1944

AUG 12 '44 AM

To: The Commandant

Via: SCGO-COTP, Miami, Florida
DCGO, 7th ND

Subj: Appointment for temporary service; acceptance of

I hereby accept appointment as Boatswain for temporary service in the U. S. Coast Guard to rank from 10 July, 1944, under authority of Alcoast 59-44, dated 19 July, 1944.

Harlie Fleming
HARLIE FLEMING

Ind-1
SCGO-COTP, Miami, Fla. (p)
9 August, 1944

To: The Commandant

Via: DCGO, 7th ND

1. Forwarded.

Post Index
Change Sheet
Letter
Abstract

2. It is requested that the DCGO, 7th ND, notify HQ by dispatch of Fleming's arrival in accordance with Alcoast 59-44.

M. G. Field
M. G. FIELD
Commanding

3-7

Name FLEMING, [redacted]arlie
(Name in Full. Surname to the Left)

103-555 Rate CBM
(Service No.)

Date Reported Aboard: 8 July 1944

SCGO-COTP MIAMI FLA
(Present Ship or Station)

SCGO-COTP PORT EVERGLADES, FLA
(Ship or Station Received From)

file 3-7

THE ADVANTAGE OF NATIONAL SERVICE LIFE INSURANCE HAVE BEEN EXPLAINED TO ME FULLY, AND:

(1) I DO NOT WISH TO TAKE ADVANTAGE OF IT'S BENEFITS.

X (2) I DO NOT WISH TO TAKE ADVANTAGE OF OVER 50 % OF IT'S BENEFITS.

(3) I HAVE TAKEN FULL ADVANTAGE OF IT'S BENEFITS.

Harlie Fleming CBM.
SIGNATURE RATE

[redacted] Sheet
[redacted]
Date Transferred
[redacted]
To
[redacted]
Signature and Rank of Commanding Officer.

[redacted]
Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

IDENTIFICATION NEGATIVE

103-555
Service No.

FLEMMING, Harley (None)
Name

Rate or Rank

For Bureau

4-14

Craig
3

COAST GUARD RESERVE

CODE SHEET FOR ENLISTED MEN

CARD #1

Name Petersen, Clyde M. A.S.

Reserve District ..... Card No. 1 7-12

Service No. 5-14-163 Rate 023 Date of enl. 04-2
Mo. Yr.

Date of exp. of enl. 04-5 Term of Extension ..... Char. of enl. 0-1
Mo. Yr.

Prior Coast Guard Service ..... Army Service ..... Navy Service .....
Yrs. Mos. Yrs. Mos. Yrs. Mos.

Marine Corps Service ..... Total Service ..... Pay Period 0
Yrs. Mos. Yrs. Mos. Days

Next Pay Period 04-6 Pay Grade 9 Termination of Service .....
Mo. Yr.

Date of Termination .....
Mo. Yr.

CARD #2

Place of Original Enl. 004 Nativity 048 Citizenship 0 Color 8

Marital Status 1 Education 6 Trade 598 Special Training .....

Date of Birth 04-18-17 Campaign ..... Commissioned Service .....
Mo. Day Yr.

Unit .....

NCG 2599
U. S. Coast Guard
(Jan. 1943)

3-7 Fosw 1-10-4

C.7.

FILE
USS

REPORT OF CHANGE IN PERSONNEL

FLEMING,	Harlie		103-555	CBM
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

(SCGO-COTP)
07-105, COTP OFFICE, MIAMI, FLA. 7 August, 1944
(Unit) (Place) (Date)

CORRECTION TO SCGO-COTP, MIAMI, FLORIDA, MUSTER ROLL FOR MONTH OF JULY, 1944:

1435, 8 July, 1944, rptd this unit fm CG Patrol Base, Pt.Everglades, Ft.Lauderdale, Fla., for Td pending assembly of personnel for tr to ATB, Camp Bradford, NOB, Norfolk, Va.

10th July, 1944, Td to this unit made permanent. Duty code changed fm (37-D) to (06-D)

(06-D)
AUTHORITY:
D/SL 011405(July,1944)
D/NSL 101140(July,1944)

R. L. STARR,
(Commanding)

By direction
(Title)

Index
Navy School
Personnel
Address
Leave
Filed by

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

1-6

UNITED STATES COAST GUARD

COAST GUARD OFFICE 7TH NAVAL DIST., MIAMI, FLA.
AUG 8 7 13 AM '44

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO:
CAPTAIN OF THE PORT (p)
MIAMI 30, FLORIDA
REFER TO FILE No. 73-72

7 August, 1944

To: The Commandant, CG Headquarters, Washington, D. C.

Via: DCGO, 7th ND

AUG 11 '44 AM

Subj: FLEMING, Harlie (013-555) C.B.M.; certification of

This is to certify that subject named man is eligible for promotion to the rank of Boatswain under authority of Alcoast 59-44, dated 19 July, 1944, and is considered mentally, morally, and professionally qualified to perform general duty in the rank to which he is promoted. He is not involved in disciplinary action.

S. V. CHAPMAN
Acting

Incl
Executed form Ncg-2525 B

Ind-1
DCGO, 7th NavDist
CG-72
8 August, 1944

To: The Commandant (POA)

In accordance with ALCOAST 59-44, the above named appointee has been examined and has been found to be physically qualified to perform all the duties of the grade or rank for which designated for appointment. The appointment has been delivered. He is considered mentally, morally, and professionally qualified. He is not involved in disciplinary action.

J. E. WHITBECK

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CODED NO. 17

Captain of the Port Unit (Unit) — Port Everglades, Florida. (Place)

1 October, 1943. (Date)

FROM: FLEMING, Harlie (103-555) C.B.M.

TO: COMMANDANT (via Commanding Officer.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	508 2nd Avenue, Fort Lauderdale, Florida. (Address of wife)
John Harlie Fleming (Son) (Full name of child; if none, so state)	Same as above. (Address of child)
Walter James Fleming (Son) (Full name of child; if none, so state)	Same as above. (Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

NONE (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

NONE (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 1st day of October, 1943

J. T. NELSON (Signature)

Lieutenant, U.S.C.G.R. (Rank or title)

Harlie Fleming (Signature)

HARLIE FLEMING

C.B.M. (Rank or rating)

16—25758-1

CG - 781 (p)

UNITED STATES COAST GUARD

CAPTAIN OF THE PORT

Port Everglades, Florida.

...IST. COAST GUARD OF
...H NAVAL DIST., MIAMI, ...
SEP 13 7 13 AM

14 September, 1943

To: Commandant

Via: District Coast Guard Officer, Seventh Naval District.

Subj: FLEMING, Harlie (103-555) C.B.M., Recommendation for promotion of.

1. In accordance with Alcoast 61, it is recommended that subject named be advanced to Warrant Grade.

2. Fleming is thirty-seven years of age and has been in the Coast Guard over eighteen years. He received permanent appointment as Chief Boatswain's Mate on 16 May, 1943.

3. Fleming has been attached to this unit since 2 October, 1942 during which time he has had duty as officer in charge of the CGR-7007 which is operated by the Navy as part of the Inshore Patrol, and has had shore duty as master-at-arms and duty officer. In addition, he was also in charge of the Fire boat stationed at Port Everglades, 68002-F.

4. He has demonstrated he has qualities of leadership, and in other respects is qualified for Warrant Grade.

5. Fleming's average marks for his current enlistment are as follows:

Proficiency in rating	3.46
Seamanship	3.75
Mechanical Ability	3.44
Ability as Leader of Men	3.61
Conduct	4.0

No marks have been entered in his service record for adaptability to Warrant Grade from previous commands.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

J. T. NELSON

1943 SEP 20 AM 8

Ind-1
DCGO, 7th NavDist
CG-71 (p)
17 September, 1943

3-1

OFFICER PROCUREMENT
SEP 20 1943
REC'D

To: Commandant

Subj: FLEMING, Harlie (103-555) C.B.M.; recommendation for promotion of

Forwarded, approved, for HQ consideration.

CHESTER M. ANDERSON
By direction

Fleming, Harlie (105-555) C.B.M. 10-2-43

(Name) (Number) (Grade or rate) (Date)

Health Height 5'8" Weight 153 "

Gonorrheal urethritis. (1928) Recovered.

84

Enlisted (6-19-28) Rate (Sea. / C.) Born (11-2-05) ~~Army~~, Navy, ~~Lighthouse~~ Navy

Changed Rate to	Date
Cox.	4-1-30
B.M.2c.	8-7-30
B.M.1c.	4-4-33
C.B.M. (a)	5-16-42
C.B.M.	5-16-43

Commendations

2-23-33 Commended by U.S. for rescue work of 2 persons from a burning ship.

Grammar School ( ) High School ( )

Courses, Special qualifications, etc.

Censure, Investigations, Debts, etc.

Courts.

SV - 57
PC - 2
SA - 20
Comd - 5

Reports of Fitness. (Favorable)

P-31-39 - Recommendation of advancement - attempt to rescue 3 boys adrift

Reports of Fitness. (Unfavorable)

Yrs.	Ships and Stations	Prof.	Con.	Sob.	Ld. Ship.
2	R.U. New London, Ossipee, Yamacraw, Base 6	3.33	3.66	4.0	3.0
1	Base 6	3.5	4.0		3.15
1	Base 6	3.37	4.0	4.0	3.25
2	Base 6	3.45	4.0	4.0	3.43
3	Base 6, Tampa, McClane, Dix	3.57	4.0	4.0	3.5
3	Patrol Boat Div., Boutwell, C-4-49, AB-49, Comd. CRC-5212 Ft Lauderdale Base	3.67	4.0	4.0	3.5

Eligible list - (Yes) - (No) - (Because) -

3.7

Recommended for Fitness

JHD

Remarks

HCM-6-8-35
HCB-9-25-37

PE- 73

UNITED STATES COAST GUARD

HEADQUARTERS WASHINGTON 16 May, 1943

From: Commandant.
To: Captain of the Port, Port Everglades, Fla.

Subject: FLEMING, Harlie (103-555) C.B.M.; rating.
Permanent appointment

Inclosure: (A) Rating as C.B.M. dated 16 May, 1943, effective 16 May, 1943.

1. Inclosure (A) is forwarded herewith for delivery to the above-named man.

Dm- mailed 6-10-43

E. J. Roland

E. J. ROLAND,
By direction.

CC
DCGO, 7th Naval District

[illegible] Official file carbon

mrB Brad.

3-12

DIST. COAST GUARD OFFICE
7TH NAVAL DIST., MIAMI, FLA.
MAY 19 7 44 AM '43

UNITED STATES COAST GUARD

PM 12 30
HE PORT

Port Everglades, Florida,

17 May, 1943.

From: Captain of the Port, Port Everglades, Florida.
To : COMMANDANT.

Via : District Coast Guard Officer, Seventh Naval District.

Subject: FLEMING, Harlie (103-555) CBM (a)(Pro); recommandation for permanent appointment as Chief Boatswain's Mate.

Reference: (a) Article 4453, Personnel Instructions.

1. Subject named man completed one year as acting chief petty officer on 16 May, 1943 and is deemed morally, professionally, and physically qualified and is recommended for permanent appointment as a Chief Boatswain's Mate.

2. FLEMING is a leading man of strong character and is capable of directing the work under him and planning details for their best employment. He is capable of maintaining discipline and has had no mark below 3.5 in proficiency in rating or below 4.0 in conduct during the one year probationary period.

3. FLEMING'S average quarterly marks since advancement to Acting Provisional Chief Petty Officer are as follows:

Proficiency in rating	3.62.
Seamanship	3.6.
Mechanical Ability	3.52.
Ability as a leader of men	3.62.
Conduct	4.0

Rating as CBM 5-16-43

J. T. NELSON.

---

73 **1st Indorsement** Office, DCGO, 7 N.D.,
Miami, Florida, 20 May, 1943.



From: District Coast Guard Officer, 7th Naval District.
To: Commandant.

1. Forwarded approved, for Headquarters' consideration.

CHESTER M. ANDERSON,
By direction.

N. C. G.-2529
(Rev. 9-2-41)

CODED
NO. 7

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Captain of the Port Unit (Unit) — Port Everglades, Florida (Place)

1 April, 1943 (Date)

FROM: FLEMING, Harlie (103-555) C.B.M.(a)(Pro)

To: COMMANDANT (via Commanding Officer)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	912 N. E. 2nd Avenue Fort Lauderdale, Florida. (Address of wife)
Harlie J. Fleming (Son) (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve Fleming (Full name of relative)	Father (Relationship)	286 Moore St.,Freenville, S.C. (Address of relative)

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

N O N E (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 1st day of April, 1943

J. T. NELSON
(Signature)

Lieutenant, U.S.C.G.R.
(Rank or title)

Harlie J. Fleming
HARLIE FLEMING
(Signature)

C.B.M.(a)(Pro)
(Rank or rating)

16—25752-1

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 44

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Coast Guard Depot		St.Petersburg,Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
07-135		29 November, 1949

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

At 1300, 29 November, 1949: Reenlisted in Regular Establishment for a period of five (5) years in the rating of Chief Boatswain's Mate.

Auth: SF 88, HQ Ind dated 16 November, 1949

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

ANGE IN PERSONNEL
RTMENT
st Guard

No. 40

NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
, Harlie (n)	103-555	BMC
ME	**MINOR UNIT NAME**	**LOCATION**
Guard Depot		St.Petersburg,Fla.
EM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
5		28 November, 1949

REPORTED FROM:

FOR

TRANSFERRED TO:

FOR

GED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

:

ER CHANGES (SPECIFY)

At 1300, 28 November, 1949: Honorably discharged from Regular Establishment by reason of expiration of three (3) year enlistment and twenty-four (24) day extension thereof.

Auth: Art. 589(1) CG Regs.

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. Elder

R. F. ELDER, LT. USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 217-50

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGC BIRCH		St. Petersburg, Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
		24 October, 1949

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE]

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH: PE-PR-24

OTHER CHANGES (SPECIFY)

PTD 9-19-49 to 10-20-49 from CG Depot, St. Petersburg, Fla. as relief for CARTER, Howard T. (101-848)BMC .
Auth: CCGD7/L 16 September, 1949 (p 73 531)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

W. E. SINTON, CDR
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 16

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
COAST GUARD DEPOT,		ST.PETERSBURG,FLA
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
07-21400		19 Sept., 1949

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1805
DATE 9/19/49

TRANSFERRED TO: CGC BIRCH
FOR temporary duty as Officer-in-Charge

AUTH: 7CGD/L 9-16-49 (p 73-531)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. Elder
R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Depot		St.Petersburg,Fla.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
07-21400		5 November, 1949

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

4 November, 1949: Three (3) year enlistment in Regular Establishment expired.
5 November, 1949: Enlistment extended indefinitely for administrative purposes pending HQ action on Standard Form 88.

Auth: Art. 591(5) CG Regulations

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

file

No. 23

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Depot,		St.Petersburg,Fla.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
07-21400		20 October, 1949

TIME 1505
DATE 10/20/49

REPORTED FROM: CGC BIRCH, St. Petersburg, Fla.
FOR resumption of regular duties.

AUTH: 7CGD/L 9-16-49 (p 73, 531).

TIME
DATE

TRANSFERRED TO:
FOR

on board

PE-PR-25

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. Elder
R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

24 April, 1950
FILE: PE-C-73
AUTH 518457

From: Commandant
To: FLEMING, Merlie (109-555)EMC, United States Coast Guard
Via: (1) Commander, Seventh Coast Guard District
(2) Commanding Officer, CG Depot, St. Petersburg, Florida

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed 31 May, 1950 as the effective date of your retirement. Therefore, effective 31 May, 1950, you are detached from all duties previously assigned you. On 1 June, 1950, you will be placed on the inactive retired list of the Coast Guard.

2. Prior to actual detachment you will be informed of your rights and benefits as a veteran and, upon detachment, issued DD Form 214, Report of Separation from the Armed Forces of the United States, in accordance with current directives.

3. Your commanding officer will immediately furnish a copy of these orders to the certifying officer having custody of your pay record. The certifying officer will forward your pay record unclosed to the Commandant (FA-P) upon your detachment. If final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have not been posted, a Commanding Officer's Pay Record Order, SandA Form 510, covering such credits will be obtained and forwarded. Upon detachment, you will immediately notify the Commandant (FA-P) of your mailing address and you will thereafter notify the Commandant (FA-P) of any change in that address. Your service and health records will be completed and mailed to the Commandant (PE-PR) on the effective date of your retirement.

PEA-A 24 APR 50 74

4. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if accomplished within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival to your permanent home, action is final and no further designation may be made.

5. Your commanding officer will indorse this order to indicate place, time, and date of delivery and time and date of your detachment and departure. You will indorse this order to show place, time, and date of receipt, place selected by you as your permanent home after retirement, and the time and date of arrival at your permanent home.

U. S. COAST GUARD
Accounting Office
FUNDS AVAILABLE
APR 24 1950
Date: .....
Initial: .....

W. C. CAPRON
By direction

CORRESP:me Ret 3-11

Incls (2)

B 5639

ORR

(PE-C)
CG-
73

25 November, 1946

A: Commandant
Commander, Seventh Coast Guard District
bj: ; request for retirement;
acknowledgement of
FLEMING, Harlie (103-555) CBM

Ref: (a)
Subject man's request, 5 November, 1946 (CG-73), with two indorsements thereon.

Receipt is acknowledged of reference (a) requesting retirement under the 20 year Retirement Act, and it has been placed on file. You will be advised when action is taken in this case.

C C Knapp
C. C. KNAPP
By direction



U. S. COAST GUARD
MAIL SECTION
MAILED NOV 26 1946

November, 1946

3-12

From: Commander, 7th CG District.
To: The Commandant (PE)

Subj: Retirement; request for

1. Forwarded approved. An adequate relief is necessary.

J. R. HIRMAN
By direction



From: Commander, 7th CG District.
To: The Commandant (PE)

Subj: Retirement; request for

1. Forwarded approved. An adequate relief is necessary.

5 November, 19[illegible]

J. R. HINNANT
By direction

[illegible]

Ind-1
[illegible]
Key West, Fla.
[illegible]

To: Commander, 7th Coast Guard District (pe)

1. Forwarded. In view of Hinnant's past medical history it is requested his request be given consideration even [illegible] Board is convened.

[illegible]

DU PONT BUILDING
MIAMI, FLORIDA

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT (pe)
REFER TO FILE:
CG-73

DIST. COAST GUARD OFFICE
7TH NAVAL DIST., MIAMI, FLA.
Nov 12 10 43 AM '46

BUY UNITED STATES WAR BONDS AND STAMPS

5 November, 1946

To: Commandant (PE)

Via: Commander, 7th Coast Guard District.

Subj: Retirement; request for

1. It is requested that I be considered for retirement from active duty.

2. I have completed twenty-one years, nine months, and one day's service in the United States Coast Guard and Navy.

Harlie Fleming
HARLIE FLEMING
(103-555) CBM

Ind-1
CO, CG-DEPOT
Key West, Fla.
8 November, 1946.

To: Commander, 7th Coast Guard District (pe)

1. Forwardéd. In view of Fleming's past medical history, it is requested his request be given consideration when the next retiring board is convened.

L. H. Muse
L. H. MUSE

(pe)

CG-73

5 November, 1946

To: Commandant (PE)

Via: Commander, 7th Coast Guard District.

Subj: Retirement; request for

1. It is requested that I be considered for retirement from active duty.

2. I have completed twenty-one years, nine months, and one day's service in the United States Coast Guard and Navy.

Harlie Fleming
HARLIE FLEMING
(103-555) CBM

Ind-1
CO, CG-DEPOT
Key West, Fla.
8 November, 1946.

To: Commander, 7th Coast Guard District (pe)

1. Forwarded. In view of Fleming's past medical history, it is requested his request be given consideration when the next retiring board is convened.

L. H. MUSE

CG-73

5 November, 1946

To: Commandant (PE)

Via: Commander, 7th Coast Guard District.

Subj: Retirement; request for

1. It is requested that I be considered for retirement from active duty.

2. I have completed twenty-one years, nine months, and one day's service in the United States Coast Guard and Navy.

Harlie Fleming
HARLIE FLEMING
(103-555) CBM

Ind-1
CO, CG-DEPOT
Key West, Fla.
8 November, 1946.

To: Commander, 7th Coast Guard District (pe)

1. Forwarded. In view of Fleming's past medical history, it is requested his request be given consideration when the next retiring board is convened.

L. H. MUSE



3-13
FILE

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

23 March, 1950
FILE PE-C-73

From: Commandant
To: Commanding Officer, Coast Guard Depot, St. Petersburg, Florida
Via: Commander, Seventh Coast Guard District

Subj: FLEMING, Harlie (103-555) BMC ; retirement of

1. The request of the subject-named man for retirement under the provisions of Title 14, United States Code, Section 355, has been approved by the Commandant, such retirement to be effective 31 May, 1950. Retirement and travel orders will be forwarded in the near future.

2. If the effective date of retirement falls within a period of authorized leave, the man need not be required to return to his station. In this case, the retirement and travel orders addressed to him will be indorsed and forwarded to the man at his leave address.

W. G. CAPRON
By direction

CORRESPONDENCE:me Return to 3-11

B 5535

UNITED STATES COAST GUARD
Washington 25, D. C. 29 Mar. 1951

From: Commandant
To: BOSN Harlie Fleming, 103-555

Subj: Retired Identification Card; completion of

1. There is inclosed herewith Armed Forces Identification Card No. 03355 that will be issued to you.

2. Place your signature in the space provided on the face of the card and the fingerprints of both index fingers in the spaces provided on the back of the card. (NOTE: If an index finger is missing, use the next finger on the same hand and indicate on the card the finger actually used.) **PUT NO OTHER DATA ON THE CARD ITSELF.**

F. G. Eastman
F. G. EASTMAN
By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-1

From: Harlie Fleming
To: Commandant

Card returned for validating and completion.

Harlie Fleming
Signature

IND-2

4-30-51

From: Commandant
To: BOSN Harlie Fleming, 103-555

Your completed Identification Card bearing the number indicated in Paragraph 1 of basic letter is inclosed. Acknowledge receipt thereof by signing IND-3 and returning this letter to the Commandant together with the Retired Identification Card previously issued you. (NOTE: In the event the old card is not returned a satisfactory written explanation must be furnished as to why it cannot be returned.)

F. G. Eastman
F. G. EASTMAN
By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-3

From: Harlie Fleming
To: Commandant

Receipt is acknowledged of the Armed Forces Identification Card referred to in basic correspondence.
~~My old Retired Identification Card is returned herewith /or/ See explanation attached. (STRIKE ONE).~~
I never was issued identification card. Since being Retired.

Harlie Fleming
Signature

GPO DS-0 3-258

3-13
File
MDY

22 March, 1950
FA-PR 73

General Accounting Office
Claims Division
Washington 25, D. C.

Gentlemen:

Attention is invited to inclosed letter claim, dated 24 February 1950 (51), from Harlie Fleming (103-555) BMC, USCG, claiming adjustment of longevity pay for the period 24 February 1946 to 30 June 1947. Claimant completed 21 years' creditable service on 24 February 1946 and is entitled, therefore, to the difference in pay between the rates of $202.50 and $195.00 per month, for the period 25 February 1946 to 30 June 1946, and the difference in pay between rates of $243.00 and $234.00 per month for the period 1 July 1946 to 8 August 1946, while serving in the rank of Boatswain. On 9 August 1946, Fleming reverted to his permanent enlisted status of CBM and is entitled to difference in pay between rates of $222.75 and $214.50 per month, from 9 August 1946 to 30 June 1947. It is recommended that this claim be settled in the amount of $131.45, chargeable to appropriations as follows:

2061203.001 Pay and Allowances, Coast Guard, 1946 - $31.50
2071203.001 Pay and Allowances, Coast Guard, 1947 - $99.95

Photostats and transcripts of pay records, pertinent to this claim, are inclosed, with Statement of Creditable Service.

By direction of the Commandant.

Very truly yours,

R. L. EDMANDS
Lieutenant (jg), USCG
Chief, Pay and Audit Section

Incls:
1. Ltr., 2/24/50
2. Claim, 2/24/50
3. Copy HQ ltr.,1/26/50
4. Transcript of Pay Record
5. Photostats of Pay Records (8)
6. Statement of Creditable Service

mailed
3/23/50
MDY

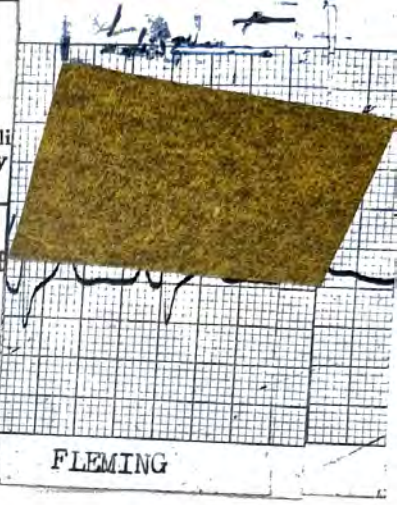
CC: Authorized Certifying Officer, CG Airsta., St. Petersburg, Fla.

MDYerkes 6 - 6
MDY

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormali
No. 44, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary
size. Write on each sheet name, date of birth, and identification number.



1. LAST NAME—FIRST NAME—MIDDLE NAME			2. PLACE AND DATE OF EXAMINATION
FLEMING, Harlie (n)			CGAS St. petersburg, F
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
11-2-09	43	103-553	Re-Enlistment
7. SERVICE, DEPARTMENT, OR AGENCY		8. COMPONENT AND BRANCH	9. ORGANIZATION
Treasury Dept.			Coast Guard
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)	
Male	W-US	918-N.E. 3rd Ave Fort Lauderdale, Fla.	
14. PLACE OF BIRTH		15. OTHER DATA	
North Carolina/			

16. RATING OR SPECIALTY: BMC (*Time in this capacity*) TOTAL LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE	
72 INS.	144 LBS.		X			98.

20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS N. S. A. [X]

21. LYMPH GLANDS AND LYMPHATICS N. S. A. [X]

22. HEAD, FACE, AND NECK—N. S. A. [X]

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. [X]

24. EARS—A. CANALS, EXT. EARS—N. S. A. [X]

B. DRUMS—NO PERFORATION [X] N. S. A. [X]

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15 /15: SV /15
LEFT WV 15 /15: SV /15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT	N.F.A.					

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. [X] LEFT EYE—N. S. A. [X]

B. PUPILS—EQUAL [X] NORMAL TO ACCOMMODATION [X] TO LIGHT [X]

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. [X]

D. DISTANT VISION
RIGHT 20/20 CORR. TO 20/ BY
LEFT 20/20 CORR. TO 20/ BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. C CX
S. C N.F.A. CX

F. NEAR VISION—(*At 14 inches*)
CORR. TO BY
CORR. TO N.F.A. BY

G. COLOR VISION—N. S. A. [X] TEST USED AOC 1940

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE
N.F.A. N.F.A.

I. RED LENS—N. S. A. [ ]
N.F.A.

J. FIELD OF VISION—RIGHT—N. S. A. [ ] LEFT—N. S. A. [ ]
N.F.A.

K. DEPTH PERCEPTION TEST USED SCORE N.F.A.

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. [ ] LEFT—N. S. A. [ ]
N.F.A.

M. ACCOMMODATION—RIGHT LEFT
N.F.A.

N. NIGHT VISION TEST USED SCORE N.F.A.

26. DENTAL.—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR	F	F	F	N	N	N	N	N	N	N	N	N	N	N	N	UL
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	F	F	F	N	N	N	N	N	N	N	N	N	F	F	XX	
LR	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8 LL

MALOCCLUSION—N. S. A. [X]
Slight PERIODONTOCLASIA—N. S. A. [ ]
GINGIVITIS—N. S. A. [X]

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	88	B. P.: S.	130	D.	80	RECUMBENT: PULSE	90	B. P.: S.	132	D.	82
STANDING (*3 min.*): PULSE	96	B. P.: S.	130	D.	82	SITTING: PULSE AFTER EXERCISE	112	: 2 MIN. AFTER	96		

28. LUNGS—N. S. A. [X] CHEST—N. S. A. [X] (*Include breasts for females*)

29. CHEST—N. S. A. [ ] X-RAY NOT DONE [X]

30. HEART—N. S. A. [ ]

31. EKG—N. S. A. [X] NOT DONE [ ]

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. [X]

B. VARICOSE VEINS—NONE [X]

16—54062-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or Incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [ ]

38. G-U SYSTEM N. S. A. [X] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [X] VAGINAL DONE [ ] OR RECTAL DONE [ ]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]
C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

N. F. A.

A. NEUROLOGICAL—N. S. A. [ ] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Wass - Neg.	SP. GR. 1.020	Neg	Neg	Int "O" Rh Pos.
	MICROSCOPIC			D. OTHER LABORATORY EXAMINATIONS
	No			None

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

NOV 16 1949

A?

1. Diagnosis of Arteriosclerotic heart disease at U.S. Marine Hospital Savannah, Ga. November 1948. History at this time is not entirely consistant with a diagnosis of angina pectoris . Ekg considered to be within normal limits.

B. NCD C.G.HDQ., Washington, D. C. Medical Division

C. NCD The findings of the certificate are approved.

D. None.

By direction of the Surgeon General.

(signature)

CG HDQRS (PE) Date NOV 16 1949

To: CO, St. Petersburg Airsta

REENLISTMENT AUTHORIZED; REG. ENL.

W. C. CAPRON
By direction

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE ~~MEETS~~ (IS NOT) (*Strike out one*) QUALIFIED FOR General Duty.

TYPE OF QUALIFICATION Shore duty.

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS ~~Because of arteriosclerotic heart disease.~~
would advise he be assigned to shore duty.

44. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED FRANK L. PRICE A.A. SURG
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED CLOVIS E. MARTIN PHS SURG. USPHS
46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*) MEDICAL REVIEWING OFFICER	NAME TYPED OR PRINTED DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54602-1

UNITED STATES COAST GUARD

COAST GUARD AIR STATION
St. Petersburg, Fla.

9 November, 1949
Serial: 0374
File: 73

From: Commanding Officer, CG AIR STATION
To: Commandant (PMP)

Subj: Form 88, forwarding of.

Enclosures are forwarded herewith for Headquarters action.

L. L. Davis

L. L. DAVIS
Acting.

Incls:
1. Form 88, case of Fleming
2. Form 88, case of Lampros.



3-13 file MDY

26 January, 1950
FA-PR 73
(103-555)

From: Commandant
To: Authorized Certifying Officer, CG AirSta, St. Petersburg, Florida
Via: Commander, 7th CG District (fp)

Subj: FLEMING, Harlie (n) (103-555) BMC, USCG; claim for underpayment of longevity pay

1. Further reference is made to your letter dated 11 November, 1949, File: 531, requesting transcripts of certain pay records on Harlie Fleming (n) (103-555) BMC, in connection with his claim for underpayment of longevity pay, and HQ reply, dated 29 November 1949, File: FA-PR 73. Up to the present date, Fleming's claim has not been received at HQ. It is requested, therefore, that information be submitted as to disposition made thereof.

2. In the event that Fleming has been transferred, this letter should be forwarded to his present duty station for attention.

3. Inclosures should be returned with transcript or photostat of pay record closed to 31 december 1949.

E. F. LOWRIE
By direction

Incls:
1. Copy ACO, CGAS, St. Petersburg, Fla. ltr, 11/11/49
2. Copies transcripts of pay records (4)

Mailed 1/26/50

MDYerkes 6-6 MDY

Treasury Department
CG-10003 (Rev. 8-48)

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

Jar file 3-13 ow

29 November, 1949
File: FA-PR 73

From: Commandant
To: Authorized Certifying Officer, CGAS, St. Petersburg, Fla. (fp)
Via:

Subj: FLEMING, Harlie (n) (103-555) BMC, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 30 June, 1949
(b) Your letter 11 November, 1949, file 531, file 531

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl
1. CG-10003 (Rev. 8-48) (3)
2. Statement of Creditable Service

By direction

Credits: Description of item	1949 From	1949 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
BMC (18) 4/24/46	1/1	6/30	6	0	214.50	1287.00	B.M.BARNETT	✓

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
None pertinent			

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

29 November, 1949
File: FA-PR 73

From: Commandant
To: Authorized Certifying Officer, CGAS, St. Petersburg, Fla. (fp)
Via:

Subj: FLEMING, Harlie (n) (103-555) BMC, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 31 December, 1948
(b) Your letter 11 November, 1949, file 531

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

By direction

Credits: Description of item	1948 From	1948 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
BMC (18) 4/24/46	7/1	12/31	6	0	214.50	1287.00	B.M.BARNETT	✓

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
None pertinent			

Other pertinent information or remarks:

Pay Record closed 31 December, 1948 by B. M. B[illegible]

Treasury Department
CG-1003 (Rev. 8-48)

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

29 November, 1949
File: FA-PR 73

From: Commandant
To: Authorized Certifying Officer, CGAS, St. Petersburg, Fla. (CP)
Via:

Subj: FLEMING, Harlie (n) (103-665) MKC, USCG
credits and/or charges on previous pay record(s)

Refs: (a) Pay Record(s) of subject named man closed to 31 December, 1949
(b) Your letter 11 November, 1949, FA14 521

1. Credit for longevity pay may be made on current pay record for period from and including 1 July 1947.

2. In view of lapsed appropriations claim for any period prior to 1 July 1947 should be submitted by FLEMING in the form of a letter via official channels to Commandant (FA-PR) for transmittal to the General Accounting Office Claims Division, stating the approximate period that he believes he has been underpaid longevity pay. Statements of pay accounts are not required nor is it necessary to stipulate the amount alleged to be due.

Pay Record closed to 30 June, 1949 by B. M. BARNETT

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

29 November, 1949
File: FA-PR 73

From: Commandant
To: Authorized Certifying Officer, CGAS, St. Petersburg, Fla. (fp)
Via:

Subj: FLEMING, Harlie (N) (103-555) BMC, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 30 June, 1948
(b) Your letter 11 November, 1949, file 531

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

By direction

Credits: Description of item	194 8 From	To	Period Mos.	Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
~~CBM~~ (18) 4/24/46 BMC	1/1	6/30	6	00	214.50	1287.00	B.M.BARNETT	✓

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
None pertinent			

Other pertinent information or remarks:

ITEM 34: MISCELLANEOUS INFORMATION

Space 2 - Line 6 - C/R CBM to BMC 4/2/48 in accordance with Personnel Circular 36-47. B. M. BARNETT, ACO

CM 6-6
B 907

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

29 November, 1949
File: FA-PR 73

From: Commandant
To: Authorized Certifying Officer, CGAS, St. Petersburg, Fla. (fp)
Via:

Subj: FLEMING, Harlie (n) (103-565) CBM, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 31 December, 1947
(b) Your letter 11 November, 1949, file 531

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

By direction

Credits: Description of item	1947 From	To	Period Mos.	Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
CBM(18) 4/24/46	7/1	12/31	6	0	214.50	1287.00	J.R.AUSTIN	✓

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
None pertinent			

Other pertinent information or remarks:

Pay Record closed to 31 December, 1947 by B. M. BARNETT

CM 6-6
P 907

UNITED STATES COAST GUARD

NOV 17 1949

COAST GUARD AIR STATION

St.Petersburg, Fla.

11 November, 1949
File: 531

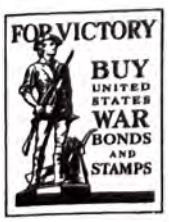
From: Authorized Certifying Officer, CGAS, St.Petersburg, Fla.
To: Commandant (FA-PR)

Subj: FLEMING, Harlie (n) (103-555) BMC, USCG; Transcript of Pay Record; request for

It is requested that this unit be furnished transcripts of pay records closed for the following periods: 6/30/46 - 12/31/46 - 6/30/47 - 12/31/47 - 6/30/48 - 12/31/48 - 6/30/49 Reason - Current pay record indicated completion of (18) Yr Cred.Serv. 4/24/46 whereas Cert.of Cred.Service dtd 10/27/49 indicates completion of (24) Yrs Cred.Serv. 2/24/49.

W. M. Stephens

W.M. STEPHENS.



REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 39

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Depot		St. Petersburg, Fla.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
07-135		28 November, 1949

TIME
DATE — REPORTED FROM:
FOR

AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

At 0400, 28 November, 1949: Returned from four (4) days acc-reg leave granted by Commanding Officer.

Auth: CO#31-47

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL						
RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 30

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Depot		St.Petersburg,Fla.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
07-135		25 November, 1949

TIME
DATE — REPORTED FROM:
FOR

AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

At 1805, 23 November, 1949: Departed on four (4) days acc-reg leave granted by Commanding Officer.

Auth: CO#31-47

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. F. ELDER, LT, USCG
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40855-3 U. S. GOVERNMENT PRINTING OFFICE

1. NAME (IN FULL, SURNAME FIRST)
FLEMING, Harlie (n) 103555

2. RACE	DATE OF BIRTH	PLACE OF BIRTH
W US	11-2-05	N. CAROLINA

3. RANK OR RATE	AVIATION	LENGTH OF SERVICE
Bos'n USCG	No	21-1

4. DIAG. NO.	DIAGNOSIS TITLE (NAVY NOMENCLATURE)
210	ARTERIOSCLEROSIS, GENERAL

5. TAKEN SICK/AS	DATE	DISPOSITION	DATE	SICK DAYS
FT	7-2-45	T	7-13-45	11

6. EPTE?	PREVIOUSLY TAKEN UP?	DATE	KEY	SPECIALTY
No				

7. PATIENT RECEIVED FROM-
USN BASE HOSP 15, NAVY 3205

8. TRANSFERRED AS A PATIENT TO-
USGT. FFT. U. S. NAV HOSP., Mainland

9. DIAG. CHANGED (C)	TO-		
	DIAG. NO.	ON ACCOUNT OF-	
10. (ACD)	DIAG. NO.	PRIMARY DIAGNOSIS	

11. THIS CARD SENT FROM-
USN HOSP PH TH

12. REMARKS:

NCCO

INDIVIDUAL STATISTICAL REPORT OF PATIENT (NAVM 1942)

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

BUREAU COPY

IBM 732894

LICENSED FOR USE UNDER PATENT 1,772,492
LICENSED FOR USE UNDER PATENT 1,772,492

			N. Carolina
3. Rank or Rate: BOS'N USCG	Aviation: ACG	Length of Service: 20 yr. 2 mo.	
4. Diag. No.: 243	Diagnosis Title (Navy nomenclature): NO DISEASE, (Medical Observation)		
5. Taken Up As: RA	Date: 4-16-45	Disposition: C	Date: 4-28-45	Sick Days: 12
6. EPTE?: No	Previously Taken Up?: Yes	Date: 4-4-45	Key	Specialty
7. Patient Received From: USS REFUGE				
8. Transferred as a Patient To-				

	Diag. No.: 1030	On Account Of: Error
10. (ACD)	Diag. No.	Primary Diagnosis

11. This Card Sent From-
USN BASE HOSPITAL #15
NAVY #3205

12. Remarks:

DPS/klm

INDIVIDUAL STATISTICAL REPORT OF PATIENT
NAVMED - FORM FA CARD REVISED 1943

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

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Copy
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| | | |

1. [illegible]-US	2. 11-2-05	N. Carolina	210 [illegible]

3. RANK OR RATE	AVIATION	LENGTH OF SERVICE
Bos'n USCG	AOG	20 yr. 2 mo.

4. DIAG. NO.	DIAGNOSIS TITLE (NAVY NOMENCLATURE)
1030	MALARIA, BENIGN TERTIAN

5. TAKEN UP AS	DATE	DISPOSITION	DATE	SICK DAYS
EC	4-28-45	D	6-14-45	47

6. EPTE?	PREVIOUSLY TAKEN UP?	DATE	KEY	SPECIALTY
No	No			

7. PATIENT RECEIVED FROM- Change of Diagnosis

8. TRANSFERRED AS A PATIENT TO-

10. (ACD)	DIAG. NO.	PRIMARY DIAGNOSIS

11. THIS CARD SENT FROM-
USN BASE HOSPITAL #15
NAVY #3205

12. REMARKS:

DPS/rls

INDIVIDUAL STATISTICAL REPORT O
NAVMED FORM FA CARD REV

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

IBM 732894

BUREAU COPY

LICENSED FOR USE UNDER PATENT 1,772,492

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

3-7

FLEMING, Halie | 103-555 | CBM | COTP

(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

*REGULAR
~~SPECIAL~~
~~TEMPORARY~~
~~RESERVE~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Miami, Fla., Date 5 Aug. 1944, 19

To Commanding Officer
Captain of the Port
Miami, Fla.
(Coast Guard unit)
(Address)

File U.S.

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Renal Glycosuria	710-x10	7-22-44	8-5-44

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

To Duty

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

Louis Margolis

Louis Margolis, P/ A. Surg. — U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for
(Diagnosis)

_____ since _____, 19 , has been transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

...TIONS ON BACK

...555 (Service number) CBM (Rank or rating) COTP (Unit)

FILE

HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

Miami, Fla., Date 22 July 1944

Officer in Charge
...rmary, Miami, Fla.

...ou are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached ...oove-named unit, and furnish him such treatment as may be required. It is requested that the ...ETURN MEDICAL CERTIFICATE be returned to Commanding Officer Captain of the Port Miami, Fla.

Halie Fleming (Signature of patient)

R. L. STAIR, Lieut., U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Miami, Fla., Date 22 July, 1944

I CERTIFY that I have examined the above-named person and find him suffering from Under Medical Observation
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ? days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at CG Infirmary Miami, Fla. {*hospital / *~~office~~} on 22 July, 19 44

Louis Margolis
P.A. Surg. U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name FLEMING, Carlie Service Number 103-[illegible]
(Surname first)

Age: Years 39 Months 7 Color White

For: Promotion to Warrant
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating CBM

Place Miami, Fla. Date 20 July, 1944

Personal Medical History U.C.D. - Malaria curr incident ofservice

Vision: R.E. 20/20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

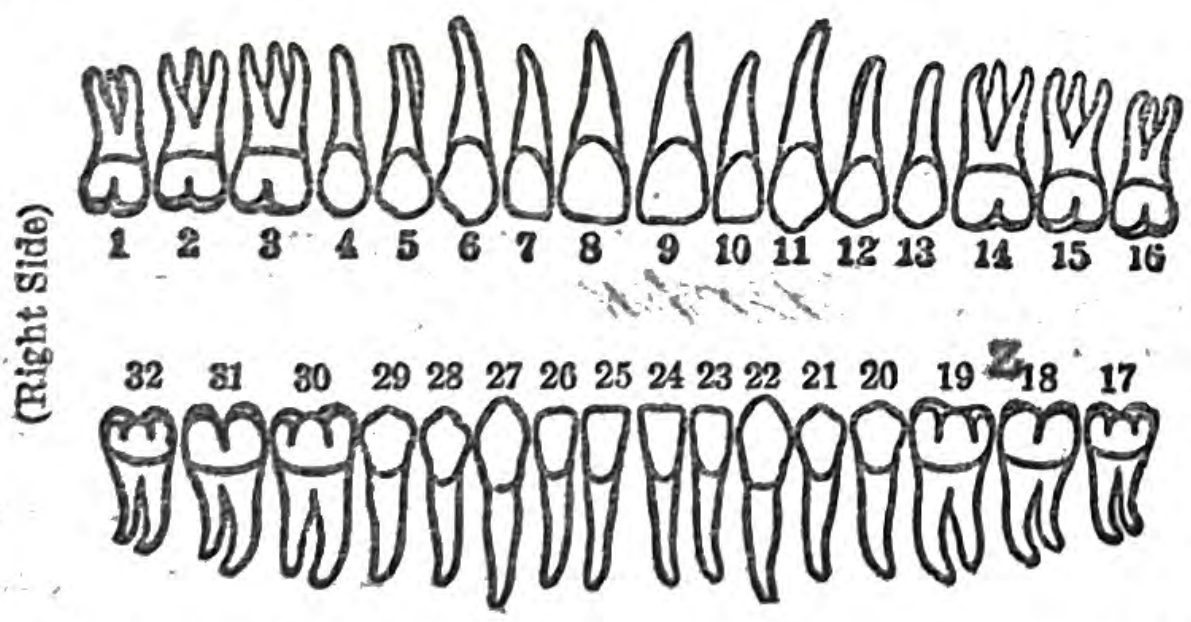
Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums Normal Temperature 98.6

Height 71 3/4 inches. Weight (stripped) 145 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 37 Expiration 34½

Heart and blood vessels Normal

Blood pressure: Systolic 129 Diastolic 90

Pulse before exercise 80, after exercise 100, after 2 min. 88

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds ____

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. 1.028

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Date 7/20/44 Result Neg.

16—27070-1

REMARKS: _____

CERTIFICATE

{We / I} certify that {we / I} have personally made this physical examination and find that Fleming, Harlie

He is physically qualified for Promotion
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Warrant
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

J. R. Hege
Asst.
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

7 August, 1944
(Date)

Place Miami, Florida

From: SCGO-COTP

To: Commandant.

Via: DCGO, 7th ND

1. Forwarded for action. Present status: C.B.M.; "Appointment for temporary service"; AlCoast 59-44

S. V. CHAPMAN, Acting
Commanding—Div. Comdr. Officer in Charge.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are ~~not~~ approved _____

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

FLEMING Harlie (Name, surname first) 103-555 (Service number) C.B.M. (A) (pro) (Rank or rating) Port Everglades (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Fort Lauderdale, Florida., Date 17 November, 1942

To: Commanding Officer
U.S.Coast Guard (Coast Guard unit)
Port Everglades, Florida.
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Influnza	0868	11-12-42	11-17-42

He {*~~is~~ / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
10 days sick leave recomanded.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*~~Yes~~. / *No.} Guilty of insubordination? {*~~Yes~~ / *No.}

Elliott M. Hendricks

Dr. Elliott M. Hendricks ---------- *U. S. Public Health Service.*
A. A. Surgeon U.S.P.H.S.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ (Diagnosis) since _____, 19 , has been
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
---------- *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

FOLLOW INSTRUCTIONS ON BACK

C.M.

Harlie (me, surname first) 103-555 (Service number) C.B.M. (A) (pro) Port Everglades (Rank or rating)

ON TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

ULAR
CIAL
MPORARY
ESERVE
nlistment status)

Place Fort Lauderdale, Florida., Date 12 November, 1942

: Medical Officer (in charge
Public Health Relief Station
Fort Lauderdale, Florida.

SIR: You are requested to examine the above-named {~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer

Harlie Fleming Jr. Ches.
(Signature of patient)

J. T. Nelson
J. T. Nelson, Lieut. USCGR U. S. Coast Guard.

Harlie Fleming

RETURN MEDICAL CERTIFICATE

Place Fort Lauderdale, Fla., Date 12 November, 19 42

I CERTIFY that I have examined the above-named person and find him suffering from

Influnza. -0868-
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ____ days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at Broward General Hospital. {*hospital / *~~office~~} on 12 November, 19 42

Elliott M. Hendricks

Dr/ E. M. Hendricks A.A.Surgeon U. S. Public Health Service.
USPHS

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

FLEMING, Harlie	103-555	Chief	CGR 7007
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Fort Lauderdale, Florida, Date 18 August 1942, 19

To: Medical Officer in Charge
~~U. S. Public Health Relief Station~~
Fort Lauderdale, Florida

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer Base

Harlie Fleming
(Signature of patient)

W M Pearson
P. D. Pedersen Chief Bos'n U.S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Fort Lauderdale, Florida, Date 18 August, 1942, 19

I CERTIFY that I have examined the above-named person and find him suffering from
~~0976 Malarial Fever~~
0972 Malarial Fever, Estivo-Autumnal
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No~~.} Fit for duty? {*~~Yes~~. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 3 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Broward General Hospital {*hospital / *~~office~~} on August 18, 1942, 19

Elliott M. Sundquist
U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS: _____

_____ (Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FOLLOW INSTRUCTIONS ON BACK

FILE
CGR C.M. 007

arlie	103-555	Chief	
(Surname first)	(Service number)	(Rank or rating)	(Unit)

FINAL MEDICAL CERTIFICATE

(tus) Place Fort Lauderdale, Florida, Date 18 August, 1942, 19

anding Officer
(Coast Guard unit)
S. Coast Guard
t Lauderdale, Florida
(Address)

e above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Malarial Fever, Estivo-Autumnal	0972	8-18-42	8-21-42

He {~~*is~~ / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

Sick Leave Recommended.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / ~~*No.~~} Absent without permission? {~~*Yes.~~ / *No.} Guilty of insubordination? {~~*Yes.~~ / *No.}

Elliott M. Hendricks

Dr. Elliott M. Hendricks, Asst. Surgeon, U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

N.C. G:-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

FITNESS REPORT

USCGC CYPRESS (Unit) — Southport, N. C. (Place)

8 March, 1946 (Date)

FROM: Boatswain Harlie Fleming, USCG

TO: COMMANDANT (via _____)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming, lawful wife (Full name of wife; if not married, so state)	706 Ashe Street, Key West, Florida (Address of wife)
John Harlie Fleming, son (Full name of child; if none, so state)	DO (Address of child)
Walter James Fleming, son (Full name of child: if none, so state)	DO (Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

S. C. FLEMING, (Full name of relative)	Father (Relationship)	Route #2, Greenville, S. C. (Address of relative)

(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 8th day of March, 1946

T. B. Christiansen
T. B. CHRISTIANSEN, (Signature)

or title)

Harlie Fleming
HARLEE FLEMING (Signature)

Boatswain, USCG (Rank or rating)

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

Records carried by CG Depot, Key West, Fla. (07-115) for administrative purposes.

7-8

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83403		Key West, Florida

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
7th CGD	12 July, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1015, 11 July, 1948: Returned from 30 days annual leave. (30) (ACC) (REG)

93

DUTY CODE NO. 59-D
AUTH: Com.Cir. 31-47

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 20

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Recruiting Station		Tampa, Fla.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
		31 August, 1949

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1300
DATE 31 August, 1949

TRANSFERRED TO: CG DEPOT, St. Petersburg, Fla.
FOR asdu.

AUTH: Com7CGD/L 8/1/49, p 73, 531, Auth. No. 071182.

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

PE-PR-24

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

Samuel Isaacson
SAMUEL ISAACSON, CSC, USCG,
(Commanding)
Officer in Charge.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

GE IN PERSONNEL
MENT
Guard

No. 42-50

ME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
Harlie (n)	103-555	BMC
	MINOR UNIT NAME	LOCATION
		ST. PETERSBURG FLA.
I NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
		31 Aug. 1949

0
August 1949

REPORTED FROM: CG Recruiting Station, Tampa, Fla.
FOR ASDU

CGD7/L 8/1/49 File p 73 531

TRANSFERRED TO:
FOR

GED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

it:

ER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

W E Chapline
W.E.CHAPLINE LT.
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS
00	07	2		091	135	

RECORDS

EXAMINED	POSTED	CODED
	PE-PR-25	

CODED
NO. 18

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 5.

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Recruiting Station		Tampa, Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
		8 July, 1949

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)
0830 - 8 July, 1949: Reported from ten (10) days' annual accrued leave, granted by Comdr. 7th CG District. NOT AOL.

AUTH: ComCir. 31-47.

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

98

F. J. Molenda
F. J. MOLENDA, CBosn, USCG.
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 354

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BM C
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Recruiting Station		Tampa, Fla.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
		27 June, 1949

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

1200 - 27 June, 1949, departed on ten (10) days' annual accrued leave granted by Comdr. 7th CG District.

ADDRESS ON LEAVE: 916 NE 3rd Ave., Ft. Lauderdale, Fla.

AUTH: ComCir 31-47.

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

PEA-E
98

F. J. Molenda
F. J. MOLENDA, (Commanding.) CBosn, USCG.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40855-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

Records carried by CG Depot, Key West, Fla. (07-115) for administrative purposes.

3-18

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83403		Key West, Florida

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
~~Ø~~ 7th CGD	14 March, 1949

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 0900
DATE 12 March, 1949

TRANSFERRED TO: CG Recruiting Station, Tampa, Fla.
FOR assignment to duty.

AUTH: CCGD7/D 101820Z (3-49)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

L. H. MUSE
(*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

OF CHANGE IN PERSONN
DEPARTMENT
ites Coast Guard
NV. 3-48)

No. 252

FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
NG, Harlie (n)	103-555	BMC
NIT NAME	**MINOR UNIT NAME**	**LOCATION**
ecruiting Station		Tampa, Fla.
UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
		17 March, 1949

1000
17 March, 1949 REPORTED FROM: CG DEPOT, Key West, Fla.
FOR assignment to duty.

: Com7CGD/D 101820Z (March, 1949), TONO 071968.

E TRANSFERRED TO:
E FOR

TH:

HANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

UTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

Samuel Isaacson
SAMUEL ISAACSON, CSC, USCG
(Commanding.)
Officer in Charge.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS
441	17	2		440 126	

RECORDS		
EXAMINED	POSTED	CODED
	FAE 98	

F , Harlie

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83403		Key West, Florida
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 7th CGD		DATE: 10 March, 1949

TIME 0900
DATE 10 March, 1949

REPORTED FROM: CCGD7
FOR resumption of regular duty.

DUTY CODE NO. 59*D AUTH: CCGD7/D 282115Z (2-49)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PFA-E

DUTY CODE NO. AUTH:

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting

Punched _____

Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
CG-2599 (REV. 6-44)

Records carried by CG Depot, Key West, Fla. (07-115) for administrative purposes.

3-12

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83403		Key West, Florida

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT: 7th CGD

DATE: 9 March, 1949

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TRANSFERRED TO: CCGD7
TIME 1230
DATE 8 Mardh, 1949
FOR medical check up; temporary duty.

AUTH: CCGD7/D 282115Z (2-49)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

FEA-E

DUTY CODE NO. AUTH:

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2927 (Rev. 4-48)

3-N

DISTRIBUTION UNIT
Name: CG Recrtg. Stat.
Address: Tampa Fla.

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS
WORLD WAR II VICTORY MEDAL
AND
AREA CAMPAIGN MEDALS

7 June 1949

F-10
201

INSTRUCTIONS
Return this form to Commandant (PMM), U.S.Coast Guard, Washington 25, D. C. Typewrite or print in ink.

A. GENERAL DATA

NAME (Last)	(First)	(Middle)
FLEMING,	Harlie	(n)

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
103-555	BMC	CG Recrtg. Stat., Tampa Fla.

HOME ADDRESS *(Give Number, Street, City, Zone No., and State only if separated from the service)*

INDICATE STATUS BY CHECK MARK AND UNDERSCORE ABBREVIATION APPLICABLE

- [X] Active duty USCG, USCGR, or USPHS
- [ ] Officer - (Inactive) USCGR or USPHS
- [ ] Retired from USCG or USCGR
- [ ] Discharged from USCG, USCGR, or USPHS
- [ ] Disenrolled from USCGR (T)
- [ ] Deceased - Ex-USCG, USCGR, USCGR(T) or USPHS

B. STATEMENT OF ELIGIBILITY

Fill in this statement if you have no proof of eligibility for awards claimed.

I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.

- [ ] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [ ] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal
- [ ] World War II Victory Medal (No Clasp)

_____
(Signature)

A WILLFULLY FALSE CERTIFICATION IS A CRIMINAL OFFENSE. U.S.CODE, TITLE 18, SEC. 80

C. RECEIPT FOR AWARDS

I hereby acknowledge receipt of the awards checked below. I certify that I have not previously received these awards from any other source.

- [X] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [ ] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [X] Asiatic-Pacific Campaign Medal
- [X] World War II Victory Medal (No Clasp)

Harlie Fleming
HARLIE FLEMING
(Recipient sign here)

(Do not sign unless awards are actually received)

A 8555

ASSIGNMENT OF SERVICE NUMBER

FLEMING, Harlie.	B.M.2c.	BASE 6
Name	Rating	Unit

The following service number has been assigned to subject man:

103-555

This service number will be inserted on all records of subject man and will appear on all forms and in all correspondence pertaining to the man indicated.

The following form will be followed in setting forth a man's name, service number and rating in the subject of a letter: i.e.

SMITH, John E. (100-000) Sea 2c

In the event subject man has been transferred the service number will be inserted on all records at your unit and this form transmitted immediately to the unit which transfer was effected.

B. M. CHISWELL
Captain
Assistant Commandant.

Headquarters use:
Information:
Pay and Allotment Section ✓
Medical Director ✓
Identification Section ✓
Personnel Records

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

FLEMING, Harlie (Name—Surname to left) | CBM, USCG (Rank or rating 31 Aug. 1946) | 103-555 (Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of (120) days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

(If none, so state) | Lorie Ann Fleming (Name of dependent) | Wife (Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on ..... (Date of discharge or promotion to officer rank), then holding the rating of ..... in the following service ..... (Army, Navy, Marine Corps, or U. S. C. G.) On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, ... days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state) | (Name of dependent) | (Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Harlie Fleming
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at CG Depot, Key West, Fla., this Eleventh day of December, 1946

(SEAL)

L. H. MUSE, Lt., USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

L. H. Muse, Lt., USCG — CG Depot, Key West, Fla.

(*Signature of Commanding Officer*) — (*Unit*)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(*Monthly pay (base and longevity)*)	(*Officer monthly rental allowance*)	(*Officer daily subsistence allowance*)
$214.50		

J. R. AUSTIN, Lieut., USCG.

(*Signature of authorized certifying officer*)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451-1

RECEIVED
JAN - 9 19[illegible]
DEC 19 1946
RECEIVED

NCG-2522 To H.Q.

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie (n) (Name, surname first) | 103-555 (Service number) | BMC (Rank or rating) | CG-83403, Key West, Fla. (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

Place Key West, Florida, Date 19 January, 1949

To: Dr. A. H. Hamilton, USPHS

622 Eaton Street, Key West, Fla.

FILE
L.H.M.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to CG Depot, Key West, Florida

Harlie Fleming
Harlie Fleming
(Signature of patient)

L. H. MUSE, LTJG, USCG
CO, CG Depot, Key West, Fla.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Key West Fla, Date 1/19/, 1949

I CERTIFY that I have examined the above-named person and find him suffering from recurrence of symptoms that caused him to be sent to Savannah in November.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Recommend he be returned to {*hospital / *office} on for further observation.

A. H. Hamilton, Jr.
A. H. Hamilton, Jr., Pas, U. S. Public Health Service.

*Having been informed that I am suffering from ____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27158-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

_____ (Name, surname first) _____ (Service number) _____ (Rank or rating) _____ (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place _____, Date _____, 19

To: _____
(Coast Guard unit)

_____
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

_____

_____ *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FLEMING, Harlie (Name, surname first) 103-555) (Service number) BMC (Rank or rating) CG BASE Miami Beach, Fla. (Unit)

REG *REGULAR *SPECIAL TEMPORARY *RESERVE (Enlistment status)

FINAL MEDICAL CERTIFICATE

Place MH Savannah, Ga., Date 11-22-48, 19

To: Medical Officer. (Coast Guard unit)
7CGD. Miami, Fla.
(Address)

FILE T. LeB

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Arterio sclerotic heart disease.		11-11-48	11-22-48

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

BMS held (11-22-48) recommending full duty and that this patient return to this hospital in three (3) months for another check up.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes / *No.} Guilty of insubordination? {*Yes. / *No.}

E C Sutter

E.C. SUTTER.

Asst. Surg. U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

(Name, surname first)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

Place DMO, 7CGD, Miami, Fla., Date 10 November, 1948, 19

FILE
J. LoB

To: Medical Officer in Charge,

U. S. Marine Hospital, Savannah, Ga.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the

RETURN MEDICAL CERTIFICATE be returned to DISTRICT MEDICAL OFFICE, 7 CGD
Box #378, Coconut Grove Station
Miami, Fla.

(Signature of patient)

Claude G. Eccles U. S. Coast Guard.
CLAUDE G. ECCLES, Surg. USPHS(R)

RETURN MEDICAL CERTIFICATE

Place MH Savannah, Ga., Date 11-15-48, 19

I CERTIFY that I have examined the above-named person and find him suffering from

Under Observation for heart disease.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 30 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Savannah, Ga., Marine {*hospital / *officer} on 11-11-48, 19

R. W. Herrmann
R.W. HERRMANN,
Asst. Surg. U. S. Public Health Service.

*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

Records carried by CG Depot, Key West, Fla. (07-115) for administrative purposes, 10-25

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie (n)	103-555--	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83403		Key West, Florida

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
07th CGD	28 October, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 0800
DATE 21 October, 1948
TRANSFERRED TO: CG Base, Miami Beach, Fla.
FOR · temporary duty.

AUTH: CCGD7/D 202115Z (10-48)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 12-19

CARRIED ADMINISTRATIVELY BY CG BASE, MIAMI BEACH, FLA

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG DEPOT, Key West, Fla.	CG-83403	Miami Beach, Fla.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
7CGD		22 Dec 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

PER-E 93

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

0700 12-22-48: Dropped administratively from TD and returned to CG-83403

DUTY CODE NO. AUTH:

CCGD7/D 202115 (10-48)

J. R. HINMAN
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

PORT OF CHANGE IN PERSONNEL

TED STATES COAST GUARD Records carried by CG Depot, Key West, Fla. 12-21
CG-2599 (REV. 6-44) (07-115) for administrative purposes.

NAME. FIRST NAME. INITIAL	SERVICE No.	PRESENT RANK OR RATING
LEMING, Harlie (n)	103-555	BMC

JOR UNIT NAME	MINOR UNIT NAME	LOCATION
G-83403		Key West, Florida

IT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
7th CGD	27 December, 1948

ME 0700 REPORTED FROM: CG Base, Miami, Fla.
ATE 22 December, 1948 FOR resumption of regular duty.

UTY CODE No. 59-D AUTH: CCGD7/D 202115Z (10-48)

IME TRANSFERRED TO:
ATE FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PEA-E 44

DUTY CODE NO. AUTH:

L. H. MUSE
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 1911 10-23

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
FLEMING Harlie -	103-555	BMC
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG BASE		Miami Beach, Fla.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
7CGD		21 Oct 1948

TIME 0800 REPORTED FROM: CG-83403

DATE 10-21-48 FOR Temporary duty for administrative purposes.

CCGD7/D 202115

DUTY CODE NO. AUTH:

TIME TRANSFERRED TO:

DATE FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

E-E
61

DUTY CODE NO. AUTH: J. R. HINNANT (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

ADDRESS REPLY TO
THE COMMANDANT (FA-PR)
REFER TO FILE: CG- 73
521

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

From: Commandant
To: Commander, 7th CG District (fpd)

20 November, 1946

Via:

Subj: FLEMING, Harlie (103-555) CBM
application for Family Allowances dated 21 October 1946

1. Reference is made to subject person's application for Family Allowances, which bears the following notations with regard to checkage entered by you in his pay account.

CLASS OF FAMILY ALLOWANCES	AMOUNT OF CHECKAGE	FIRST MONTH OF CHECKAGE
A	$22.00	August 1946

2. Family allowances as authorized by Headquarters require checkage as follows:

CLASS OF FAMILY ALLOWANCES	AMOUNT OF CHECKAGE	FIRST MONTH OF CHECKAGE
A	$22.00	October 1946

Application filed in October 1946.

3. It is requested that the pay accounts of the individual named above be adjusted in accordance with information furnished in paragraph 2.

W. H. ROBERTS
[redacted]
By direction

U. S. COAST GUARD
MAIL SECTION
RECEIVED NOV 21 1946

8869
IB:njp 2-18

Rec IB 870

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

Records carried by CG Depot, Key West, Fla. (07-115) for administrative purposes.

6-7

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
FLEMING, Harlie	103-555	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83403		Key West, Florida

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
7th CGD	10 June, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1030, 10 June, 1948: Departed on 30 days annual leave. (30)(REG)(ACC)

DUTY CODE NO. 59-D
AUTH: Com.Cir. 31-47

Floyd G. Jones.
Floyd G. Jones, BMC
OinC in absence of CO.
(*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

NCG 8500
(Rev. June, 1942)

ENLISTMENT CONTRACT

CODED NO. 18

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

RE-ENLISTMENT OF FLEMING, Harlie (n) (Full name, surname to left); 103-555 (Service number); _____ (Pay per month)

Accepted for enlistment at Office, Comdr. 7th CG Dist. Miami, Fla.; C.B.M. (Rating in which enlisted)

Enlisted at Miami, Fla.; 5 Nov. 1946 (Date of enlistment)

Transferred to CGC ARIADNE - Key West, Fla.

Occupation Mariner Citizenship* NB If naturalized, place and date of naturalization - - - Certificate No. - - -

Date of birth 2 November, 1905 Place of birth Madison County, N.C.

Home address 706 Ashe Street (Street and number) Key West (Town) (County) Florida (State)

Married or single married Name and address of next of kin or legal guardian Lorie Ann wife (Relationship) 706 Ashe Street, Key West, Florida (Address)

Continuous Service Certificate LOST (Number) Previous service { Coast Guard / ~~Reserve~~ } 18 (Years) 4 (Months) 17 (Days)

First enlisted Atlanta, Ga. 6-19-28 (Date) at _____ (Place) and was

last discharged 4 Nov. 1946 (Date) from Comdr. 7th CG Dist, Miami, Fla. (Unit)

with Honorable (Character) discharge as C.B.M. (Rate) No. A-63794

Previous Navy service 3 (Years) 6 (Months) 19 (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 41 years 0 months.

Height 6 feet 0 inches. Weight 150 pounds.

Eyes brown Sex male Hair Lt.Brown Complexion ruddy Color white

Personal characteristics _____ marks, etc. Scar 1" rt index finger, mole on chin

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Comdr.J.R.HINNANT of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { THREE years from 5 November, 1946, 1 / during minority until - - -, 1 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Harlie Fleming do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and 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 the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harlie Fleming

HARLIE FLEMING

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 5th day of November, A. D. 1946

J. R. HINNANT, Commander, USCG

(Commanding officer, notary public, or other officer qualified to administer oaths)

By dir.

Chief, Personnel Div.

(Title)

Citizenship substantiated and contract perfected.

J. R. HINNANT, Commander, USCG

Ch. Personnel Div., *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

by reason of

Enlistment extended until

under authority of

(Signature of man)

10—8420-2

FLEMING

STAT

...ABLE SERVICE

(For Enlistment Allowance)

CGC ARIADNE
Comdr. 7th CG District
(Unit)

FLEMING, Harlie (n)
(Name in full—surname to the left)

103-555
(Service number)

5 November, 1946
(Date)

C.B.M.
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for THREE years)	1940	6	22
Enlistment extended (for 3 years from)	1943	6	21
Date of discharge (4 November, 1946 HONORABLE) (Character of discharge)	1946	11	4
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
6	4	14

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		

Total Absence (0 days)

Creditable time served during last enlistment period	6	4	14

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

Date 5 Nov. 1946, 19...

J. R. HINNANT, Commander,
(Rank), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 5 Nov., 19 46

CGC ARIADNE
Comdr. 7th CG Dist., Miami, Fla.
(Unit and place)

I CERTIFY that the above-named man reenlisted for
(Reenlisted or voluntarily extended his enlistment)

a period of three years from this date.

J. R. HINNANT
(Rank) Commander, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

UNITED STATES COAST GUARD

...TION OF BENEFICIARIES FOR DEATH GRATUITY

...C ARIADNE
Comdr. 7th CG Dist. (Unit) Miami, Fla. (Place)

5 Nov. 1946 (Date)

FROM: FLEMING, Harlie (n) (103-555) CBM

TO: COMMANDANT (via Comdr. 7th CG Dist)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Flemming (Full name of wife; if not married, so state)	706 Ashe Street, Key West, Fla. (Address of wife)
John Harlie (son) (Full name of child; if none, so state)	same as above (Address of child)
Walter James (son) (Full name of child; if none, so state)	same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)

CODED NO. 18

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve C. Fleming (Full name of relative)	Father (Relationship)	286 Moore Street, Greenville, SC (Address of relative)

Potential (State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 5th day of Nov., 19 46.

J. R. HINNANT (Signature)

Commander, USCG (Rank or title)

Harlie Fleming (Signature)

CBM (Rank or rating)

16—25758-1

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CGC ARIADNE
Comdr. 7th CG Dist.
(Unit)

Miami, Fla.
(Place)

5 Nov. 1946
(Date)

FROM: FLEMING, Harlie (n) (103-555) CBM

TO: COMMANDANT (via Comdr. 7th CG Dist)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Lorie Ann Fleming (Full name of wife; if not married, so state)	706 Ashe Street, Key West, Fla. (Address of wife)
John Harlie (son) (Full name of child; if none, so state)	same as above (Address of child)
Walter James (son) (Full name of child; if none, so state)	same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)

CODED No. 18

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Steve C. Fleming (Full name of relative)	Father (Relationship)	286 Moore Street, Greenville, SC (Address of relative)

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

5th day of Nov. 19 46

J. R. HINMAN
(Signature)

Commander, USCG
(Rank or title)

Harlie Fleming
Harlie Fleming
(Signature)

CBM
(Rank or rating)

16—25758-1

MING. HARLIE 11-2-05 26933

DEPENDENT OUTP

6ND GEN 6150-8
0196 900 1880
(Fmly Gen-820)

PAGE 10749 BATCH 635 PAGE C006
07/29/74

Y 000026933 0 C00 000

000026933 FLEMING HARLIE CG 0 C00 822

Fleming Harlie 26933
Retired 6-1-50

Bureau of the Budget
Circular A—32

0109-201-2102

CLINICAL RECORD	DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
7/3		This 65 yr old came male to ER c/o of falling in bathtub and poss. breaking rib.		
		Allerg. ∅		
		med: Metamucil		
		Pt hooked c/ telemetry and ∅ with rib is painful c/ complaints of shortness of breath cage.		
		Augm. Excel ∅ with Rib		
		Rx Robaxin, Codeine, Sterile bandage		

(Continued on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

Fleming Harlie

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS
Standard Form 508

DOCTOR'S
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
7 JUL 1971				

~~MALE MEDICAL CLINIC~~
TISNH KEY WEST, FLA

cont 146
See prev. note.
Feeling better now. CBC + ESR nl,
but B.S. not yet done
Amylase nl. Stool neg for O.B.
Resp Cont. PRN Metamucil
R/V PRN

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

04 JUN 1971

USNH KWEST, FLA. EMERGENCY ROOM

0905 65yb ♂ to ER c/o pain ↳ Abd
X 3 wks. Hx of constipation, takes laxatives
Q 8 days.
T 98.6
Allerg: Ø
Med: Ø

Exam: NAD.
Chest: ↓ breath sounds bilat.
Heart: RSR S ⓝ.
Abd: Mild central tenderness S
guarding.
Rectal: Prostate 3+ enlarged,
nontender. Stool neg.
Imp: Constipation - laxative habit.
Tx: Juice, cereal & coffee QAM.
↑ fluid.
Metamucil 1 tsp bid pm
Med clinic if persists.
D. Mallory

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME				DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

28 JUN 1971

MALE MEDICAL CLINIC
USNH KEY WEST, FLA.

wgt 144

6 5yo man in gen. good health
c ~6wks hx vague, lower abd dull pain + sensation of constipation
Long hx of laxative use ~ 1-2/wk
Now having ~ 2 stools/wk – "yellow" (nl for him), ō blood.
On Metamucil. Pain does not awaken.
No UT Sx. Similar Sx ~ 1yr ago, tx'd c liquid diet c good results.
No nov.

Sx worse 2 wks
last 8

Abd Exam: Nl contour. Nl bowel sounds
No masses or megaly
Mild hypogastric tenderness

Imp Probably functional

Disp
1) ↑ Metamucil to 1 heaping tsp tid
2) Stool for O.B.
3) CBC c ESR, Amylase, UA-Rtor
4) F/Lat plate + (R) lat. decubitus of abd "Any evidence of obstr?"
5) R/V 2 wks
6) ~~Barium~~ Fleets enema with

Budget
A—32

0109-201-4802

CLINICAL RECORD — ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG ☐ YES ☒ NO

CLINICAL IMPRESSION: Substernal chest pain [illegible] excavation

MEDICATION: —

☐ EMERGENCY ☐ BEDSIDE
☒ ROUTINE ☒ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B.P.	SIGNATURE OF WARD PHYSICIAN	DATE
65	M	Cau	6'	150	150/70	[illegible]	

RHYTHM: Sinus

AXIS DEVIATION (QRS): −15°

RATES: AURIC. 60 VENT.

INTERVALS: PR .16 QRS .12 QT .36 .08-

P WAVES: WNL

QRS COMPLEXES: RR' V3 Notched S V2

RS—T SEGMENT:

T WAVES: WNL

UNIPOLAR EXTREMITY LEADS (*Specify*)

PRECORDIAL LEADS (*Specify*)

RBBB pattern in V_3

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

RBBB.

(*Continue on reverse*)

NO. ECG	SIGNATURE	TITLE	DATE
	[illegible] MD		

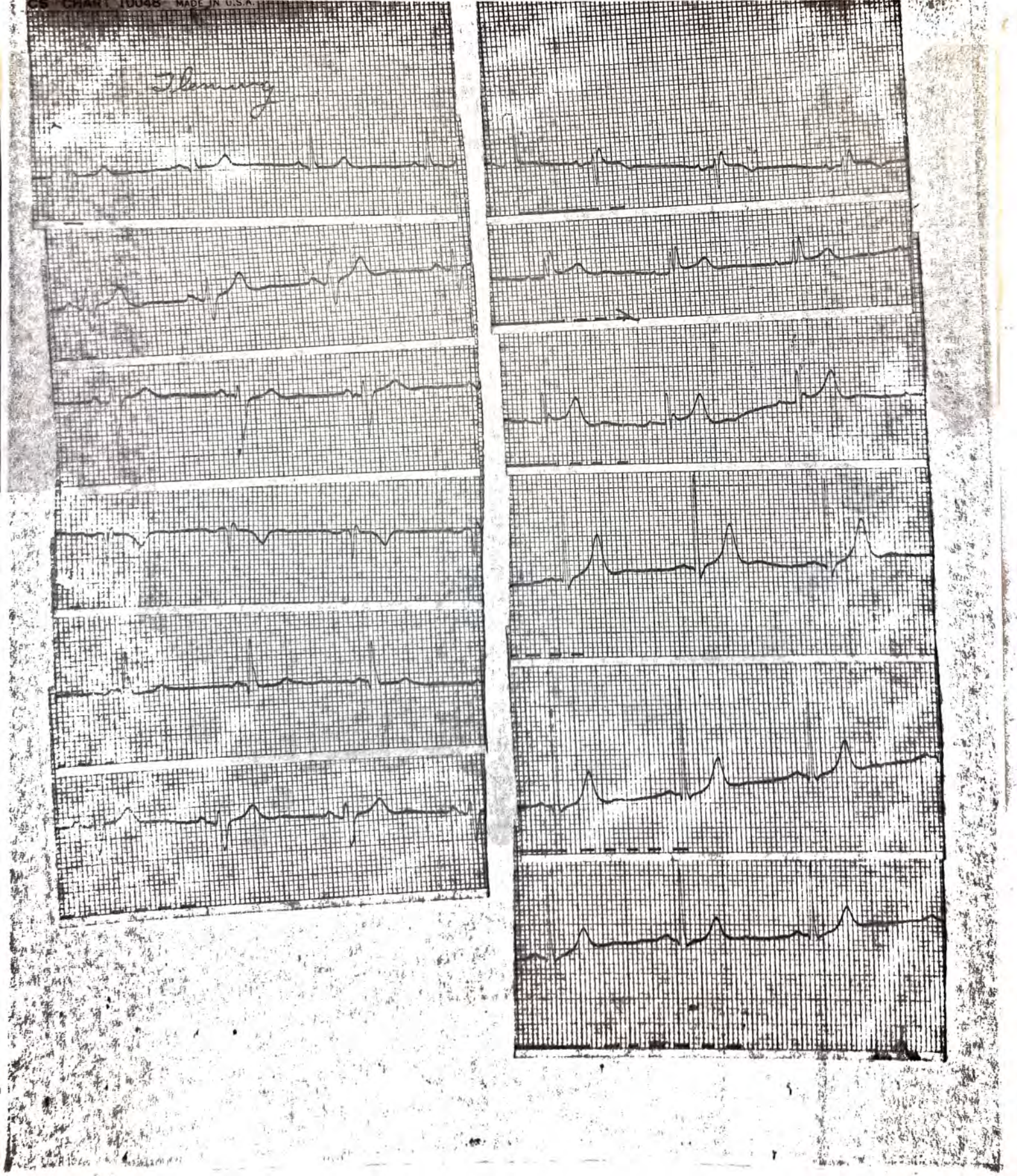
PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

Fleming, Charlie
USCG Ret
Retired

REGISTER NO.

WARD NO. ER

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(*Attach tracings to S. F. 507*)


CS CHART 10048 MADE IN U.S.A.
Fleming

Retired

(Above space for mechanical imprinting, if used)

EXAMINATION REQUESTED: PA Lat Chest

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS: chest pains

FILM NO. 0476 | DATE OF REQUEST 1/15/71 | REQUESTED BY Dr Lubre

RADIOGRAPHIC REPORT

EKH 1/25/71 The left costophrenic angle is blunted from old pleural reaction. There is fibroemphysema and pical pleural capping bilaterally. No acute infiltrate is noted. The heart is normal in size and the ribcage is intact.

DATE OF REPORT: JAN 1971

USNH, Key West, Fla.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

HENRY L. GIAN
CDR MC USN

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-207

15 JAN 1971

OUTPATIENT DEPARTMENT
U.S. NAVAL HOSPITAL
~~KEY WEST, FLA.~~
WALK-IN (NON-APPOINTMENT)
EMERGENCY ROOM VISIT

0844 65 y/o ♂ to E.R.C c/o chest pain x 1 wk

Allergies
Meds.

B/P. 160/72

sharp shooting epigastric - substernal chest pains not related to exercise lasting a matter of seconds & occurring in ~~to~~ minutes

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY—MONTH—YEAR)	IDENTIFICATION NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
14 DEC 1970	
EMERGENCY ROOM VISIT	
1100	65 y/o ♂ to ER c ♋ cold x 2 days.
	Allergies
	Meds —
	Norhistine
	q 5 A.
	[signature]
15 JAN 1971	
OUTPATIENT DEPARTMENT U.S. NAVAL HOSPITAL ~~KEY WEST, FLA.~~ WALK-IN (NON-APPOINTMENT) EMERGENCY ROOM VISIT	
0844	65 y/o ♂ to E.R. c ♋ chest pain x 1 wk
	Allergies — B/P. 160/72
	Meds. —
	sharp shooting epigastric - substernal chest pain not related to exercise lasting a matter of seconds & occurring in ~~to~~ minutes

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY—MONTH—YEAR)	IDENTIFICATION NO.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

improved c food . . no cold sweat or nausea
no hypertension no Diabetes or Digestive heart
disease.
No Chest - Pectus excavatum non tender
toes w/n no mo
chest - occ. rhonchi cleared on deep breathing
EKG. - RBBB
Imp dyspepsia vs chostrochondritis.
Maalox
referral.
Med clinic

Peter

MALE MEDICAL CLINIC: USNH KEY WEST, FLA.

1 FEB 1971 65yo man referred from ER for eval of 1-2 yrs wh hx ① pressure. chest pains - seemingly helped by eating, not related to exertion helped by maalox. Now gone. ECG + Chest x-ray reportedly nl. Rare hot burn. No hx of GB or stomach or ht disease. Smokes 1 ply cigs/d. Gen good health.

Lungs: Clear - sl. distant bs.
Cor: RRS ⓜ
Abd: nl.

Disp R/V nl
Ex surgery

Exam reviewed w/ Chief.

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

Fleming Harlie
USN Ret

MALE MEDICAL CLINIC

USNH KEY WEST FLA.

REGISTER NO. | WARD NO. | ☐ BED PATIENT ☑ AMBULATORY

REQUESTED BY AND DATE: Dr Trimble

DATE AND TIME COLLECTED:

CLINICAL DATA:

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

W.B.C.	9,400	R.B.C.			
DIFFERENTIAL COUNT		HEMATOCRIT	48		
NEUTROPHILES		HEMOGLOBIN	16.7		
BLASTS		BLEEDING TIME			
MYELOCYTES		COAGULATION TIME			
BANDS		BLOOD MORPHOLOGY: REMARKS			
LYMPHOCYTES					
MONOCYTES					
EOSINOPHILES					
BASOPHILES					
PLATELETS					
SEDIMENTATION RATE	6 mm/1hr				
C.S.R.					

DATE OF REPORT: 6-28-[illegible]

SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

514-311

18

Standard Form 514-B—Rev. Dec. 1964
Bureau of the Budget Circular A-62

HEMATOLOGY

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REGISTER NO.

WARD NO.

0109-201-2701

LABORATORY REPORTS
Standard Form 514
514-104

MALE MEDICAL CLINIC

USNH KEY WEST FLA

ng Harlie

Ret

REGISTER OR UNIT NO. | WARD NO. | BED PATIENT. / AMBULATORY

REQUESTED BY AND DATE: Dr Lumble | DATE AND TIME COLLECTED

CLINICAL DATA

ST NAME—FIRST NAME—MIDDLE NAME

ANCE	
STENCY	
OD—GROSS	
OCCULT	Neg
US	
UCUS	
BILE	
OVA AND PARASITES	

REMARKS

DATE OF REPORT | SIGNATURE (Specify Dept. if not part of requesting facility)

NAME OF MEDICAL FACILITY

FECES

Standard Form 514-C—Rev. June 1959, Bureau of the Budget Circular A-32

GPO 858—16—56912-6

E LINES

↑

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REGISTER NO.

WARD NO.

LABORATORY REPORTS

Standard Form 514

514-101

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Fleming Harlie

USNRet

REGISTER NO. MALE MEDICAL CLINIC | WARD NO.

USNH KEY WEST, FLA.

AGE	SEX
65	M

(Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☒ AMBULATORY

EXAMINATION REQUESTED

Ⓡ flat plat & Ⓡ lat dicubitus of abd.

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

" Any evidence of obstruction ?"

N/

FILM NO. 0476 | DATE OF REQUEST | REQUESTED BY

RADIOGRAPHIC REPORT

RADIOGRAPHICALLY WITHIN NORMAL LIMITS

RG

DATE OF REPORT: JUN 2 81971

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

USNH, Key West, Fla.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

F H. L. GIARD
CAPT MC USN

Standard Form 519-A (Rev. Aug. 1964)
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)

RADIOGRAPHIC REPORT
519—207
Standard Form 519

CG 002443

FILE

3-7

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3646 (Rev. 12-61)

DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY

(See instructions on reverse side)

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until canceled by me in writing.

RETIRED MEMBER'S NAME (Last, First, Middle)	SERVICE NO.	GRADE OR RATE
Fleming Harlie	26933	2/18/65

DESIGNATION OF BENEFICIARY

SHARE	NAME	ADDRESS	RELATIONSHIP
all %	Lorie Fleming	1501 N.W. 11th Place Ft Lauderdale Fla.	Wife
%			
%			

SIGNATURE AND ADDRESS OF WITNESS
Clea Taylor
1645 N.W. 128th St - Miami Fla

SIGNATURE AND ADDRESS OF RETIRED MEMBER
Harlie Fleming Ft. Lauderdale
1501 N.W. 11th Place Fla.

DATE SIGNED
2/18/65