'26 SEP 22 PM 4:14:53

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

Date: 09/21/2026

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
Payne, Shelbert, Ruel	244166565	1921 NC 2/6/21

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: 2000 2/7/2000 ?

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location) Tuy @ 42144

From: To:

(Agency & Location)

From: To:

(Agency & Location) P500

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-0008244294

Attendant Signature:

CMRS Search Request Number(s): CG-29028201

Remarks:

28 OCT 7 AM 9:3

Ordered By Name

Time Out:

Final Return:

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

— 1957 —

REPLY CONCERNING MILITARY RECORDS

DATE

RE: Pvt C Spelhaut Buel SC 224-016

THE REPLY TO THE INQUIRY WILL BE FOUND IN THE CHECKED ITEM(S). IF YOU WRITE TO US AGAIN ON THIS SUBJECT, PLEASE RETURN YOUR ORIGINAL REQUEST, THIS FORM, AND ANY OTHER FORM YOU COMPLETE.

☐ Copies of requested military ☐ personnel ☐ medical records are attached. We suggest you make an extra copy and guard against loss or damage. We regret if any photocopies may be of poor quality, but they are the best copies obtainable.

☐ The attached separation document may include the following information: authority for separation, reason for separation, Reenlistment Eligibility Code, and Separation (SPN/SPD) Code. If you require a copy of the separation document that does not contain the above information, you may request a deleted copy from this Center.

☐ The Privacy Act of 1974 does not permit the release of a social security number or other personal information to the public without the authorization of the veteran concerned; therefore, we have deleted personal identifying data relating to other persons.

☐ The Reenlistment Eligibility (RE) Code issued upon release from active duty on _____ is _____.

☐ The reason and authority for separation from active duty/discharge on _____ is _____.

☐ The record of service in the _____ indicates being in a POW status from _____ to _____.

☐ Military personnel, upon discharge from the Armed Forces, are issued discharge certificates. These certificates are prepared in the original only; therefore, copies cannot be furnished. The law does provide that upon presentation of satisfactory proof of loss (such as a signed statement), an honorably discharged veteran or the surviving spouse may be given a "certificate in lieu of lost or destroyed discharge." We are unable to issue a certificate in lieu to anyone other than as provided by law.

☐ The document you have requested, DD Form 214, Report of Separation, was not used until Jan. 1, 1950. However, a similar form was used at the time the person named above was separated. A copy of it is attached.

☐ When the person named above was separated, it was not the practice to issue a document which served as a report of separation.

☐ The original Report of Separation was issued at the time of separation. Another original cannot be issued. The attached copy, however, will serve the same purpose as the original.

☐ No Report of Separation was issued since the person named above had no active service, or less than 90 days of active duty for training.

☐ The service record of the person named above does not contain a copy of a Report of Separation, or its equivalent. Therefore, we are instead furnishing the attached NA Form 13038, Certification of Military Service. This will serve as verification of military service and may be used for any official purpose.

☐ That portion of your request seeking medals/awards has been referred to the office checked below. That office has jurisdiction over the issuance of medals/awards. Any further correspondence on this subject should be addressed to that office.

☐ ARPERCEN, Attn: DARP-PAS-EAW ☐ Navy Liaison Office, Room 3475 9700 Page Ave., St. Louis, MO 63132

☐ The medical records you request ☐ The documents you request pertaining to discharge have been lent to the Department of Veterans Affairs (VA) and may be obtained from the VA office shown below.

☐ The Department of Defense Privacy Program, 32 CFR 286a.30(f), allows for the disclosure of medical records to the individual to whom they pertain. A portion of your medical records, however, contain information which can be interpreted and explained properly only by a physician. If you wish us to send copies to a designated physician, please furnish us with the name and address of that physician. The request MUST INCLUDE the written consent (signature) of the person whose records are involved, authorizing the release of the records to the designated physician.

☐

Gilbert R Boyce
2208 NW 6 Ave
Miami Shores FL 33011

NCPM 14

NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Avenue
St. Louis, Missouri 63132-5100

...ANCE INFORMATION. The following information is ...ed in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility servicing the records in locating and verifying the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U.S.C.a(e)(4)(D) include the transfer of relevant information to appropriate Federal, State, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition, this form will be filed with the appropriate military records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your inquiry.

...read instructions on the reverse. If more space is needed, use plain paper.

SECTION I – INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

1. NAME USED DURING SERVICE (Last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
Payne, Shelbert R.	244-16-6565	2/6/21	N.C.

5. ACTIVE SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below)

BRANCH OF SERVICE (Also, show last organization, if known)	DATES OF ACTIVE SERVICE: DATE ENTERED	DATE RELEASED	Check one: OFFICER	Check one: ENLISTED	SERVICE NUMBER DURING THIS PERIOD
U.S. Coast Guard	1939	1955	X		224 0160

6. RESERVE SERVICE, PAST OR PRESENT — If "none," check here ▶ ☒

a. BRANCH OF SERVICE	b. DATES OF MEMBERSHIP: FROM	TO	c. Check one: OFFICER	c. Check one: ENLISTED	d. SERVICE NUMBER DURING THIS PERIOD
			☐	☐	

7. NATIONAL GUARD MEMBERSHIP (Check one): ☐ a. ARMY ☐ b. AIR FORCE ☒ c. NONE

d. STATE	e. ORGANIZATION	f. DATES OF MEMBERSHIP: FROM	TO	g. Check one: OFFICER	g. Check one: ENLISTED	h. SERVICE NUMBER DURING THIS PERIOD
				☐	☐	

8. IS SERVICE PERSON DECEASED
☐ YES ☒ NO — If "yes," enter date of death.

9. IS (WAS) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST ☒ YES ☐ NO

SECTION II – REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED; OR, CHECK ITEM 2; OR, COMPLETE ITEM 3
Complete Military Personnel Records to include Complete Military Medical Records

2. IF YOU ONLY NEED A STATEMENT OF SERVICE check here ☐

3. LOST SEPARATION DOCUMENT REPLACEMENT REQUEST (Complete a or b, and c.)

☐	a. REPORT OF SEPARATION (DD Form 214 or equivalent)	YEAR ISSUED	This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, the surviving next of kin, or to a representative with veteran's signed release (item 5 of this form).
☐	b. DISCHARGE CERTIFICATE	YEAR ISSUED	This shows only the date and character at discharge. It is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions; or, if deceased, to the surviving spouse.

c. EXPLAIN HOW SEPARATION DOCUMENT WAS LOST

4. EXPLAIN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED
Personal
+
VA Benefits

6. REQUESTER

a. IDENTIFICATION (check appropriate box)
☒ Same person identified in Section I ☐ Surviving spouse
☐ Next of kin (relationship) _____
☐ Other (specify)

b. SIGNATURE (see instruction 3 on reverse side)

DATE OF REQUEST: 2/19/93

5. RELEASE AUTHORIZATION, IF REQUIRED (Read instruction 3 on reverse side)

I hereby authorize release of the requested information/documents to the person indicated at right (item 7).

VETERAN SIGN HERE ▶ X Shelbert R. Payne

(If signed by other than veteran show relationship to veteran.)

7. Please type or print clearly – COMPLETE RETURN ADDRESS

Name, number and street, city, State and ZIP code:
Mr. Shelbert R. Payne
2208 N.W. 6 Ave
Wilton Manors, Fl. 33011

TELEPHONE NO. (include area code) ▶ 305-566-4089

File
B-13

Jan 20, 1962

34 Hudson St.
Stapleton, S.I., N.Y.

Commandant (P.S.)
U.S. Coast Guard
1300 E. St. N.W.
Washington D.C.

Dear Sir:

It is requested that my record of dependents be adjusted in accordance with material enclosed. Final Decree of Divorce and Marriage Certificate of Remarriage. Thank you very much.

Sincerly Yours,

Shelbert R. Payne Dec Ret.

MARRIAGE CAN BE PERFORMED IN NEW YORK STATE ONLY

BRIDE AND GROOM MUST BOTH BE **21 YEARS** OF AGE OR OLDER TO BE MARRIED BY THE CITY CLERK. (Subdivision 5, of Section 11 of the Domestic Relations Law.)

The written consent of the Parents, Guardians or Person under whose care and government the Minor or Minors may be, has been filed in the City Clerk's Office in the Borough of Richmond as provided by Section 15, of Article 3 of the Domestic Relations Law.

MARRIAGE CERTIFICATE

TO CLERGYMEN AND MAGISTRATES

The license issued, including the abstract of facts, and certificate duly signed by the person who shall have solemnized the marriage therein authorized shall be returned by him to the office of the town or city clerk who issued the same within five days succeeding the date of the solemnizing of the marriage therein authorized and any person or persons who shall wilfully neglect to make such return within the time above required shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than twenty-five dollars or more than fifty dollars for each and every offense. (DOMESTIC RELATIONS LAW, SECTION 14)

Where either or both of the parties is under the age of twenty-one years, the marriage shall be solemnized only by a clergyman, mayor of a city, justice or judge of a court of record, justice of the court of Special Sessions of the City of New York, justice of the Domestic Relations Court of the City of New York or by a judge of a Children's Court. (Subdivision 5, of Section 11 of the Domestic Relations Law)

I, Edward G Baker (Print name) a Justice Supreme Court (Title of person performing ceremony)

residing at 118 Overlook Terrace

in the county of Richmond and State of New York, do hereby certify that I did on this 26th day of December in the year A. D. 1961, at 4.30PM at 118 Overlook Terrace in the county of Richmond and State of New York, solemnize the rites of matrimony between

Shelbert Ruel Payne

of 16 Waverly Pl in the county of Richmond and State of New York, and

Anna O'Krepa

of 34 Hudson St in the county of Richmond and State of New York in the presence of Jessie P Baker (Print Name) and (Print Name)

as witness and the license therefor is hereto annexed.

Witness my hand at 118 Overlook Terrace in the county of Richmond

this 26th day of December A. D. 1961

In presence of

Jessie P Baker
(Signature of Witness)

Edward G. Baker
(Signature of Person Performing Ceremony)

Residence 118 Overlook Ter. S.I., N.Y.

(Signature of Witness)

118 Overlook Terrace S I 5
(Address of Person Performing Ceremony)

Residence

County of Richmond

CITY CLERK, BOROUGH OF RICHMOND

MARRIAGE LICENSE No. 1292

Know all Men by this Certificate, that any person authorized by law to perform marriage ceremonies within the State of New York to whom this may come, he, not knowing any lawful impediment thereto, is hereby authorized and empowered to solemnize the rites of matrimony between SHELBERT RUEL PAYNE of SI and ANNA O'KREPKA in the county of SI and State of New York in the county of ..... and State of New York and to certify the same to be said parties or either of them under his hand and seal in his ministerial or official capacity and thereupon he is required to return his certificate in the form hereto annexed. The statements endorsed hereon or annexed hereto by me subscribed, contain a full and true abstract of all of the facts concerning such parties disclosed by their affidavits or verified statements presented to me upon the application for this license.

Such application was accompanied by papers complying with the applicable requirements of section thirteen-a of the Domestic Relations Law, relative to examination and health of the parties, or such compliance was dispensed with, wholly or partly, by order of a judge or justice.

In Testimony Whereof I have hereunto set my hand and affixed the seal of said City at the Borough Hall, St. George, Richmond

DEC 26 2 20 PM '61

NOT VALID FOR 24 HOURS

SEAL

Herman Ruhl

City Clerk.

The following is a full and true abstract of all the facts disclosed by the above-named applicants in their verified statements presented to me upon their applications for the above license:

FROM THE GROOM:

Full name SHELBERT RUEL PAYNE
Color WHITE
Place of residence 16 WAVERLY PL SI (Street Address)
Age 40 Date of Birth 2-6-21 (Month) (Day) (Year)
Usual Occupation US COAST GUARD RETIRED
Industry or Business
Place of birth ELIZABETH CITY NC

FROM THE BRIDE:

Full name ANNA O'KREPKA
Color WHITE
Place of residence 34 HUDSON ST SI (Street Address)
Age 40 Date of Birth 9-2-21 (Month) (Day) (Year)
Usual Occupation CLERK
Industry or Business SI INST. ARTS AND SCIENCES
Place of birth [illegible] PA (Country)

No. 1202

STATE OF NEW YORK } ss.:
COUNTY OF RICHMOND }

I, AUGUSTINE B. CASEY, Clerk of the County of Richmond and of the Courts of Record thereof, do hereby certify that I have compared the annexed with the original MARRIAGE RECORD FILED

in my office January 9, 1962

and the same is a true transcript thereof, and of the whole of such original.

JAN 23 PM 2 11 1962

In Testimony Whereof, I have affixed the seal of said County and Court this ..... day of ....., 196.....

JAN 10 1962

Augustine B. Casey Clerk.

12919-1M-1020025(59) 114

R.I. 226-7.1M sets-803014(60) 114

CITY CLERK, BOROUGH OF RICHMOND

MARRIAGE LICENSE No. 1292

Know all Men by this Certificate, that any person authorized by law to perform marriage ceremonies within the State of New York to whom this may come, he, not knowing any lawful impediment thereto, is hereby authorized and empowered to solemnize the rites of matrimony between SHELBERT RUEL PAYNE of SI in the county of and State of New York and ANNA O'KREPKA of in the county of SI and State of New York and to certify the same to be said parties or either of them under his hand and seal in his ministerial or official capacity and thereupon he is required to return his certificate in the form hereto annexed. The statements endorsed hereon or annexed hereto by me subscribed, contain a full and true abstract of all of the facts concerning such parties disclosed by their affidavits or verified statements presented to me upon the application for this license.

Such application was accompanied by papers complying with the applicable requirements of section thirteen-a of the Domestic Relations Law, relative to examination and health of the parties, or such compliance was dispensed with, wholly or partly, by order of a judge or justice.

In Testimony Whereof I have hereunto set my hand and affixed the seal of said City at the Borough Hall, St. George, Richmond

DEC 26 2 20 PM '61

NOT VALID FOR 24 HOURS

SEAL

Herman Katz
City Clerk.

The following is a full and true abstract of all the facts disclosed by the above-named applicants in their verified statements presented to me upon their applications for the above license:

FROM THE GROOM:

Full name SHELBERT RUEL PAYNE
Color WHITE
Place of residence 16 WAVERLY PL SI (Street Address)

Age 40 Date of Birth 2-6-21 (Month) (Day) (Year)
Usual Occupation US COAST GUARD RETIRED
Industry or Business
Place of birth (City) (State) (Country) ELIZABETH CITY NC
ROBERT M.
father US
f mother ALICE BASNIGHT
mother US
reviously married ONE
of 1 ELINOR F. GROBE
es 2
ad 1 LIVING 2
o a divorce, annulment or dissolution DIVORCE
nd against whom
961 MIAMI FLA MY FAVOR
orces or annulment DESERTION
ndant served with summons NY
ar in person in Court NO
YES or serve answer
egal impediment exists as to my right to enter state.

FROM THE BRIDE:

Full name ANNA O'KREPKA
Color WHITE
Place of residence 34 HUDSON ST SI (Street Address)

Age 40 Date of Birth 9-2-21 (Month) (Day) (Year)
Usual Occupation CLERK
Industry or Business SI INST. ARTS AND SCIENCES
Place of birth (City) (State) (Country) HAZELTON PA
Full name of father DEMETRO
Country of birth of father AUSTRIA HUNGARY
Full maiden name of mother CATHERINE PASNAK
Country of birth of mother AUSTRIA HUNGARY
Number of times previously married ONE
Full names of former husband or husbands 1 JOSEPH SCHMAILIK 2
Are they living or dead 1 LIVING 2
Were you a party to a divorce, annulment or dissolution DIVORCE
When and where and against whom
1. MAR 1961 MIAMI FLA MY FAVOR
2.
Grounds of the divorces or annulment MENTAL CRUELTY
Where was the defendant served with summons NY
Did defendant appear in person in Court NO
Or by attorney or serve answer YES
I declare that no legal impediment exists as to my right to enter into the marriage state.

4(60) 114

CERTIFICATE OF CONSENT

This is to certify that _____, who have hereto subscribed _____ name, do hereby consent that _____ who is _____ (My or our Son, Daughter or Ward)

(Name of Minor)

_____ and who is under the age of _____ years, having been born _____ 19____,

shall be united in marriage to _____ by any clergyman or other person authorized by law to solemnize marriages.

Witness my hand this _____ day of _____ A. D. _____ 19____

Subscribed and sworn to before me

on _____ day of _____ 19____

_____

Clerk

_____

_____

(Signatures of Parents or Guardian)

CERTIFICATE OF CONSENT

This is to certify that _____, who have hereto subscribed _____ name, do hereby consent that _____ who is _____ (My or our Son, Daughter or Ward)

(Name of Minor)

_____ and who is under the age of _____ years, having been born _____ 19____,

shall be united in marriage to _____ by any clergyman or other person authorized by law to solemnize marriages.

Witness my hand this _____ day of _____ A. D. _____ 19____

Subscribed and sworn to before me

on _____ day of _____ 19____

_____

Clerk

_____

_____

(Signatures of Parents or Guardian)

Co-2023-87M-811017(60) 114

No.

(OFFICE USE)

STATE OF NEW YORK

Affidavit for License to Marry

Date of Marriage

Church

Location

Clergyman

STATE OF NEW YORK
City of New York, County of Richmond
Borough of Richmond

SHELBERT Dec 26 2 29 PM '51 RUEL PAYNE
GROOM (Print First Name) (Middle Initial) (Print Last Name)

and ANNA O'KREPKA
BRIDE (Print First Name) (Middle Initial) (Print Last Name)

applicants for a license for marriage, being severally sworn, depose and say, to the best of their knowledge and belief the following statement respectively signed by them is true.

FROM THE GROOM:

Full name Shelbert Ruel Payne
Color White Caucasian
Place of residence 11 Waverly Pl. (Street Address)
Stapleton S.I. N.Y.
Age 40 Date of Birth 3 (Month) 6 (Day) 1921 (Year)
Usual Occupation U.S. Coast Guard Retired
Industry or Business
Place of birth Elizabeth City N.C. Chowan (City) (State) (Country)
Full name of father Robert Moran Payne
Country of birth of father U.S.A.
Full maiden name of mother Ella Lee Basnight
Country of birth of mother U.S.A.
Number of times previously married One
Full maiden name of former wife or wives 1. Elinor Frances Hoke
2.
Are they living or dead 1 Living 2.
Were you a party to a divorce, annulment or dissolution Divorce
No. 61C 768
When and where and against whom Manhattan 4-11-1961
vs. 1. Elinor Frances Hoke
2.
Grounds of the divorces or annulment Desertion
Where was the defendant served with summons Bronx N.Y.
Did defendant appear in person in Court No
Or by attorney Yes or serve answer
I declare that no legal impediment exists as to my right to enter into the marriage state.

Shelbert R. Payne
SIGNATURE OF GROOM

Subscribed and severally sworn to before me this 26 day of Dec 1961 PM JAN 23

Clerk.

FROM THE BRIDE:

Full name Anna O'Krepka
Color White
Place of residence 34 Hudson St. S.I. 24 (Street Address)
Age 40 Date of Birth 9 (Month) 2 (Day) 1921 (Year)
Usual Occupation Clerk
Industry or Business S.I. Institute of Art & Science
Place of birth Hazelton Pa. (City) (State) (Country)
Full name of father Demetro O'Krepka
Country of birth of father Austria-Hungary
Full maiden name of mother Catherine Pacanko
Country of birth of mother Austria-Hungary
Number of times previously married One
Full names of former husband or husbands 1. Joseph Schwaitik
2.
Are they living or dead 1 Living 2.
Were you a party to a divorce, annulment or dissolution Divorce
60C 11238
When and where and against whom Nassau 3-13-61
1. vs. Joseph Schwaitik
2.
Grounds of the divorces or annulment Mental Cruelty
Where was the defendant served with summons 25 Shore Acres Road S.I. N.Y.
Did defendant appear in person in Court No
Or by attorney or serve answer Yes
I declare that no legal impediment exists as to my right to enter into the marriage state.

Anna O'Krepka
SIGNATURE OF BRIDE

FUTURE ADDRESS
(Enter here EXACT FUTURE ADDRESS after marriage, if known)

(Street Address)

(City, Town, or Village) (State)

Recorded this ___ day of ___ A.D. 19__
in Chancery Order Book 157 on Page 515
E. B. LEATHERMAN,
Clerk Circuit Court
By ___ D.C.

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR DADE COUNTY.

In Chancery No. 61 C 768

SHELBERT R. PAYNE,

Plaintiff,

vs.

ELINOR F. PAYNE,

Defendant.

FINAL DECREE OF DIVORCE

This Cause coming on to be heard upon the complaint of SHELBERT R. PAYNE, the plaintiff herein, and a Decree Pro Confesso having been entered, and the Plaintiff having appeared and testified to the facts alleged in the Complaint, and the Court being satisfied that the defendant, ELINOR F. PAYNE, has been guilty of wilful, obstinate and continuous desertion of the plaintiff for more than one year prior to the filing of the Complaint, and that the Court has jurisdiction of this Cause and of the parties thereto, and that the Plaintiff is entitled to the relief prayed for in the Complaint, and being fully advised, it is

ORDERED, ADJUDGED and DECREED that the Plaintiff, SHELBERT R. PAYNE, be and he hereby is granted a divorce, a vinculo matrimonii, from the defendant, ELINOR F. PAYNE, forever dissolving the bond of marriage heretofore existing between them, and it is further

ORDERED, ADJUDGED and DECREED that the plaintiff, SHELBERT R. PAYNE, be and he hereby is awarded full and permanent custody of RONALD M. PAYNE and ROBERT L. PAYNE, the two minor, unemancipated children of the marriage.

DONE and ORDERED at Miami, Florida, this 26th day of April, 1961.

Hal P. Dekle
CIRCUIT JUDGE

PE-PR-50

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
PAYNE, Shelbert Ruel	224-016	DCC	1 DECEMBER 1953

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
TREASURY - USCG	Elizabeth City, North Carolina		6	FEB	1921

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
Caucasian	Male	Brown	Blue	6'0"	195	[X] YES [ ] NO	Married

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
High School - 2 Years	Academic

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
Discharge	USCG BASE, St. George, Staten Island, New York

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
Code - 202, Expiration of term of enlistment. Section 12-3-42 Coast Guard Regulations.		19	DEC	1957

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
USCG BASE, St. George, Staten Island, N.Y.	HONORABLE	DD-256-CG

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
Not Available	Not Available	- -	- - -	- -

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: Not Applicable

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION DAY	MONTH	YEAR	19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY DAY	MONTH	YEAR
Not Applicable			[ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [X] REENLISTED [ ] OTHER:	Six	21	DEC	1951

20. PRIOR REGULAR ENLISTMENTS	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
Four	DC1	Staten Island, New York

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)
68 West Union Street, Bay Shore
Nassau, New York

24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	05	11	29
	(2) OTHER SERVICE	12	02	26
	(3) TOTAL (Line (1) + line (2))	18	02	25
b. TOTAL ACTIVE SERVICE		18	02	25
c. FOREIGN AND/OR SEA SERVICE		01	07	09

25a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
- - - - - - - - -	- - - - - - - - - - - - -

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
National Defense Service Medal.

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
None

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
- - - -NONE- - - - - - -	- - - - - - - - - - - -	- - - -NONE- - - - - - -

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NONE

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
[ ] YES [X] NO	Not Applicable	Not Applicable

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
"Education and Training"	C 16 625 282

AUTHENTICATION

32. REMARKS
Entitled to receive $100.00 MOP under the MOP act of 1952. Previously paid $200.00 under the MOP Act of 1952. Reenlisted in the U. S. Coast Guard 20 December 1957 at USCG BASE, St. George, Staten Island, New York. X X X X X X X X X X X X X X X X

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)
100 New Hampshire Ave., Bay Shore, New York

34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
Shelbert R. Payne

35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER
W. A. EVANS, SCLK, W-1, USCG, PO

b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
W A Evans

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
PAYNE Shelbert Ruel	224-016	DCC	1 DEC 1953

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
TREASURY - USCG	Elizabeth City, North Carolina		6	FEB	1921

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
CAUCASIAN	MALE	SANDY	BLUE	72"	190	[X] YES [ ] NO	Single

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
High School - 02	General

PE-PR-57

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
RETIRED	CG BASE, St. George, Staten Island, N.Y.

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
RETIREMENT AFTER 20 BUT LESS THAN 30 YEARS ACTIVE FEDERAL SERVICE Comd't ltr (PE-1) dtd 7-10-59		1	OCT	1959

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
CG BASE, St. George, Staten Island, N.Y.	Honorable	DD-217-CG

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
- - - - - - - -	- - - - - - - -

REPORT SYMBOL. (N) BB-1

CHARACTER OF SEPARATION: HONORABLE

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
PAYNE, Shelbert Ruel	224-016	USCG DC1 5-16-49	U.S.C.G.

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
-	-	20	December	'51	DISCHARGE

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
EXPIRATION OF ENLISTMENT Art. 581(1)	CG BASE, ST. GEORGE, S.I., NEW YORK

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
6	Feb.	21	Elizabeth City, N. C.	Male	Caucasian	Brown	Blue	5'10"	175

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	-	-

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: XX ENLISTED ☐ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM1

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
21	Dec.	48	Cape May, New Jersey	1217 Wash. St. Cape May (Cape May) New Jersey

SERVICE DATA

STATEMENT OF SERVICE FOR PAY PURPOSES

	A. YEARS	B. MONTHS	C. DAYS
21. NET (U.S.C.G.) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	9	2	25
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	0
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES			
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	12	2	25

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY | MONTH | YEAR | AMOUNT: -

26. FOREIGN AND/OR SEA SERVICE: YEARS -0- | MONTHS 10 | DAYS 11

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

Entitled to receive Good Conduct Medal for the period fm 21 December, 1948 to 20 December, 1951.

28. MOST SIGNIFICANT DUTY ASSIGNMENT: CG Base, St. Geo., S.I., N.Y.

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST. GRAD. COURSES SUCCESSFULLY COMPLETED: NONE

DATES (From—To)	MAJOR COURSE
-	-

31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NONE

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 NUMBER(S) 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
-	-	-	-

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$546.12	$10.32	HERBERT NEWMAN, DC1, USCG

AUTHENTICATION

38. REMARKS (Continue on reverse)

Reenlisted in thw U.S.C.G. for a period of six (6) ye ars on 21 December, 1951.

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: W. E. Ehrman

NAME, GRADE AND TITLE (Typed)

W. E. EHRMAN
Lieutenant Commander,
U. S. Coast Guard
Executive Officer

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED 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
-	-	-	-

44. UNITED STATES CITIZEN: YES	NO	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
XX		Married	8	2	0	None	None

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)

68 West Union Street
Bay Shore, L.I., N.Y.

48. SIGNATURE OF PERSON BEING SEPARATED: Shelbert Ruel Payne

SHELBERT RUEL PAYNE

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

DD FORM 214

☆ G.P.O.: 1950-917007

HEADQUARTERS COPY Army and 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.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG BASE, St. George, Staten Island, N.Y. (Ship or station) (Location) On 19 December 1957 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [X] Continued on active duty

Normal date of expiration of enlistment 20 (Day) December (Month) 1957 (Year)

Reason EXPIRATION OF ENLISTMENT **Type discharge certificate** HONORABLE

Authority: Section 12-3-42A(1) Coast Guard Regulations P.C. 7-56

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at St. George, Staten Island, New York (Place) ON 21 December 1951 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from St. George, Staten Island, New York (Place) ON 21 December 1951 (Date)

Home address at time of enlistment, induction, or order to active duty 68 West Union Street, Bay Shore, Long Island, New York

TRAVEL DATA

I hereby elect travel allowance to Bay Shore, Long Island, New York (Location)

Place of HOR (See travel instructions)

SIGNATURE Shelbert R. Payne
Shelbert R. Payne

MISCELLANEOUS DATA

[ ] Reenlisted on board [X] Elected cash settlement for SIXTY (Words) (60) (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From ____ To ____

Completed 18 years service for pay purposes on 24 September 1957 Payment of discharge gratuity [ ] Is directed [X] Is not directed

REMARKS

RECOMMENDED FOR REENLISTMENT. ISSUED HONORABLE DISCHARGE CERTIFICATE DD-256-CG; STATEMENT OF CREDIBLE SERVICE DD-217-CG; FORM DD-214; AVERAGE MARKS: PIR: 3.75; CONDUCT: 4.0; Social Security No. 244-16-6565; HA: 100 New Hampshire Avenue, Bay Shore, Long Island, New York.

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
W. A. EVANS W A Evans	SCLK, W-1, USCG, PO	226-58

DISBURSING DATA

Travel allowance credited, $ 2.52 Cash settlement for unused accrued leave (60 days) $ 725.40

NAME OF A. C. O. A.B. MEYER, SPCK, USCG

Computation:
ISL (BP&L) 60 days $608.40
ISL(ALLOW) 60 days 117.00

DUE AT DISCHARGE, $ 727.92

PERSONAL FUNDS, $

GRATUITY CREDITED, $

Ship or station CG BASE, St. George, Staten Island, New York

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PAYNE,	Shelbert	Ruel	224-016	DCC

Edition of 4-52 may be used

16—66654-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG BASE, St. George, Staten Is., N.Y. (Ship or station) (Location) On 1 October 1959 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☒ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☒ Released from active duty ☐ Continued on active duty

Normal date of expiration of enlistment 19 (Day) December (Month) 1960 (Year)

Reason RETIREMENT AFTER 20 BUT LESS THAN 30 YEARS

Type discharge certificate None

Authority: Comd't ltr PE-1 dtd 7-10-59

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at Staten Island, N.Y. (Place) ON 20 December 1957 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Staten Island, N.Y. (Place) ON 20 December 1957 (Date)

Home address at time of enlistment, induction, or order to active duty 100 New Hampshire Ave., Bay Shore, Long Island, N.Y.

TRAVEL DATA

I hereby elect travel allowance to Has one (1) yr. to elect permanent home. (Location)

Place of (See travel instructions)

SIGNATURE

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for TWENTY-NINE (Words) -29- (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From ____ To ____

Completed 20 years service for pay purposes on 9-24-59 Payment of discharge gratuity ☐ Is directed ☐ Is not directed

REMARKS HA: 5 Division St., Groton, Conn. Not entitled to MOP. Issued DD-214-CG & DD-217-CG. ID Card #186092. Final Trait Average: P - 3.75/ COND - 4.0. SSN: 244-16-6565.

SIGNATURE DATA

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
W. A. EVANS	SCLK,W-1,USCG,Personnel Officer	104-60

DISBURSING DATA

Travel allowance credited, $ NONE Cash settlement for unused accrued leave (29 days) $ 394.88 DUE AT DISCHARGE, $ 463.43

Computation: LSL (BP&L) 29 days 338.33
LSL(ALLOW) 29 days 56.55

PERSONAL FUNDS, $

GRATUITY CREDITED, $

Ship or station	NAME OF A. C. O.
CG BASE, St. George, Staten Island, N.Y. (03-210373.1)	A.B.MEYER,SPCK,W-1,USCG

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

(60)

PE-PR-50

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
224-016	PAYNE	Shelbert	Ruel	DCC	HS-2

5. PLACE OF BIRTH (City) (State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Elizabeth City, North Carolania	6	FEB	21	Protestant	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street) (City) (County) (State)
Married	100 New Hampshire Avenue Bay Shore Suffolk Long Island, New York

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
20	DEC	57	[ ] FIRST ENLISTMENT [X] REENLISTMENT	THREE(3) YRS.	- - - - -	[X] YES [ ] NO

16. ACCEPTED AT (City) (State)	17. ENLISTED AT (Unit) (City) (State)
Staten Island, New York	USCG BASE, St. George, Staten Island, New York

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.
- - - - -

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by 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 understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: 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 Enlistment: I, SHELBERT RUEL PAYNE do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; 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 and regulations governing the Coast Guard including the Uniform Code of Military Justice.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Signature in own handwriting (surname to right) Shelbert R. Payne SHELBERT RUEL PAYNE

Subscribed and sworn to before me this 20th day of December, A. D. 19 57. Citizenship substantiated and contract perfected.

Signature and Grade A. S. UNGER, CAPTAIN, USCG Official Title COMMANDING OFFICER

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-1

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

PE-PR-10

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

RE ENLISTMENT OF PAYNE, Shelbert Ruel (Full name, surname to left); 224-016 (Service number); $205.80 (Pay per month)

Accepted for enlistment at St. George, Staten Island, New York; DC1 (Rating in which enlisted)

Enlisted at U. S. COAST GUARD BASE; 21 December, 1951 (Date of enlistment)

Transferred to - - -

Occupation Coast Guardsman Citizenship* NB If naturalized, place

and date of naturalization ____ Certificate No. ____

Date of birth 6 February, 1921 Place of birth Elizabeth City, N. C.

Home address 68 West Union St., (Street and number) Bay Shore (Town) Nassau (County) New York (State)

Married or single Married Name and address of next of kin or legal guardian

WIFE (Relationship) Elinor Frances Payne 68 West Union St. Bay Shore, L.I., N.Y. (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / ~~Reserve~~ } 12 (Years) 8 (Months) 25 (Days)

First enlisted 25 September, 1939 (Date) at New York, New York (Place) and was

last discharged 20 December, 1951 (Date) from CG Base, St. George, Staten Island, N.Y. (Unit)

with HONORABLE (Character) discharge as DC1 (Rate) No. - - -

Previous Navy service -0- (Years) -0- (Months) -0- (Days) Previous Marine Corps service -0- (Years) -0- (Months) -0- (Days)

Previous Army service -0- (Years) -0- (Months) -0- (Days) Age 30 years 10 months.

Height FIVE feet TEN inches. Weight ONE SEVENTY-FIVE pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color Caucasian

Personal characteristics NONE marks, etc. ____

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 W.E.EHRMAN,LCDR., 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 { SIX (6) years from 21 December, 1951 / during minority until 20 December, 1957 } 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, SHELBERT RUEL PAYNE, 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.

Shelbert Ruel Payne

Shelbert Ruel Payne

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 21st day of DECEMBER, A. D. 1951

W. E. EHRMAN

W. E. EHRMAN, LCDR., U.S.C.G.

(Commanding officer, notary public, or other officer qualified to administer oaths)

Executive Officer

(Title)

Citizenship substantiated and contract perfected.

W. E. EHRMAN

W. E. EHRMAN

LCDR., USCG, *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
(Rev. June, 1942)

ENLISTMENT CONTRACT

mf 1/27/49
CODED
NO. 18

PEA-E
15

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

ENLISTMENT OF PAYNE, Shelbert Ruel (Full name, surname to left); 224-016 (Service number); $155.25 (Pay per month)

Accepted for enlistment at Cape May, New Jersey; BM1 (Rating in which enlisted)

Enlisted at USCGC SASSAFRAS (WAGL-401), Cape May, New Jersey; 21 December, 1948 (Date of enlistment)

Transferred to

Occupation Coast Guard Citizenship* NB If naturalized, place and date of naturalization Certificate No.

Date of birth 6 February, 1921 Place of birth Elizabeth City, North Carolina

Home address 1217 Washington St. (Street and number) Cape May (Town) Cape May (County) New Jersey (State)

Married or single Married Name and address of next of kin or legal guardian Elinor Frances Payne, wife, (Relationship) Cape May, N.J. (Address)

Continuous Service Certificate (Number) Previous service { Coast Guard / ~~Reserve~~ } 9 (Years) 2 (Months) 25 (Days)

First enlisted 25 September, 1939 (Date) at New York, N.Y. (Place) and was last discharged 20 December, 1948 (Date) from USCGC SASSAFRAS (WAGL-401) (Unit)

with Honorable (Character) discharge as BM1 (Rate) No. -----

Previous Navy service none (Years) (Months) (Days) Previous Marine Corps service none (Years) (Months) (Days)

Previous Army service none (Years) (Months) (Days) Age 27 years 10 months.

Height 5 feet 10 inches. Weight 174 pounds.

Eyes blue Sex male Hair lt. brown Complexion ruddy Color white

Personal characteristics none marks, etc.

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 LT B. R. HENRY 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 (3) years from 21 December, 1948 / 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, SHELBERT RUEL PAYNE, 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.

Shelbert R. Payne

SHELBERT RUEL PAYNE

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 21st day of December, A. D. 1948

B. R. Henry

B. R. HENRY, LT, USCG

(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding, USCGC SASSAFRAS.

(Title)

Citizenship substantiated and contract perfected.

B. R. Henry

B. R. HENRY

LT., *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

PEA-E

Form 3500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

ENLISTMENT CONTRACT

DEC 11 1945
CODED
NO. 6

ENLISTMENT [a] of PAYNE, Shelbert Ruel (224-016) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Fire Island Light Station, CG GROUP, BAY SHORE, N.Y., 3ND District, Bay Shore, N. Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Bay Shore, N. Y.
(Place)

1. I, Shelbert Ruel Payne, this 19th day of December, 19 45, 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 Elizabeth City, N. C., on 6 February, 1921 Citizenship [b] NB

If naturalized, place and date of naturalization ----- Certificate number --

If intentions declared, place and date of declaration -----

Occupation or trade Coast Guard Home address Fire Island Light Station, Bay Shore, NY.

Full name and address of the following: Elinor Frances Payne, Fire Island Light Station, Bay Shore,
(Wife, if any) N. Y.

Shelbert John Payne - son (born 11-7-41.) Same address.
(Children under 16 years of age. Specify ages of children)

Robert LeRoy Payne - son (born 6-22-45.) Same address.

Allen Lee Payne, Fire Island Light Station, Bay Shore, N.Y. Widowed? Yes.
(Mother, if living)

Carita Payne, Sister (age 16) Same address.
(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,

Never
and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, [illegible]
(If "not," so state)

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 December, 19 45, from ~~Cutter~~ Station Fire Island Light Sta.
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A62745
(Kind of discharge)

9. I agree to and with the United States of America, represented by A. BURRUS, 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 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 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. BURRUS, Jr., Lieut (jg), United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the SHELBERT RUEL PAYNE 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.

Shelbert Ruel Payne
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By A. BURRUS, Jr., Lieut. (jg).
(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. BURRUS, Jr., Lieut. (jg).

....., U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Shelbert Ruel Payne, 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.

Shelbert Ruel Payne
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of December, A. D. 19 45.

A. BURRUS, Jr., Lieut. (jg).

CO CG GROUP, BAY SHORE, N. Y.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 24 years 8 months. Height 5 feet 10½ inches. Weight 165 pounds. Eyes Blue

Hair Lt. Brown Complexion Ruddy Color White Married Yes.

Distinguishing marks None

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—7 U. S. GOVERNMENT PRINTING OFFICE 1930

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF PAYNE, Shelbert Ruel. (Full name, surname to the left) 224-016 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
CG GR BAY SHORE	1st yr credit 12-19-45			30	30	
CG GR BAY SHORE	1-7-46	1-29-46	21	30	30 9	
2|19|46 , FTA pa Vou#|3557-46 accts E.L.COLEMAN SDA 55-123, net amt $36.75 --By Shore? NY to Norfolk, Va. thence to Bay Shore, NY, 778 mis @5¢ per mile $38.90 less TA on Disch. $2.15.						

RECORD OF PAYNE, Shelbert R. (Full name, surname to the left) 224-016 (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.)

Unit	Months	Days	From—	To—	Remarks	Signature
Short Beach Grp.	No unauthorized absence while attached to unit.					CBOSN(L)
SASSAFRAS	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT					CO

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
SASSAFRAS	two (2) days	Art. 591 (5)(c) CG Regulations	CO

PEA-E 35

12. ON DISCHARGE

Date 20 December, 1948, 193... Place Gloucester, New Jersey Serial No. CODED NO. 18

Kind of discharge Honorable Authority for Art. 589 (1), C.G. Regulations

Discharged on account of Expiration of enlistment

Is ... recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE B. R. HENRY, LT, USCG, CO

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF PAYNE, Shelbert Ruel (Full name, surname to the left) 224-016 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
R.O.NEW YORK	Enlisted	9-25-39	30	30	0	
Fire Island sta	3-26-40	4-1-40	5	25	0	
Fire Island sta	7-17-40	7-28-40	10	15	0	
Fire Island sta	8-18-40	9-1-40	13	2	0	
	2nd year					
Fire Island sta		9-25-40		30	0	
Fire Island Sta.	8/1/41	9/1/41	30	0	0	
	3rd year credit					
Fire Island Sta.				30	0	
Fire Island Sta.	5-11-42	5-22-42	10	20	0	
Extension of enlistment credit, 9-25-42				30	10	
Fire Is.LS.	10-2-42	10-13-42	10	20	10	
BAY SHORE STATION.	6-4-43	6-15-43	-10-	-10-	-10-	
Bay Shore Station	9-15-43	9-26-43	-10-	-0-	-10-	
Bay Shore Station	Credit 9-24-43			30	10	
~~Bay Shore Station~~	~~12-4-43~~	~~12-15-43~~	~~10~~	~~20~~	~~10~~	
BAY SHORE STATION	4-19-44	4-30-44	10	20	-10-	
BAY SHORE STATION	6/29/44	7/9/44	10	10	10	
Bay Shore Sta	7/2/44	8/1/44	10	0	10	
~~CG GROUP, Bay Shore, NY~~	~~12-19-44~~	~~12-29-44~~	~~10~~			
CG GROUP, Bay Shore, NY	CREDIT 9-24-44			30	10	
CG GROUP, Bay Shore, NY	12-19-44	12-29-44	10	20	10	
CG GROUP, BAY SHORE, NY	9/6/45	9/17/45	10	10	10	Lt.(jg)
CG GROUP, BAYSHORE, NY	CREDIT 9-24-45 6th year			-30-	-0-	

RECORD OF PAYNE, Shelbert Ruel 224-016

(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 conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
DEPOT			NO UNAUTHORIZED ABSENCE WHILE ATTACHED TO THIS UNIT.			
CG GROUP BAY SHORE, NY			NO DEDUCTIBLE ABSENCE WHILE ATTACHED THIS UNIT.			
CG Infirmary W'hampton Bch. NY			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			
GROUP, Bay Shore, N			NO DEDUCTIBLE TIME WHIEL ATTACHED TO THIS UNIT			Lieut.
CG INFIRMARY, W'hampton Bch, NY			NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT.			
CG GRP BAY SHORE, NY			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			Lt. (jg).

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
Fire Island Station	9-25-45	Enlistment extended in accordance with ALCOAST 83 and ALCOAST 2, for a period of Three Years and such additional time as may be necessary due to war.	
CG GRP, BAYSHORE, NY	9-25-45	Enlistment extended involuntarily this date in accordance with act approved by congress 13 December, 1945. Otherwise entitled to HD. Completed 3 years ext. on 9/24/45.	

PEA-E 15

12. ON DISCHARGE

Date 18 December, 1945. ~~1945~~ Place CG GRP., BAY SHORE, N. Y. Serial No. A62745

Kind of discharge Honorable Authority for PB #103-44.

Discharged on account of Expiration of full term of enlistment and extension thereof.

Is ____ recommended for reenlistment.

(If "not," so state, and show reason) "Entitled to and certified for MOP"

SIGNATURE Lt. (jg).

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 2—13678

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PAYNE, Shelbert R.	DCC	224-016
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
100 New Hampshire Ave., Bayshore, N.Y.	Retirement	22 July 59

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
M	Cau.	20	0	Treasury Dept.	Coast Guard ST. George

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
6 Feb. 21	North Carolina	~~EXEMPLEX~~ Religion: Protestant

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OPC, 67 Hudson St., New York City, N.Y.	Allie Griek (mother) Trailer Park, Islip, N.Y.

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
	X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 73)
X		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

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U.S. COAST GUARD
ST. GEORGE, S.I.

32. Post Operative Fistulectomy.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth X.—Missing teeth (6×8).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

RIGHT																LEFT
	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	X
	X	31	30	29	28	27	26	25	24	23	22	21	20	19	18	X

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Dentially qualified.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.022			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
neg.	neg.	neg.	neg.	VDRL & MAZZ. NEG.

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Within normal limits.	N. I.	Hematocrit 46%

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
70.5	177	Sandy	Blue	X / ☐ / ☐ / ☐	99

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		112	74
RECUMBENT		110	70
STANDING (3 min.)		102	80

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	118	84	76	100

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S. NFA CX	CORR. TO NFA	BY
LEFT 20/ 20	CORR. TO 20/	BY	S. CX	CORR. TO	BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° NFA R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NORMAL LEFT	PIP - N	NFA	UNCORRECTED / CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
FULL	NFA	NFA	N TO PAL

70. HEARING

RIGHT W/V 15/15 S/V 30/30
LEFT W/V 15/15 S/V 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT		NFA						
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*): NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

32. Postoperative Fistulectomy - assymptomatic.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☐ IS
☐ IS NOT QUALIFIED FOR Is qualified for retirement.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN: G.F. LEISTER, SA., SURG., USPHS. SIGNATURE: G. F. Leister

80. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*): J.S.MILLER DENT., DIR., USPHS SIGNATURE: J S Miller

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY SIGNATURE NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62285-1

Form 2500B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June 1939

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."

ENLISTMENT [a] of PAYNE, Shelbert Ruel (224-016) as A.S.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station RECRUITING OFFICE NEW YORK, District, NEW YORK, N.Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at NEW YORK, N.Y.
(Place)

224-016

1. I, SHELBERT RUEL PAYNE, this 25th day of September, 1939, desiring
(Full name)

to enlist in the United States Coast Guard do declare 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, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: .....

2. I was born in Elizabeth City, N.C., on 6 February, 1921 Citizenship [b] NB

If naturalized, place and date of naturalization - - Certificate number - -

If intentions declared, place and date of declaration - -

Occupation or trade SEAMAN Home address 58 E. Union St., Bayshore, L.I.N.Y.

Full name and address of the following: Not married
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

ALLEN LEE PAYNE, 58 East Union Street, Bayshore, L.I., N.Y. Widowed? - -
(Mother, if living)

(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 for any crime by civil authorities; that I have never been convicted of any crime by civil court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

NEVER
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have Not 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 - -
(Strike out one)
with - - discharge, herewith submitted, serial No. - -
(Kind of discharge)

9. I agree to and with the United States of America, represented by R. M. BUTCHER, Chief Bosln., 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(3) 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 or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE (3) 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, or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by R. M. BUTCHER, Chief Bos'n, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the SHELBERT RUEL PAYNE 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—3476 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, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Shelbert Ruel Payne

SHELBERT RUEL PAYNE
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By R. W. Butcher
R. W. BUTCHER, Chief Bos'n. 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.

R. W. Butcher
R. W. BUTCHER,
Chief Bos'n., U. S. C. G., *Enlisting Officer.*

---

11. OATH OF ALLEGIANCE

I, SHELBERT RUEL PAYNE, 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.

Shelbert Ruel Payne
SHELBERT RUEL PAYNE
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of September, A. D. 1939

R. W. Butcher Chief Bos'n. U.S.C.G.
R. W. BUTCHER,
Recruiting Officer, New York.
(Comdg. officer, officer in charge of a unit, or notary public)

See form 2551

---

12. DESCRIPTIVE LIST

X-RAY

Age 18 years 7 months. Height 5 feet 10 inches. Weight 156 pounds. Eyes Blue

Hair Lt. Brown Complexion Ruddy Color White Married No

Distinguishing marks ANT: None
POST: None

---

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.

CG 55389

3-13 FILE FEB 25 1965 2-10-65

To: Treasury Department, Bureau of Accounts.
Division of Disbursement (255)
1201 E. Street, N.W.
Washington, D.C.

10/1/59

From: Shelbert R. Payne, DCC 224-016
U.S. Coast Guard, Retired.

Subj: Change of Address.

Please send my retirement check to the following address.

Shelbert R. Payne
3200 N.W. 36th St.
Fort Lauderdale Fla.

Ret

CG 55389
PE-89

10-1-69

Copadt (PS-2)

PERSONNEL SERVICES
NOV 13 10 35 AM '64

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	USCG / USCGR	SERVICE NUMBER
Payne, Shelbert R.	PCC	✓ /	224-016

DUTY ASSIGNMENT (Ship, Station, etc.)	MAILING ADDRESS (If not on active duty)	35 MM PHOTO ATTACHED	PHOTO BEING MADE BY ISSUING ACTIVITY
Retired	350 Richmond Terrace Staten Island 1, N.Y.		✓

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
2-6-1921	185	6'	Sandy	Blue	O-Pos.

DATE OF APPLICATION	SIGNATURE OF APPLICANT
Oct. 20-64	Shelbert R. Payne

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	INDEFINITE	S. HUTCHINSON Chief, Records Branch

PART III - TO BE COMPLETED BY ISSUING OFFICER

CARD NO. ISSUED	DATE OF ISSUE	SIGNATURE, TITLE AND MAILING ADDRESS OF ISSUING OFFICER
11239	11-10-64	R. A. MURRELL, CHSCLK, W-2, USCG, Personnel Officer, By direction — USCG Base St. George, Staten Island, N. Y.

REPLACES CGHQ-3505, CGHQ-9958, AND VARIOUS APPLICATION FORMS USED IN FIELD, ALL OF WHICH ARE OBSOLETE

GPO 899536

MAR 11 1965

CC 55381
11-16-65
J.C.

CORAL RIDGE TOWERS

3200 N. E. 36th Street
Ft. Lauderdale, Florida 33308

NORTH

3-13 FILE

Retired Pet Off
3/12/65

To: U. S. Coast Guard
Washington, D.C.

From: Shelbert R. Payne, O.C.C. 224.016, Retired. 10-1-59

Subj: Change of address

Please change my address from
350 Richmond Terrace, Staten Island, N.Y.
to 3200 N.E. 36 St. Fort Lauderdale, Fla.

Shelbert R. Payne

File 13 Payne, Shelbert R. 224-016 Dec Ret 10-1-55 Mif 6-23-68

OCG 55389

Marriage License

SEAL OF COUNTY JUDGE CREATED Oct. 1st, 1915 Broward County, Florida

C. J. No._____

State of Florida, Broward County

To Any Minister of the Gospel, or any Officer Legally Authorized to Solemnize the Rite of Matrimony:

Whereas, *Application having been made to the County Judge of Broward County, of the State of Florida, for a license for marriage, and it appearing to the satisfaction of said County Judge that no legal impediments exist to the marriage now sought to be solemnized,*

These Are Therefore, *To authorize you to unite in the*

Holy Estate of Matrimony

Shelbert Ruel Payne

and Carol Catherine Kuhl

and that you make return of the same, duly certified under your hand, to the County Judge aforesaid.

Witness, *my name as County Judge, and the seal of said Court at the Courthouse in Fort Lauderdale, Florida, this* 17th *day of* March, *A. D. 19*66.

Stewart F. LaMotte, Jr., *County Judge.*

THIS LICENSE NOT VALID AFTER April 16th, 1966

By Flossie Byrd, *Clerk.*

CERTIFICATE OF MARRIAGE

I Certify, *that the within named* Shelbert Ruel Payne *and* Carol Catherine Kuhl *were by me, the undersigned, duly united in the Holy Estate of Matrimony, by the authority of the within License. Done this* 17th *day of* March *A. D. 19*66, *at* Fort Lauderdale, *Florida.*

Witness Ernest R. Miller

Witness Alice L. Miller

Date Returned March 18th, 1966

(Rev.) Louis G. Golder
Signature of Minister or Legally Authorized Officer

Pastor
Title

1955 E. Oakland Park Blvd.,
Address Ft. Lauderdale, Fla.

Stewart F. LaMotte, Jr., *County Judge.*

By Flossie Byrd, *Clerk.*

State of Florida,
County of Broward

File 13 Payne, Sheldert R. 224-016 Dec
Ret 10-1-55 Mif 6-23-68

OCG 55389

SEAL OF COUNTY JUDGE CREATED Oct. 1st, 1915 Broward County, Florida

Marriage License

C. J. No._____

State of Florida, Broward County

To Any Minister of the Gospel, or any Officer Legally Authorized to Solemnize the Rite of Matrimony:

Whereas, *Application having been made to the County Judge of Broward County, of the State of Florida, for a license for marriage, and it appearing to the satisfaction of said County Judge that no legal impediments exist to the marriage now sought to be solemnized,*

These Are Therefore, *To authorize you to unite in the*

Holy Estate of Matrimony

Shelbert Ruel Payne

and Carol Catherine Kuhl

and that you make return of the same, duly certified under your hand, to the County Judge aforesaid.

Witness, *my name as County Judge, and the seal of said Court at the Courthouse in Fort Lauderdale, Florida, this* 17th *day of* March, *A. D. 19*66.

THIS LICENSE NOT VALID AFTER April 16th, 1966

Stewart F. LaMotte, Jr., *County Judge.*

By Flossie Byrd, *Clerk.*

CERTIFICATE OF MARRIAGE

I Certify, *that the within named* Shelbert Ruel Payne *and* Carol Catherine Kuhl *were by me, the undersigned, duly united in the Holy Estate of Matrimony, by the authority of the within License. Done this* 17th *day of* March *A. D. 19*66, *at* Fort Lauderdale, *Florida.*

Witness Ernest R. Miller

Witness Alice L. Miller

Date Returned March 18th, 1966

(Rev.) Louis G. Golder
Signature of Minister or Legally Authorized Officer

Pastor
Title

1955 E. Oakland Park Blvd.,
Address Ft. Lauderdale, Fla.

Stewart F. LaMotte, Jr., *County Judge.*

By Flossie Byrd, *Clerk.*

State of Florida, County of Broward

I, Flossie Byrd *Clerk of the County Judge's Court, in and for Broward County, Florida, do hereby certify that the above and foregoing is a true and correct transcript of the Marriage License and the Certificate of Marriage between* Shelbert Ruel Payne *and* Carol Catherine Kuhl *as the same remains on file and is of record in this Court being recorded in Marriage Book* 85 *on page* 231, *records of Broward County, Florida.*

In Witness Whereof, *I have hereunto set my hand and the official seal of said court this the* 17th *day of* August, *A. D. 19*67.

(SEAL)

Flossie Byrd
Clerk County Judge's Court, Broward County, Florida

Richmond, at the County Court House, in the Borough of Richmond in said County on the 12 day of February, 1964.

P R E S E N T:

HON. MARK A. COSTANTINO

Justice.

SHELBERT PAYNE,

Plaintiff,

-against-

ANNA PAYNE,

Defendant.

The above entitled action having been brought by the plaintiff for a judgment of absolute divorce in favor of the plaintiff and against the defendant dissolving the marriage relation heretofore existing between the parties hereto upon the grounds of adultery of the defendant and the summons and verified complaint having been duly personally served on the defendant within the City and State of New York, and 20 days having elapsed since such service became complete, and the defendant not having appeared or answered thereto and not otherwise moving with respect to the complaint herein, although her time to do so has fully expired and the plaintiff having applied to the Court at a Special Term thereof, held in the County of Richmond for judgment for the relief demanded in the complaint and having appeared on such application by JOSEPH F. CRECCA, as attorney, and having presented verified complaint upon the

LIBER 86 PAGE 95

held in and for the County of New York, Richmond, at the County Court House, in the Borough of Richmond in said County on the 25 day of February, 1964.

LIBER 86 PAGE 95

P R E S E N T:

HON. MARK A. COSTANTINO

Justice.

SHELBERT PAYNE,

Plaintiff,

-against-

ANNA PAYNE,

Defendant.

The above entitled action having been brought by the plaintiff for a judgment of absolute divorce in favor of the plaintiff and against the defendant dissolving the marriage relation heretofore existing between the parties hereto upon the grounds of adultery of the defendant and the summons and verified complaint having been duly personally served on the defendant within the City and State of New York, and 20 days having elapsed since such service became complete, and the defendant not having appeared or answered thereto and not otherwise moving with respect to the complaint herein, although her time to do so has fully expired and the plaintiff having applied to the Court at a Special Term thereof, held in the County of Richmond for judgment for the relief demanded in the complaint and having appeared on such application by JOSEPH F. CRECCA, as attorney, and having presented verified complaint upon the defendant, and the testimony having been given in open Court satisfactorily proving the allegations of the complaint, and also that there is no judgment or decree in any Court of the State of competent jurisdiction against the plaintiff

1827 83 PAGE 96

in favor of the defendant for a divorce on the grounds of adultery, and that there is no judgment or decree of absolute divorce between the parties hereto rendered by any Court having jurisdiction to grant the same in any State, territory or dependence of the United States or in any foreign country and the Court having been duly advised in the premises, and having made a decision in writing, stating separately the facts found and the conclusions of law,

NOW, on motion of JOSEPH F. CRECCA, attorney for the plaintiff, it is

ORDERED, ADJUDGED AND DECREED that the plaintiff shall have judgment that the marriage relationship heretofore existing between SHELBERT PAYNE, plaintiff and ANNA PAYNE, defendant, be dissolved because of the defendant's adultery, and it is further

ORDERED AND DECREED that the judgment is interlocutory only, but shall become the final judgment as of course three months after the entry and filing hereof unless the Court in the meantime shall have otherwise ordered. Upon this judgment becoming final judgment, the marriage relation heretofore existing between the Plaintiff, SHELBERT PAYNE, and the Defendant, ANNA PAYNE, shall be dissolved.

ENTER

GRANTED
February 7th 1964
Augustus B. Long CLERK

JUSTICE, SUPREME COURT

PE-3
13 March 1961

Methfessel and Freedman
Attorneys at Law
1600 Northwest 95th Street
Miami, Florida

Attention Herman Methfessel

Gentlemen:

Receipt is acknowledged of the signed authorization dated 1 March 1961 of Shelbert R. Payne (224-016), chief damage controlman, U. S. Coast Guard (Retired), requesting that you be furnished information relative to his service record.

In compliance with PAYNE's request, enclosed herewith is a photostatic copy of an affidavit dated 16 November 1957 signed by Shelbert R. Payne, Shelbert John Payne, and Allie and William Griek.

Very truly yours,

A. E. McLANE
Chief, Administration Section
Enlisted Personnel Division
By direction of the Commandant

Encl: (1) Affidavit dated
16 November 1957
(copy)

Marked
3-13-61
JRD.

ORB

Corres: jrd return to 3-13

LAW OFFICES

METHFESSEL & FREEDMAN

MIAMI, FLORIDA

DOWNTOWN OFFICE
ARTHUR FREEDMAN
1501 AINSLEY BUILDING
14 NORTHEAST 1ST AVENUE
FRANKLIN 3-3662

Please reply to:
NORTH DADE OFFICE
HERMAN METHFESSEL
1600 NORTHWEST 95TH STREET
PLAZA 1-2314

March 1, 1961

Commandant
U.S. Coast Guard
Washington, D.C.

PE-3

Att'n: A.E. McLane
Chief, Enlisted Personnel Division

Dear Sir:

I hereby authorize and request you to send to my attorneys, Methfessel & Freedman, certified copies of affidavits by my son, Shelbert J. Payne, also my father and mother, Allie and William Griek, filed in your office in or about November, 1957, stating that my wife, Elinor F. Payne, had deserted me and my children.

This letter is sent to you in accordance with the instructions contained in your letter of February 27, 1961, to my said attorneys.

Your cooperation will be appreciated.

Yours very truly,

Shelbert R. Payne Dec Retired

Shelbert R. Payne
(224 - 016)

PE-3
27 February 1961

Methfessel & Freedman
Attorneys at Law
1600 Northwest 95th Street
Miami, Florida

Attention Herman Methfessel

Gentlemen:

Reference is made to your letter of 15 February 1961 regarding Shelbert R. Payne (224-016), chief damage controlman, U. S. Coast Guard (Retired).

Before any action can be taken on your request, it will be necessary for you to forward to the Commandant (PE-3), U. S. Coast Guard, Washington 25, D. C., a written statement from PAYNE authorizing the release of the specified papers from the files at Coast Guard Headquarters. Upon receipt of a signed authorization from PAYNE further action will be taken.

Very truly yours,

A. E. McLANE
Chief, Administration Section
Enlisted Personnel Division
By direction of the Commandant

Mailed 2-27-61
RJB

ORB

Corres:njb ret 3-13

LAW OFFICES

METHFESSEL & FREEDMAN

MIAMI, FLORIDA

DOWNTOWN OFFICE
ARTHUR FREEDMAN
1501 AINSLEY BUILDING
14 NORTHEAST 1ST AVENUE
FRANKLIN 3-3662

NORTH DADE OFFICE
HERMAN METHFESSEL
1600 NORTHWEST 95TH STREET
PLAZA 1-2314

February 15, 1961

Coast Guard Headquarters
Personnel Department
Washington 25, D.C.

Re: Shelbert R. Payne, 224,016 D.C.C.
(Retired)

Gentlemen:

I represent Mr. Payne in an action for divorce, based on desertion. He advises me that in about November, 1957, affidavits were filed in your office by his son, Shelbert J. Payne, and his mother and stepfather, Allie and William Griek, stating that Mrs. Payne had deserted Mr. Payne.

Certified copies of these affidavits would be of importance in the divorce action because they would establish the fact that the desertion occurred more than three years ago. Mr. Payne tells me that you will forward such copies to me. I would appreciate it very much if you will do so.

Yours very truly,

METHFESSEL & FREEDMAN

T. Herman Methfessel

Herman Methfessel

HM:mg

ENLISTED PERSONNEL DIVISION

1961 FEB 16 13 16

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Commanding Officer
CG BASE, St. George
Staten Island, New York

L16-6
19 November 1957

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PS)

Via: (1) Commanding Officer, CG BASE, St. George, SINY
(2) Commander, THIRD Coast Guard District (p)

Subj: Change of allotment BAQ; request for

Ref: (a) 2B01034 (2) (b) (3) Comptroller Manual

1. Under the provisions of reference (a), it is requested that my allotment of basic allowance for quarters be made payable to Allie Griek, my mother in lieu of Elinor F. Payne, wife.

2. It is requested Commandant (PS) give consideration to waiving the requirements for support of wife, Elinor F. Payne, who was residing at 100 New Hampshire Avenue, Bay Shore, New York, deserted her home and children, without cause, on 7 November 1957, and hasn't returned or contacted home since that date. Her address is unknown at present.

3. My mother, Allie L. Griek, now has temporary custody of my three children, Shelbert J. Payne (age 16), Robert L. Payne (age 12) and Ronald M. Payne (age 6) and is presently residing at my home 100 New Hampshire Avenue, Bay Shore, New York.

4. I am now in the process of instituting legal proceedings to obtain a divorce from Elinor F. Payne.

5. Enclosed herewith is an affidavit executed by members of my family who know the facts involved in this case.

Shelbert R. Payne

Shelbert R. Payne

Encl: (1) Affidavit dtd Nov 16, 1957

L16-6
20 November 1957

FIRST ENDORSEMENT on PAYNE's L16-6 letter of 19 November 1957

U.S. COAST GUARD
RECEIVED
NOV 22 1957
PERSONNEL OFFICE
NEW YORK, N.Y.

From: Commanding Officer, CG BASE, St. George, SINY
To: Commandant (PS)
Via: Commander, THIRD Coast Guard District (p)

Subj: Change of allotment BAQ; request for

1. Forwarded, recommending approval.

2. Inquiry into the matter by this unit indicates that the statements made in basic letter are correct.

A. C. UNGER

L16-6
25 November 1957

SECOND ENDORSEMENT ON PAYNE'S LTR DTD 19 NOVEMBER 1957

From: Commander, Third CG District
To: Commandant (PS)

1. Forwarded for consideration.

R. A. SERENBERG, JR.
By direction

L16-6
19 November 1957

Commanding Officer
CG BASE, St. George
Staten Island, New York

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PS)

Via: (1) Commanding Officer, CG BASE, St. George, SINY
(2) Commander, THIRD Coast Guard District (p)

Subj: Change of allotment BAQ; request for

Ref: (a) 2B01034 (2) (b) (3) Comptroller Manual

1. Under the provisions of reference (a), it is requested that my allotment of basic allowance for quarters be made payable to Allie Griek, my mother in lieu of Elinor F. Payne, wife.

2. It is requested Commandant (PS) give consideration to waiving the requirements for support of wife, Elinor F. Payne, who was residing at 100 New Hampshire Avenue, Bay Shore, New York, deserted her home and children, without cause, on 7 November 1957, and hasn't returned or contacted home since that date. Her address is unknown at present.

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5. Enclosed herewith is an affidavit executed by members of my family who know the facts involved in this case.

Shelbert R. Payne

Encl: (1) Affidavit dtd Nov 16, 1957

L16-6
20 November 1957

FIRST ENDORSEMENT on PAYNE's L16-6 letter of 19 November 1957

From: Commanding Officer, CG BASE, St. George, SINY
To: Commandant (PS)
Via: Commander, THIRD Coast Guard District (p)

Subj: Change of allotment BAQ; request for

1. Forwarded, recommending approval.

2. Inquiry into the matter by this unit indicates that the statements made in basic letter are correct.

A. C. UNGER

- -

L16-6
25 November 1957

SECOND ENDORSEMENT ON PAYNE'S LTR DTD 19 NOVEMBER 1957

From: Commander, Third CG District
To: Commandant (PS)

1. Forwarded for consideration.

R. A. SERENBERG, JR.
By direction

Chief, Allotment Section 27 November 1957

Chief, Dependents Allowance Section

PAYNE, Shelbert R. (224-016) DCC; "Q" allotment, request to withhold payment

1. It is requested that payment of the "Q" allotment to subject man's wife, Elinor F. Payne, be withheld beginning with the month of November 1957. This is in confirmation of the telephone conversation between Chief Tiedge and Mrs. Hunger.

F. S. TURNER

HLTIEDGE:hcd 27 Nov 57

Spec. pending file

Date 12 October, 1950
Unit Electronic Repair Shop, (Gen)
Location Bay Shore, LI. N.Y.

From: PAYNE, Shelbert R.(224-016) ~~DCI~~ DCC, USCG
To : Commandant (PMM).
Via : 1. Commanding Officer,
2. Authorized Certifying Officer, 3rd CGD.

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & Place of marriage; divorce, etc; date birth of children, custodianship: other data.
Elinor Frances Payne 68 West Union St. Bay Shore, N.Y.	Wife	Married;29 March, 1941 at Bay Shore, LI. N.Y.
Shelbert John Payne (same as above)	Son	Birth: 7 Nov. 1941 at Bay Shore, LI. N.Y.
Robert LeRoy Payne (same as above)	Son	Birth; 22 June, 1945 at Staten Island, N.Y.

2. I hereby consent to chockage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents are not (insert "are" or "are not") in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full names and addresses of each allottee, amount to be allotted to each, and month of first payment:

ALLOTTEES	Month, 1st Payment	Amount
Elinor F. Payne 68 West Union St. Bay Shore, N.Y.	~~November, 1950~~ 8/52	$ ~~165.00~~ 176.90
		$
*		$
	Total allotments. . .	$

Date on or after 1 Aug, 1950, from which Basic Allowance for Quarters claimed for each dependent 1 August, 1950

Shelbert R. Payne
(Name of Member)

Address 68 West Union St. Bay Shore, N.Y.

Shelbert R. Payne
Shelbert R. Payne DCI (ALL COPIES)
(Signature of member)

Ind-1
From: Commanding Officer, ERS, (Gen) Bay Shore, LI. N.Y.
To : Commandant (PMM)(via Authorized Certifying Officer, 3rd CGD).

Forwarded.

Anthony F. Glaza Jr.
ANTHONY F. GLAZA, Jr. ELEC.
(Signature of Comdg. Officer). OinC

Ind-2 Date: 24 October 1950

From: Authorized Certifying Officer, 3rd CGD.
To : Commandant (PMM).

Allotment(~~s~~) totalling $ 165.00 registered, effective 1st payment NOVEMBER, 1950

BAQ Payments Authorized for

W. G. SCHAEFER 3 dependents commencing
By direction NOV 6 1950 8/1/52.

(Submit in triplicate)
(Reverse side hereof may be used for additional dependency information)

DCG 85
Chief, Family Allowance Sec.

Name ELINOR F. PAYNE(W)

Street and No.

Post office State

If payable to a bank, business institution, or individual, for credit of*—

Name

Reason for allotment

First payment: Month AUGUST, 19 52

I hereby request and authorize allotment, chargeable to my pay, as above.

Rank or rating U. S. C. G.

, 19

Approved, allotment granted.

Commanding

Commander, District.

Witnessed and registered 30 JULY, 19 52

P. D. SHOST, CPCLK, USCG

Pay officer ACO, 3rd CG District

16—12642—1

NOTICE TO PAYEE

This allotment has been placed in effect with first payment to be made for the month of

Checks will be mailed you on the last day of each month without further action on your part. Keep this office advised of any change of your address.

All inquiries regarding this allotment should show the name of the allotter and be addressed to the Allotment Disbursing Officer, U. S. Coast Guard, Washington, D. C.

Allotment Disbursing Officer.

DO NOT FOLD — MAIL FLAT

* Allotter or member immediate family

☐ A certified copy of your certificate of marriage.

☐ A copy of your decree of divorce from each of your former marriages, certified by the clerk of court where issued. (Note: If a former marriage was dissolved by death, a certified copy of the certificate of death must be forwarded.)

☒ A certified copy of the PUBLIC RECORD OF BIRTH of, Robert Leroy Payne, inasmuch as the one previously submitted is insufficient in that it should give the full names of both parents. (Note: This must be a copy of the public record of birth as issued by the Bureau of Vital Statistics of the State where the child was born. Notifications of Birth Registration, Baptismal Certificates, Hospital Certificates, etc., are not acceptable.)

☐

Sincerely yours,

F. S. TURNER
Lieutenant, U. S. Coast Guard
Chief, Dependents Allowance Section
By direction of the Commandant

4965 Treas. CGHQ Wash.DC

Pending file/hcd

68 W. Union St.
Bay Shore, N.Y.

Mrs. Elinor Frances Payne
68 West Union Street
Bay Shore, New York

Re: PAYNE, Shelbert R. (224-016) DCC

Dear Madam:

The above named enlisted member of the United States Coast Guard has registered a Class Q allotment under the provisions of the Dependents Assistance Act of 1950. This allotment has been processed and if you are not currently receiving payment of this allotment, you may expect to receive payment in the very near future. However, for the payment of this allotment to continue, it will be necessary for you to forward the items checked below to the Chief, Dependents Allowance Section, United States Coast Guard Headquarters, Washington 25, D.C., with a minimum of delay:

☐ A certified copy of your certificate of marriage.

☐ A copy of your decree of divorce from each of your former marriages, certified by the clerk of court where issued. (Note: If a former marriage was dissolved by death, a certified copy of the certificate of death must be forwarded.)

☒ A certified copy of the PUBLIC RECORD OF BIRTH of, Robert Leroy Payne, inasmuch as the one previously submitted is insufficient in that it should give the full names of both parents. (Note: This must be a copy of the public record of birth as issued by the Bureau of Vital Statistics of the State where the child was born. Notifications of Birth Registration, Baptismal Certificates, Hospital Certificates, etc., are not acceptable.)

☐

Sincerely yours,

F. S. TURNER
Lieutenant, U. S. Coast Guard
Chief, Dependents Allowance Section
By direction of the Commandant

4965 Treas. CGHQ Wash.DC

Pending file/hcd

E. Payne
Hampshire Ave
Shore N.Y.

Insufficiently prepaid
for Special Delivery



Enclosed please find birth
record of, Robert Le Roy Payne.
Also I would like to change
my address from 65 West Union
St. Bay Shore to
100 New Hampshire Ave.
Bay Shore, N.Y.

Note

sent to
6-7 R

Sincerely,
Elenor L. Payne

DEC 20 1954

...ENT OF HEALTH
... OF RECORDS AND STATISTICS

RICHMOND , New York, N. Y.

DEC 13 1954

Below is a photostatic copy of a certificate on file in the Bureau of Records and Statistics of the Department of Health of the City of New York.

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF RICHMOND

FILED
1945 JUN 26 AM 9 28

Certificate of Birth

Certificate No. 1749

1. Full name of child (PRINT) Robert LeRoy Payne
(First name) (Middle name) (Last name)

2. Sex: male
3. Color or Race: white
4. Number of children born of this pregnancy: one
5. If more than one, number of this child in order of birth:

6. Date of child's birth: (Month) June (Day) 22, (Year) 1945
6a. Hour: 5:27 A.M. P.M.

7. PLACE OF BIRTH
(a) NEW YORK CITY: (b) Borough Richmond
(c) Name of Hospital or Institution U.S. Marine Hospital
(If not in hospital or institution, give street and number.)
(d) Length of mother's stay at place of birth immediately prior to birth of child 3 days

8. USUAL RESIDENCE OF MOTHER: (a) State New York
(b) Co. Suffolk (c) Town or City Bayshore
(d) No. Fire Island Lighthouse Ave. St.
(e) Length of residence or stay in New York City immediately prior to birth of child 24 yrs.

FATHER

9. Full name Shelbert Ruel Payne
10. Color or race White
11. Age at time of this birth 24 (years)
12. Birthplace (city or place and State, or country) North Carolina
13. Occupation
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1/c B.M.
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. USCG
19a. Total number of children BORN ALIVE PREVIOUS to this pregnancy one

MOTHER

14. Full maiden name Elinor Grove
15. Color or race White
16. Age at time of this birth 25 (years)
17. Birthplace (city or place and State, or country) New York
18. Occupation
A Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
B Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
19b. Number of children born PREVIOUS to this pregnancy and NOW LIVING one

I hereby certify that I attended professionally at the birth of this child, who was born alive at the hour and on the date stated above, and that all the facts stated in this certificate and report of birth are true to the best of my knowledge, information and belief.

(Signed) M.D.
Address U.S. Marine Hospital S.I., N.Y.
Date of Report 6/25/45 19

Given name added from a supplemental report
(Date of)
Assistant Registrar.

BUREAU OF VITAL RECORDS AND STATISTICS
DEPARTMENT OF HEALTH 40 CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record in my custody.

Carl L. Erhardt
Registrar of Records

BY Nora H. Castello
BOROUGH REGISTRAR

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. THE REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED.

NOTICE: In issuing this transcript of the Record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Nov. 16, 1957

To whom it may Concern.

Mrs. Elinor F. Payne the wife of Shelbert R. Payne and the mother of Ronald Moran Payne age 6, Robert LeRoy Payne age 12 and Shelbert John Payne age 16, has deserted her home and Children as of Nov. 7, 1957. Her address at present is unknown. She resided at 100 New Hampshire Ave. Bay Shore, N.Y.

Shelbert R. Payne

Shelbert John Payne. Son.

Ollie Grieb ~~Daughter in law~~
Mother in law

William Grieb Step Father in Law

David W Siben Notary Public 11/16/57

DAVID W. SIBEN
Notary Public, State of New York
No. 52-3653900 - Suffolk County
Term Expires March 30, 19[illegible]

9 OCT 1959

IES

(Name) (Service No.)

Correct Flex-o-line

____	Approved	____	Training Duty (Canc)
✓	Cancelled RET	____	Return to Sec Chief
____	Pending	____	Ret to Asst Sec Chief
____	Special Pending	____	Ret to: ____

Correct BAQ Rate

Start	Rate	Stop
____	51.30	____
____	77.10	✓
____	96.90	____

Adjust

____	51.30 - 77.10	____	96.90 - 77.10
____	77.10 - 96.90	____	77.10 - 51.30
____	51.30 - 96.90	____	96.90 - 51.30

____ No BAQ Adjustment. Change Dependents from:

to ____

Follow up Action

____ Pull BAQ file on ____ for

____ Address Change - Payee "Q" Allotment

____ Special Redetermination

____ Documents from Wife/Unit

From FA MC 3/29/41 (Elinor Frances Grove) Bay Shore, N.Y.
BC 11/7/41 (Shelbert John Payne)

BAQ CLASS	DATE AUTH	ANNUAL REDET	DATE CANCELLED	REASON
~~(M-B)(F-B)(W)(LC-1)~~ 11/43 (F-B)		died 7/21/44 (W)	~~(M-B)(LC-1)~~ 8/44	~~(M-B)~~(W)(LC-2) 6/45 — 4/50
(W)(LC-2)	8/1/50		BC	6/22/45 (Robt. LeRoy Payne)
(W) (3LC)	8/9/51		BC	8/9/51 (Ronald Moran Payne) HLT
(W) (3LC)		Memo 6-7. W/HQ. Elmor. begin 11/57	11/6/57	(W) Deserted EM. HLT
(3LC)	11/7/57	545 TO FP-1, 12/12/57. 340 HQ. Elinor 10/57 340 HQ. A.L. GRIEK 11/57.		HLT
(3LC)			11/20/58	Shelbert J. Payne entered USA.F - 11/21/58 KGG
(LC-2)	11/21/58			
(LC-2)			9/30/59 10/1/59	RETIRED 10/1/59 JES

3-13 FILE

FILED PE-82

Date 30 September 1959
Unit: COAST GUARD BASE
Location: STATEN ISLAND, N.Y.

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PS)
Via: Authorized Certifying Office, CG Base, Staten Island, N.Y.

Subj: Notification of change in dependency status for Basic Allowance for Quarter

1. You are hereby notified of the following change in dependency status which reduces or terminates entitlement to Basic Allowance for Quarters for my dependen

Name and Address of Dependents	Relationship	Date and nature of change (use reverse side if necessary for additional remarks)
ALLIE L. CRIEK	CUSTODIAN	RET 9/30/59

NOTE: If divorced, attach two copies of divorce degree (certified by clerk of court

2. The following allotment stop action is requested (if newer allot. in lower amount)

Allotee:	Month of last payment	Amount
ALLIE L. GRIEK(CUSTODIAN)	9/59	157.10

NOTE: Where entitlement to basic allowance for quarters is reduced, to effect a change in allotment stoppage and an allotment start will be required in the allotment amount. The member may desire to retain his allotment in the present amount without reducing it, and would therefore indicate "no change" under allotment start or stop request

NONE REQUIRED
(Signature)

- -

FIRST ENDORSEMENT
CG Base, Staten Island, New York

From: Authorized Certifying Officer, CG Base, Staten Island, New York
To: Commandant (PS)

1. (BAQ)(LC-2) Last credited on pay record to and including 9/30/59

2. Q Allotment in the amount of $ 157.10 Stopped, last payment 9/59

3. Q Allotment in the amount of $_____ Started, first payment_____

A. B. MEYER

8 OCT 1959

9 OCT 1959

No BAQ Payments Authorized for

dependents commencing

10/1/59

Chief, Dependents Allowance

TES 545 to [illegible] 9 OCT 1959

Date 12/30/58
Unit: COAST GUARD BASE
Location: STATEN ISLAND, N.Y.

From: PAYNE, Shelbert R. (224-016) DCC
To: Commandant (PS)
Via: Authorized Certifying Officer, CG Base, Staten Island, N.Y.

Subj: Notification of change in dependency status for Basic Allowance for Quarter

1. You are hereby notified of the following change in dependency status which reduces or terminates entitlement to Basic Allowance for Quarters for my dependent

Name and Address of dependents	Relationship	Date and nature of change (use reverse side if necessary for additional remarks)
Shelbert J. Payne 100 New Hampshire Ave. Bayshore, New York	Son	ENTERED U.S. AIR FORCE 11/21/58

NOTE: If divorced, attach two copies of divorce degree (certified by clerk of cou

2. The following allotment stop action is requested (if newer allot. in lower amount)

Allotee:	Month of last payment	Amount
Allie L. Griek	November 1958	$176.90
Allotee:	**Month of first payment**	**Amount**
Allie L. Griek	December 1958	157.10

NOTE: Where entitlement to basic allowance for quarters is reduced, to effect a change in allotment stoppage and an allotment start will be required in the allotment amount. The member may desire to retain his allotment in the present amount without reducing it, and would therefore indicate "no change" under allotment start or stop request.

Shelbert R. Payne
(Signature)

FIRST ENDORSEMENT
CG BASE, Staten Island, New York 30 December 1958

From: Authorized Certifying Officer, CG Base, Staten Island, New York
To: Commandant (PS)

1. (BAQ)(LC-3) last credited on pay record to and including 21 November 1958

2. Q Allotment in the amount of $ 176.90 stopped, last payment November 1958

3. Q Allotment in the amount of $ 157.10 started, first payment December 1958

A. B. MEYER

7 JAN 1959

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3423 (4-58)

USE FOR URGENT LETTERS ONLY

U. S. COAST GUARD
SPEED LETTER

DO NOT CLEAR THROUGH COMMUNICATION OFFICE

(One box must be checked)
- [x] REGULAR MAIL
- [ ] SPECIAL DELIVERY
- [ ] AIR MAIL
- [ ] REGISTERED MAIL

CLASSIFICATION

STAFF SYMBOL AND FILE NO.
L16-5

DATE
12 December 1958

NOTE.—May be sent (1) with enclosures, (2) in window envelope (size 8⅞" x 3⅞"), if contents are not classified as confidential or higher.

TO:
COMMANDANT (FP-2)
U. S. COAST GUARD
WASHINGTON 25, D.C.

(Fold)

Subj: PAYNE, Shelbert R. (224-016) DCC, USCG; BAQ

1. It is requested that "Q" allotment in the amount of $176.90, Payee: ALLIE L. GRIEK (CUSTODIAN) be stopped with month of last payment NOVEMBER 1958 due to change in dependency status in case of subject named man.

2. "Q" allotment in the amount of $157.10 with month of first payment DECEMBER 1958 has been registered on PAYNE's current pay record. Payee remains the same.

3. Notification of change in dependency status form and new S&A 545 will be forwarded.

A. B. MEYER

AL 12/22/58 — 12/29/58

COPY TO

ADDRESS:
AUTHORIZED CERTIFYI NG OFFICER
U. S. COAST GUARD BASE
ST. GEORGE, STATEN ISLAND, NEW YORK

← SENDER'S MAILING ADDRESS
Address reply as shown at left; or reply hereon and return in window envelope (size 8⅞" x 3⅞"), if not classified as confidential or higher.

CLASSIFICATION

U. S. GOVERNMENT PRINTING OFFICE 16—69048-1

7 JAN 1959

Date 6 December 1957
Unit: COAST GUARD BASE
Location: STATEN ISLAND, N.Y.

From: PAYNE, SHELBERT R. (224-016) DCC, USCG
To: Commandant (PS)
Via: Authorized Certifying Officer, CG Base, Staten Island, N.Y.

Subj: Notification of change in dependency status for Basic Allowance for Quarter

1. You are hereby notified of the following change in dependency status which reduces or terminates entitlement to Basic Allowance for Quarters for my dependent

Name and Address of dependents	Relationship	Date and nature of change (use reverse side if necessary for additional remarks)
ELINOR F. PAYNE 100 NEW HAMPSHIRE AVE BAY SHORE, NEW YORK	WIFE	DESERTION 11/7/57: REF HQ/ltr dtd 11/27/57, file PS-2 P7

NOTE: If divorced, attach two copies of divorce degree (certified by clerk of cou

2. The following allotment stop action is requested (if newer allot. in lower amount)

Allotee:	Month of last payment	Amount

PAYEE ON Q ALLOTMENT CHANGED FROM ELINOR F. PAYNE TO ALLIE L. GRIEK
AMOUNT OF ALLOTMENT CONTINUES AT THE AMOUNT OF $176.90
BAQ(LC-3) $96.90 WITH Q ALLOTMENT IN THE AMOUNT OF $176.90 CONTINUES

NOTE: Where entitlement to basic allowance for quarters is reduced, to effect a change in allotment stoppage and an allotment start will be required in the allotment amount. The member may desire to retain his allotment in the present amount without reducing it, and would therefore indicate "no change" under allotment start or stop request.

Shelbert R. Payne
SHELBERT R. PAYNE
(Signature)

FIRST ENDORSEMENT
CG BASE, Staten Island, New York

From: Authorized Certifying Officer, CG Base, Staten Island, New York
To: Commandant (PS)

1. (BAQ) last credited on pay record to and including NO CHANGE IN ALLOTMENT

2. Q Allotment in the amount of $ 176.90 (w) Elinor stopped, last payment 10/57

3. Q Allotment in the amount of $ 176.90 Allie L. GRIEK (for support 3cc) started, first payment 11/57

A. B. MEYER

10 DEC 1957

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS - 668 (REV. 2-51)

(Check one) ☐ START ☒ CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
224-016	PAYNE	SHELBERT	R.	DCC

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? ☒ YES ☐ NO

SHIP OR STATION PREPARING THIS APPLICATION

U. S. COAST GUARD BASE
ST. GEORGE, STATEN ISLAND, NY

DATE OF THIS APPLICATION: 6 December 1957

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 20 December 1951

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 19 December 1951

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
1.	EDINOR F. PAYNE	100 NEW HAMPSHIRE AVE. BAY SHORE, NEW YORK	WIFE	8/2/17	PREVIOUSLY CLAIMED
2.	SHELBERT J. PAYNE	DO	SON	11/7/41	PREVIOUSLY CLAIMED
3.	ROBERT L. PAYNE	DO	SON	6/22/45	PREVIOUSLY CLAIMED
4.	RONALD M. PAYNE	DO	SON	8/9/51	8/9/51
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP
XXXXX	NOT APPLICABLE		

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE: 3/29/40 BAY SHORE, NEW YORK

Have you been previously married? ☐ YES ☒ NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE: NOT APPLICABLE

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? ☐ *YES ☐ NO

* If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT: NOT APPLICABLE

Has your wife been previously married? ☐ *YES ☒ NO

* If yes, GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

DEPENDENCY STATEMENT—(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)

I certify that _____, named above, has been dependent upon me for more than one-half of his or her support since _____: that during such period I have contributed to his or her support an average of $_____ per month in cash or its equivalent without any consideration in return; that is his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged $_____ per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged $_____ per month. (Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

PHOTOSTATIC COPY OF BIRTH CERTIFICATE ATTACHED

REQUEST FOR "Q" ALLOTMENTS—Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	ELINOR F. PAYNE	100 NEW HAMPSHIRE AVENUE BAY SHORE, NEW YORK	176.90	8	57	1,2,3,4
2.						
3.						

Subscribed and sworn to before me this 6th day of December 1957

W. A. EVANS, SCLK, USCG
(Signature and Title of Attesting Officer)

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowance paid on account of any person later determined not to be dependent as defined in existing laws and regulations.

I also certify that none of the above named dependents is a member of the uniformed services on active duty.

I will immediately notify my Disbursing Officer and the Family Allowance Unit, Bureau of Naval Personnel, Cleveland, Ohio, of any change in the above stated dependency.

SHELBERT R. PAYNE DCC
(Signature of Enlisted Member) (Rate)

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number _____ (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number _____ (insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS

Q ALLOTMENT IN THE AMOUNT OF $176.90 CONTINUES

A. B. MEYER, SPCK, USCG
(D. O. Signature)

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

12 DEC 1957
BAQ Payments Authorized for
4 dependents commencing
8/9/51

Chief, Dependents Allowance
HLT ~~545 to FP-1 on~~

FOR NAVAL PERSONNEL—Forward to Family Allowance Unit, BuPers, Cleveland 14, Ohio, via D. O.
FOR COAST GUARD PERSONNEL—Forward to Commandant, USCG, Via D. O. carrying pay account.
FOR MARINE PERSONNEL—Forward, Commandant, USMC, Via D. O.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1956-372620

ORIGINAL

10 DEC 1957

DEPARTMENT OF HEALTH — CITY OF NEW YORK

BUREAU OF RECORDS AND STATISTICS

CERTIFICATE OF BIRTH REGISTRATION

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF RICHMOND
FILED
1951 AUG 17 AM 11 21

Certificate of Birth

Certificate No. 156-51-502703

1. Full name of child (PRINT) RONALD (First name) MORAN (Middle name) PAYNE (Last name)

2. Sex: Male

3. Number of children born of this pregnancy: 1

4. If more than one, number of this child in order of birth:

5. Date of child's birth: (Month) 8 (Day) 9 (Year) 51

5a. Hour: 7 49 A.M. / P.M.

6. PLACE OF BIRTH

(a) NEW YORK CITY: (b) Borough: Rich

(c) Name of Hospital or Institution: U. S. Public Health Hospital / U.S. P.H. Hospital

(d) If not in hospital, street address No. ____ Ave. St.

7. USUAL RESIDENCE OF MOTHER:

(a) State: New York

(b) Co. Suffolk (c) Post Office and Zone: L.I.

(d) No. Traler Park, Bay Shore, L.I. Ave. St.

FATHER

8. Full name: Shelbert Ruel Payne

9. Color or race: White

10. Age at time of this birth: 30 (years)

11. Birthplace (city or place and State, or country): Elizabeth City, N.C.

12a. Usual Occupation: D C #1

12b. Kind of business or industry in which work was done: U.S. Coast Guard

MOTHER

13. Full maiden name: Elinor Francis Grobe

14. Color or race: White

15. Age at time of this birth: 33 (years)

16. Birthplace (city or place and State, or country): Catskill, New York

17a. Total number of children BORN ALIVE PREVIOUS to this pregnancy: 3

17b. Number of children born PREVIOUS to this pregnancy and NOW LIVING: 3

I hereby certify that this child was born alive at the hour and on the date stated above, and that all the facts stated in this certificate and report of birth are true to the best of my knowledge, information and belief.

(Signed) [signature] M.D. / R.N. / Midwife

Address Staten Island, New York

Date of Report August 15th, 1951 19

Given name added from a supplemental report (Date of)

Borough Registrar.

BUREAU OF RECORDS AND STATISTICS — DEPARTMENT OF HEALTH — CITY OF NEW YORK

Above is an exact copy of a certificate of birth registered, on the date indicated, in the Bureau of Records and Statistics of the Department of Health in the borough in which the birth occurred. It is sent, without charge, pursuant to the provisions of Section 567-3.0 of the Administrative Code of the City of New York.

If the certificate contains any errors, return this copy with the correct information to the Borough Registrar in the borough where the child was born. (See address below.) He will advise you how to proceed to have the record corrected. It is important to do this at once.

Vincent R. Impellitteri, MAYOR — John F. Mahoney, M.D., COMMISSIONER OF HEALTH — Carl L. Erhardt, DIRECTOR OF BUREAU

MANHATTAN: 125 WORTH STREET — BROOKLYN: 295 Flatbush Avenue Extension
THE BRONX: 1826 Arthur Avenue — QUEENS: 148-15 Archer Avenue, Jamaica
RICHMOND: 51 Stuyvesant Place, St. George, S.I.

10 DEC 1957

Irrefutable
evidence of
desertion?

O/C to stop check
to W & commence
to M-in-law?

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3423A (4-53)

USE FOR URGENT LETTERS ONLY

U. S. COAST GUARD
SPEED LETTER

DO NOT CLEAR THROUGH COMMUNICATION OFFICE

(One box must be checked)
[X] REGULAR MAIL [ ] SPECIAL DELIVERY
[ ] AIR MAIL [ ] REGISTERED MAIL

CLASSIFICATION

STAFF SYMBOL AND FILE NO.
PS-2
P7

DATE
27 November 1957

NOTE.—May be sent (1) with enclosures, (2) in window envelope (size 8⅞" x 3⅞"), if contents are not classified as confidential or higher.

TO:
Commanding Officer
U. S. Coast Guard Base
St. George
Staten Island, New York

(Fold)

Subj: PAYNE, Shelbert R. (224-016) DCC; BAQ

Ref: (a) CO, BASE ST GEORGE msg 222015Z
(b) PAYNE's endorsed ltr L16-6 of 19 November 1957

1. It has been determined subject man may terminate support for his wife, Elinor, in view of her purported desertion.

2. It is requested subject man submit the following:

(a) Form NAVPERS-668 listing his wife, Elinor, and two children, Shelbert J. and Robert L. Payne, as previously claimed and add Ronald M. Payne from the date of birth;

(b) Notification of change in Status reducing the number of dependents to three children as of the date of Elinor's desertion; and

(c) Form NAV S & A 545 stopping the "Q" allotment in the amount of $176.90 to Elinor after payment for October 1957, and start a "Q" allotment in an amount not less than $176.90, payable to the custodian of his children for their support, first payment November 1957.

3. In the event Elinor should later complain of non-support, the enlisted member may be required to split his allotment in accordance with Compt. Manual, para. 2R01032-2b(4) or in the event Elinor returns to PAYNE's household, reinstate the entire "Q" allotment to her.

COPY TO

ADDRESS:
Commandant
U. S. Coast Guard
Washington 25, D. C.

STAFF SYMBOL										
CLEARED BY										
REVIEWED BY										

U. S. GOVERNMENT PRINTING OFFICE: 1953—698

Spec. pending file

DEPARTMENT
AST GUARD
AA (4-58)

USE FOR URGENT LETTERS ONLY

U. S. COAST GUARD
SPEED LETTER

DO NOT CLEAR THROUGH COMMUNICATION OFFICE

(One box must be checked)

☐ REGULAR MAIL ☐ SPECIAL DELIVERY

☐ AIR MAIL ☐ REGISTERED MAIL

CLASSIFICATION

STAFF SYMBOL AND FILE NO.

DATE

TO:

NOTE.—May be sent (1) with enclosures, (2) in window envelope (size 8⅝" x 3⅞"), if contents are not classified as confidential or higher.

(Fold)

4. The class "Q" allotment to Elinor F. Payne is being withheld beginning with the month of November 1957.

R. R. CURRY
By direction

HLTIEDGE:hcd 27 Nov 57

COPY TO

ADDRESS:

Commandant
U. S. Coast Guard
Washington 25, D. C.

STAFF SYMBOL									
CLEARED BY									
RE-VIEWED BY									

U. S. GOVERNMENT PRINTING OFFICE: 1958—[illegible]

Spec. pending file

CGHQ 9619 (REV. 7-55)

TREASURY DEPARTMENT

U. S. COAST GUARD
OFFICIAL MESSAGE

6-7

FP-1
..PS

ROUTINE

CG HEADQUARTERS
1957 NOV 22 16 13
MESSAGE CENTER

BEP 208
DE RBEGDG 52

R 222015Z
FM CG BASE ST GEORGE SINY

TO COMMANDANT CG

CCGD THREE (P)

BT

TO F X REQUEST Q ALLOTMENT CHECK TO PAYEE ELINOR F. PAYNE 100 NEW HAMPSHIRE AVENUE BAY SHORE NEW YORK BE WITHHELD COMMENCING WITH MONTH OF NOVEMBER 1957 PENDING DETERMINATION OF PAYNE SHELBERT R. (224-016) DCC LTR DTD 19 NOVEMBER 1957 L16-6 X ADVISE

BT

CFN 100 1957 (224-016) 19 1957 L16-6

Spec.

22/2038Z NOV RBEGDG

OPERATOR'S RECORD AND DATE

JNLL57

OFFICIAL INITIALS

...7-55)

...SURY DEPARTMENT

U. S. COAST GUARD
OFFICIAL MESSAGE

12-4

FP-1
P3

DEP 208
DE RBEGDG 52

1957 NOV 22 16 13

R 222015Z
FM CG BASE ST GEORGE SINY

ROUTINE

TO COMMANDANT CG

CCGD THREE (P)

BT

TO F X REQUEST Q ALLOTMENT CHECK TO PAYEE ELINOR F. PAYNE 100 NEW HAMPSHIRE AVENUE BAY SHORE NEW YORK BE WITHHELD COMMENCING WITH MONTH OF NOVEMBER 1957 PENDING DETERMINATION OF PAYNE SHELBERT R. (224-016) DCC LTR DTD 19 NOVEMBER 1957 L16-6 X ADVISE

BT

CFN 100 1957 (224-016) 19 1957 L16-6

Spec.

22/2038Z NOV RBEGDG

OPERATOR'S RECORD AND DATE

JNLL57

OFFICIAL INITIALS

FAMILY ALLOWANCES AUTHORIZATION

TO PAY OR DISCONTINUE
NAV. S. and A. Form 546

☐ START ☒ STOP ☐ SUPERSEDING ☐ NO. 846,757

F.C.C. NEW	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
F.C.C. PREVIOUS		SERVICE NO. 224-016	SERVICEMAN'S NAME (Last, first, middle) PAYNE, Shelbert R.	RATE DC1	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	6-45	Elinor F. Payne c/o Fire Island Light Station Saltaire Bay Shore, New York.	Wife			A					
x x x				4-50										x x x
	x x x				Shelbert J. Payne	Son	11-41		A					
x x x														x x x
	x x x				Robert L. Payne	Son	6-45		A					
x x x														x x x
	x x x	88	P	4-47	Alleen L. Payne c/o Fire Island Light Station Saltaire Bay Shore, New York.	Mother			B-1					
x x x				4-50										x x x
	x x x													
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					

DISCONTINUANCE

REMARKS

FA Amount $150. No lump sum checkage.

Entitlement ceased 4-50.

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE rwl 28 April, 1950

Chief, FA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

ALLOWANCES AUTHORIZATION

DISCONTINUE
A. Form 546

☐ START - ☐ STOP ☒ SUPERSEDING ☐ NO. 1,537,241

DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
		1,527,421		

SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
(224-016)	PAYNE, Shelbert R.	B.M.1c.	Same

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	N.C.	P	11-43	Elinor F. Payne, c/o Fire Island Light Station, Saltaire, Bay Shore, New York.	Wife			A					X X X
X X X			11-43	Shelbert J. Payne,	Son	11-41		A					X X X
X X X			6-45	Robert L. Payne,	Son	6-45		A					X X X
X X X	DNLE	P	11-43	Alleen L. Payne, c/o Fire Island Light Station, Saltaire, Bay Shore, New York.	Mother			B-1					X X X
X X X			8-44	Carita Payne,		10-29							
X			3-47		Sister			B-1					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

KS

Delete Carita (sister) married 3-10-47.
This supersedes Hold Order 27 March, 1947 to Payee (mother) Alleen L. DNLE-Sister Carita, EM's sister married.

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

s 25 April, 1947

Chief, PA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,527,421

SUPERSEDES AUTH. NO. 1,513,555

SERVICE NO. ON PREVIOUS AUTH. Same

[X] SUPERSEDING

[ ] SUPPLEMENTAL

PAYNE, Shelbert R. (SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE)

(224-016) (SERVICE NUMBER)

B.M.1c. (RATING)

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Elinor F. Payne, c/o Fire Island Light Station, Saltaire, Bay Shore, New York.	Wife		
A		1	Shelbert J. Payne.	Son	11	41
A		1	Robert L. Payne.	Son	6	45
B-1	P	3	Alleen L. Payne, c/o Fire Island Light Station, Saltaire, Bay Shore, New York.	Mother		
B-1		3	Carita Payne.	Sister	10	29

BUREAU OF PERSONNEL COPY

COMPUTED BY	REVIEWED BY	CHECKAGE (LEGAL LIMITATION)	TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	
BLOCK NUMBER	

REMARKS; (EXPLAIN LEGAL LIMITATION. EXCEPTIONS TO AGE LIMITATIONS, ETC.)

Effective month: June, 1945.

DATE 18 July, 1945

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.

Chief, FA Section

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,513,555

SUPERSEDES AUTH. NO 1,513,554

SERVICE NO. ON PREVIOUS AUTH Same

[X] SUPERSEDING

[ ] SUPPLEMENTAL

[ ]

PAYNE, Shelbert R. (224-016) B.M.1c.

SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE — SERVICE NUMBER — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH DA.
A	P	1	Elinor F. Payne, c/o Fire Island Light Station, Saltaire, Bay Shore, New York.	Wife		
A		1	Shelbert J. Payne, Same.	Son	11	41
B-1	P	3	Aileen L. Payne, c/o Fire Island Light Station, Saltaire, Bay Shore, New York.	Mother		
B-1		3	Carita Payne, Same.	Sister	10	29

BUREAU OF PERSONNEL COPY

COMPUTED BY REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

Effective month: August, 1944

This is a change in rate for Shelbert R. Payne, B.M.1c, USNR, from $50.00 per month to $85.00 per month.

DATE 5 October, 1944

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.

Chief, PA Section

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	
BLOCK NUMBER	

COAST GUARD GROUP
Fire Island LB Station, Bay Shore, N.Y. | 6/30/45 | 25 September, 1939.

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U.S. COAST GUARD ☐ COMMANDANT U.S. MARINE CORPS

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE NUMBER	RATING
PAYNE	Shelbert	Ruel	224-016	B.M.1c.

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	Elinor F. Payne Fire Island Lighthouse Bay Shore, New York.	wife				
2		Shelbert John Payne (as above)	son	11	41		
3		Robert Leroy Payne (as above)	son	6	45		
4	X	Alleen L. Payne (as above)	Mother			$1,537.24	
5		Carita Payne (as above)	Sister	10	29		
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
5	Alleen L. Payne	Fire Island Lighthouse, Bay Shore, N.Y.

PLACE OF PRESENT MARRIAGE: Bay Shore, New York.
DATE OF MARRIAGE: 3/29/41
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: Mother anf ather were both B-1 dependents but due to father's death 7/21/44, sister and mother are submitted on this application.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF: Cont.

Subscribed and sworn to before me (Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

this 30th day of June 1945.

G. E. ANDERSON, Lieut. — (Signature)
Commanding Officer. — (Title)
Shelbert R. Payne, B.M.1c. — (Signature of Serviceman)

DO NOT WRITE BELOW THIS LINE

ORIGINAL: For Navy Personnel—Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel—Forward directly to Commandant, U.S. Marine Corps.
For Coast Guard Personnel—Forward to Commandant, U.S. Coast Guard, Via the disbursing officer carrying the man's pay account.

DO NOT WRITE ON REVERSE SIDE OF THIS FO

SHIP OR STATION

Fire Island Light Station (CG STATION) Bay Shore, LI,N.Y. | 8-10-44 | 9-25-1939

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT, U. S. COAST GUARD ☐ COMMANDANT, U. S. MARINE CORPS

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE No.	RATING
PAYNE,	Shelbert	Ruel	224-016	B.M.1c.

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	Elinor F. Payne Fire Island Lighthouse Bay Shore, LI,N.Y.	Wife				
2		Shelbert John Payne Same as above	Son	11	1941		
3	X	Alleen L. Payne Fire Island Lighthouse Bay Shore,LI,N.Y.	Mother				
4		Carita Payne Same as above	Sister	10	1929		
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
4	Alleen L. Payne	Fire Island Lighthouse, Bay Shore,LI,NY

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.
Bay Shore,LI,N.Y.	3-29-1941	☐ 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
980,006	

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:
Mother & father were both B-1 dependents but due to father's death 7/21/1944, sister & mother are submitted on new application.	July, 1944

Subscribed and sworn to before me (OATH MAY BE EXECUTED BY ANY COMMISSIONED OFFICER, NOTARY PUBLIC, OR PERSON LEGALLY AUTHORIZED TO ADMINISTER OATHS.)

this 10th day of August, 1944

G. E. Anderson (SIGNATURE) | Lieutenant, Exec. Officer. (TITLE) | Shelbert R. Payne, B.M.1c. (SIGNATURE OF SERVICEMAN)

DO NOT WRITE BELOW THIS LINE

ORIGINAL: For Navy Personnel - Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel - Forward directly to Commandant U. S. Marine Corps.
For Coast Guard Personnel - Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the account

This Certifies that

Shelbert Ruel Payne

of Bay Shore, New York

and Eleanor Grobe

of Bay Shore, New York

were by me united in

HOLY MATRIMONY

at Bay Shore, New York

According to the Ordinance of God

and the laws of the State of New York

on the 29th day of March

in the Year of Our Lord 1941

Letitia Mikrudakis

Emily Hicks

Robert C. Carlson

Minister of the Bay Shore

Methodist Church

85H

Department of Health

BUREAU

Certific

THIS IS TO CERTIF

birth registered with the

the birth occurred.

Name

Sex Male Date of B

Place of Birth

Mayor

SHOULD BE CAREFULLY PRESERVED.

ask the physician or clinic to fill in the spaces belo

Physician or Clinic

150M 070144 393

85H

Department of Health — City of New York

BUREAU OF RECORDS AND STATISTICS

Certificate of Birth Registration

THIS IS TO CERTIFY *that the following extract has been taken from a record of birth registered with the Bureau of Vital Records and Statistics in the Borough where the birth occurred.*

Name Robert LeRoy Payne

Sex Male *Date of Birth* June 27, 1945 *Number* 1749

Place of Birth U.S. Marines Hospital *Borough* Richmond

F. H. LaGuardia — *Mayor*

Thomas J. Griffith — *Registrar of Records*

Ernest L. Stebbins M.D. — *Commissioner of Health*

have the birth record corrected.

This certificate of registration of birth is furnished, without charge, pursuant to the provisions of Section 567-3.0 of the Administrative Code for the City of New York.

NEW YORK STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
ALBANY

CERTIFICATE OF BIRTH REGISTRATION

This is to certify that a birth certificate has been filed for

Shelbert John Payne

Born on November 7, 1941 at Bay Shore, N.Y.

Son / Daughter of Shelbert Rose Payne (name of father) and

Elinor Drake (maiden name of mother)

Date filed November 10, 1941 B Edna Cardea

Deputy LOCAL REGISTRAR

THIS CERTIFICATE IS EVIDENCE OF AGE, PARENTAGE AND PLACE OF BIRTH AND SHOULD BE CAREFULLY PRESERVED.

If [illegible] vaccinated against smallpox and inoculated against diphtheria or any other disease, ask the physician or clinic to fill in the spaces below.

Date Physician or Clinic

F. E. McMILLEN

To: Commandant, U.S. Coast Guard, Washington, D.C.

Att: C. L. Herndon, Allotment, Disbursing Officer.

Via: [illegible] 3rd. Naval District.

Forwarded.

L. C. COCHEU
By direction

C. L. HERNDON,
Executive Officer.

FB/L16-6(4)/C(FDD)(jf)

OCT 11 1944

From: Chief of Field Branch.
To: CAYNE, Shelbert R. 224 016
Via: 1. Military Morale Section
United States Coast Guard
Washington 25, D. C.
2. Commanding Officer
Fire Island Light Station
Bay Shore, New York

SUBJ: Family Allowances, payment of

Ref: (a) your communication dated 6 September 1944

1. The receipt of Family Allowance check dated 31 August 1944 for $68.00 is hereby acknowledged.

2. Future monthly payments can be released only after receipt of proper authority from the Military Morale Section, United States Coast Guard, Washington 25, D. C. In some cases monthly payments may be withheld because of the necessity for detailed investigation before that Section can issue the necessary authority for release of the payments. Payments withheld and checks returned will be released immediately by the Family Allowances Division upon receipt of proper authorization from the Military Morale Section.

F. E. McMILLEN

L. C. COCHEU
By direction

G. V. ANDERSON,
Executive Officer.

Cg-73
27 October, 1944

To: Commanding Officer, Fire Island Light Station, Bay Shore, Long Island, New York

Via: DCGO, 3rd Naval District

Subj: Payne, Shelbert R. (224-016) B.M.1c.; family allowance

1. Subject man should be informed that payment of family allowance benefits on behalf of his father, now deceased, was terminated after the payment for July, 1944.

2. Subject man should also be informed that his mother, Alleen L. Payne, was named payee for family allowance benefits on behalf of his deceased father for the month of July, 1944.

3. Subject man should further be informed that beginning with the payment for August, 1944, family allowance benefits for $68.00 per month on behalf of Alleen L. Payne and Carita Payne as his Class "B-1" dependents were authorized. Checks in payment of Class "B-1" family allowance will be mailed to Alleen L. Payne, c/o Fire Island Light Station, Saltaire, Bay Shore, New York, as soon as the superseding authorization is processed.

4. Class "A" family allowance on behalf of subject man's wife and son is also in effect.

J. S. HUNT
By direction

POMEROY: DMcK/hst
Room 2106

10 August, 1944

To: Commandant, U. S. Coast Guard, Washington, D.C.

Att: C. L. Herndon, Allotment, Disbursing Officer.

Via: 1. Commanding Officer, CG STATION, Bay Shore, N.Y.
2. DCGO, 3rd. Naval District.

Subj: Family allowance, B-1 dependent; cancellation of.

It is requested that payment of the Family Allowance for B-1 dependents payable to Robert Moran Payne and Alleen L. Payne, father and mother of Shelbert R. Payne (224-016) B.M.1c., be cancelled as of 22 July, 1944, as the father died at Norfolk, Virginia, on 21 July, 1944.

Shelbert R. Payne, B.M.1c.

Ind.
1. New family allowance form #668.

Ind-1
CG STATION
BAY SHORE, LI, N.Y.
11 August, 1944

To: Commandant, U.S. Coast Guard, Washington, D.C.

Att: C. L. Herndon, Allotment, Disbursing Officer.

ADDRESS REPLY TO
~~DISTRICT COAST GUARD OFFICER~~
~~NEW YORK, N.Y.~~

Received AUG 12 1944
NEW YORK, NEW YORK

REFER TO FILE: 73.
Fire Island Light Station
(CG STATION, BAY SHORE,N.Y.)

10 August, 1944

To: Commandant, U. S. Coast Guard, Washington, D.C.

Att: C. L. Herndon, Allotment, Disbursing Officer.

Via: 1. Commanding Officer, CG STATION, Bay Shore,N.Y.
2. DCGO, 3rd. Naval District.

Subj: Family allowance, B-1 dependent; cancellation of.

It is requested that payment of the Family Allowance for B-1 dependents payable to Robert Moran Payne and Alleen L. Payne, father and mother of Shelbert R. Payne (224-016) B.M.1c., be cancelled as of 22 July, 1944, as the father died at Norfolk, Virginia, on 21 July, 1944.

Shelbert R. Payne
Shelbert R. Payne, B.M.1c.

Inc.
1. New family allowance form #668.

Ind-1
CG STATION
BAY SHORE,LI,N.Y.
11 August, 1944

To: Commandant, U.S. Coast Guard, Washington, D.C.

Att: C. L. Herndon, Allotment, Disbursing Officer.

Via: DCGO, 3rd. Naval District.

Forwarded.

G. B. ANDERSON,
Executive Officer.

Ind-2
DCGO, 3rd NavDist
15 August, 1944.

To: Commandant, U.S. Coast Guard, Washington, D.C.

Att: C. L. Herndon, Allotment, Disbursing Officer.

Forwarded.

Garland Sponburgh
GARLAND SPONBURGH,
By direction.

ADDRESS REPLY TO

AND REFER TO

Fire Island Light Station
Bay Shore, N.Y.
Sept. 17, 1944

To: Family Allowance Officer.

Subj: Allowance for my mother Allie L. Payne & my sister Carita Payne.

1. Subject named persons are my dependents. An affidavit has been executed to this fact. My father R.M. Payne was receiving a check of $68. a month from family allowance until 31st of July 1944 when my father died. The check included both my father & mother in which my sister was not mentioned. This last affidavit includes my sister. (Carita Payne) I am the only son of my mother. My sister and mother are entitled to family allowance. My mother was receiving allowance with my father.

Shellert R. Payne (724-016) CMMC

(PMM)
CG-73

15 September, 1944

Mrs. Alleen L. Payne
Fire Island Lighthouse
Bay Shore, Long Island, New York

Dear Madam:

Reference is made to your recent communication concerning a monthly family allowance on the basis of the service of Shelbert R. Payne, an enlisted member in the United States Coast Guard.

Before further action may be taken in your case, it is necessary that you furnish the following data to the Chief, Family Allowance Section, United States Coast Guard Headquarters, Washington 25, D. C.:

The affidavit executed by you recently was incomplete as you failed to answer all questions in detail and the affidavit was not notarized.

It is necessary that you execute the inclosed affidavit in full before a notary public. Every question must be answered in detail.

If you fail to return this affidavit promptly, answering all questions in detail, family allowance payments to you will be terminated.

By direction of the Commandant.

Very truly yours,

Incls
1. Form NAVCG 2569
2. Franked envelope

F. S. POMEROY
Lieutenant, USCGR
Chief, Family Allowance Section

POMEROY:JLT:lmd
Return to 2106 2-4

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

WASHINGTON 25, D. C.

Dear

Payne, Shelbert R. (224-016)

an enlisted member of the U. S. Coast Guard, has filed an application for the payment of a monthly family allowance to you as a dependent under the provisions of the Servicemen's Dependents Allowance Act of 1942, as amended.

You are requested to execute the attached affidavit in full, answering every question, and return it to the Commandant, United States Coast Guard Headquarters, Washington, D. C., for use in passing upon the application. Use the enclosed envelope; it requires no postage. The affidavit must be executed by you inasmuch as you have been designated as payee for the monthly family allowance. After you have answered all the questions on the form, you must sign it in the presence of a notary public.

If you do not desire to claim dependency, please inform the Commandant, United States Coast Guard Headquarters, Washington, D. C., in order that the amount deducted from the enlisted person's pay account may be refunded.

Yours very truly,

Chief, Family Allowance Section.

AFFIDAVIT TO BE EXECUTED BY INDIVIDUAL CLAIMING DEPENDENCY

Important Notice

In order to show that you are eligible for a Family Allowance as a dependent of an enlisted member of the Coast Guard, you are asked to give a full answer to every question in this form. The answers you give will be considered as confidential by the Navy Department. Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact, knowing it to be false, or fraudulently accepts any payments to which he is not entitled.

PLEASE PRINT NAME AND ADDRESS PLAINLY

1. (*a*) Your name Payne (Last name) Allie (First name) Lee (Middle name) (*b*) Your age 43

(*c*) Your residence Fire Island Lighthouse (Street address or R. F. D.) Bay Shore, N.Y. (City or post office) (State)

(*d*) Your present occupation None Name and address of your employer None

Present monthly earnings from above occupation, $ None

(*e*) Your husband's (or wife's) occupation Husband died July 21st 1944

Employer None Monthly earnings, $ None

NOTE.—If the wage earner is unemployed by reason of mental or physical defect, a licensed doctor's certificate setting forth the degree and duration of such disability must accompany this affidavit. If receiving compensation as a result of such disability state amount, $ None (Per week)

(*f*) What is your Social Security No.? 078-14-4631

(*g*) Amount received from Social Security, $ None per month.

(*h*) If you (or your husband or wife) are unemployed at the present time, state the date on which the employment ceased Not employed The date on which you (or your husband or wife) expect to resume your employment _____

2. Relationship of enlisted person to you (for example, son) Son Age 23

Married? Yes (Yes or no)

3. (*a*) State whether you are single, married, widowed, divorced, or living apart under a legal separation Widowed (*b*) If your husband or wife is deceased, or is divorced or separated from you, state date of death, divorce, or separation July 21, 1944 (Month) (Year)

4. (*a*) If you maintain your own household, list the members:

Name	*Date of Birth—Month and Year*	*Relationship*
I have a daughter which is also a dependent of my Son		

State the total income of yourself and your husband or wife, not including contributions from this person in the Service, $ NoNe per month. Source NoNe

(d) If you do not maintain your own household, state the name and relationship of the person with whom you reside, and whether that person furnishes you board and lodging without cost to you.

Shelbert R Payne, Son, Board and Lodging furnished without Cost.

5. (a) List all members of your household who are employed.

	Name	Occupation	Present Monthly Earnings	Payments to You for His or Her Room and Board (per month)	Other Cash Contributed to You (per month)
(1)	NoNe		$	$	$
(2)					
(3)					

6. State the average amount per month of any of the following types of income received by you or your husband (or wife) during the past 12 months:

(a) Rents, $ NoNe Payments from boarders, $ NoNe

(b) Alimony payments, $ NoNe Contributions from other relatives, $ NoNe

(c) From investments, $ NoNe (d) Savings, $ NoNe (e) Insurance, $ NoNe

(f) Aid from welfare organizations, $ NoNe (g) Pensions, $ NoNe

7. Do you own (or live on) a farm? No (Yes or no) If answer is yes, complete 7(a) and 7(b).

(a) Cash you received during the last 12 months from sale of livestock and farm produce, $ NoNe

(b) Value of farm products used in your household during the last 12 months, $ NoNe

8. How much rent do you pay per month, $ NoNe If you live in your own home how much are your monthly payments? $ NoNe

9. Do you (or does your husband or wife) own real estate (other than your home) or personal property (cash, stocks, bonds, etc.)? No (Yes or no)

If so, list each item and its value

10. List any large debts owed by you or your husband or wife:

Description	*Amount*
None	$

11. (*a*) Amounts contributed to you during the preceding 12 months by person in the Service: (If enlisted person in Service during any part of the past 12 months, include amount contributed while in Service.)

~~*Payments for Room and Board of Enlisted Person*~~	*Amount Contributed for Your Support*	*Payments for Room and Board of Enlisted Person*	*Amount Contributed for Your Support*
~~Jan.,~~ $	$	July, $	$
~~Feb.,~~ $68. a month through family allowance.		Aug.,	
~~Mar.,~~ Payed to my husbad,		Sept.,	
~~Apr.,~~ R. M. Payne. and other		Oct.,	
~~May,~~ small contributions		Nov.,	
~~June,~~		Dec.,	

(*b*) What other contributions did the enlisted person make to you in the form of labor or goods:

Description of Service	*Estimated Value*
	$

(*c*) State the amount of contributions received from any other son or daughter in the Armed Forces,

$ None per month. Amount of family allowance received per month, $ None

(*d*) If he or she did not contribute previously because he or she was too young or was unemployed, explain briefly why you consider yourself to be dependent at this time.

Further, I hereby swear (affirm) that when and if I am no longer dependent upon the person in service for a substantial portion of my support, I will notify the Commandant, United States Coast Guard, Washington, D. C., at once to discontinue any family allowance granted in my favor.

Mrs. Allie Lee Payne
(Signature of dependent)

Subscribed and sworn to before me at Norfolk, this 26th day of Sept., 1944

E. Lawyer
(Name)
Notary Public
(Title)

ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

WASHINGTON 25, D. C.

19 August, 1944

Mrs. Alleen L. Payne
Fire Island Lighthouse
Bay Shore, Long Island
New York

Dear Madam:

PAYNE, Shelbert R. 224 016 an enlisted member of the U. S. Coast Guard, has filed an application for the payment of a monthly family allowance to you as a dependent under the provisions of the Servicemen's Dependents Allowance Act of 1942, as amended.

You are requested to execute the attached affidavit in full, answering every question, and return it to the Commandant, United States Coast Guard Headquarters, Washington, D. C., for use in passing upon the application. Use the enclosed envelope; it requires no postage. The affidavit must be executed by you inasmuch as you have been designated as payee for the monthly family allowance. After you have answered all the questions on the form, you must sign it in the presence of a notary public.

If you do not desire to claim dependency, please inform the Commandant, United States Coast Guard Headquarters, Washington, D. C., in order that the amount deducted from the enlisted person's pay account may be refunded.

Yours very truly,

F. H. Comerow

Lieutenant, USCGR
Chief, Family Allowance Section.

Please furnish this office with the names and birthdates of all the minor dependents living in your household.

AFFIDAVIT TO BE EXECUTED BY INDIVIDUAL CLAIMING DEPENDENCY

Important Notice

In order to show that you are eligible for a Family Allowance as a dependent of an enlisted member of the Coast Guard, you are asked to give a full answer to every question in this form. The answers you give will be considered as confidential by the Navy Department. Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact, knowing it to be false, or fraudulently accepts any payments to which he is not entitled.

PLEASE PRINT NAME AND ADDRESS PLAINLY

1. (*a*) Your name Payne (Last name) Allen (First name) Lee (Middle name) (*b*) Your age 45

(*c*) Your residence Fire Island Light Station (Street address or R. F. D.), Bay Shore (City or post office), N.Y. (State)

(*d*) Your present occupation ..... Name and address of your employer .....

Present monthly earnings from above occupation, $.....

(*e*) Your husband's (or wife's) occupation .....

Employer ..... Monthly earnings, $.....

NOTE.—If the wage earner is unemployed by reason of mental or physical defect, a licensed doctor's certificate setting forth the degree and duration of such disability must accompany this affidavit. If receiving compensation as a result of such disability state amount, $..... (Per week)

(*f*) What is your Social Security No.? 078-14-4631

(*g*) Amount received from Social Security, $ none per month.

(*h*) If you (or your husband or wife) are unemployed at the present time, state the date on which the employment ceased ..... The date on which you (or your husband or wife) expect to resume your employment .....

2. Relationship of enlisted person to you (for example, son) son Age 23

Married? yes (Yes or no)

3. (*a*) State whether you are single, married, widowed, divorced, or living apart under a legal separation widowed (*b*) If your husband or wife is deceased, or is divorced or separated from you, state date of death, divorce, or separation July 21, 1944 (Month) (Year)

4. (*a*) If you maintain your own household, list the members:

	Name	*Date of Birth—Month and Year*	*Relationship*
(1)	Carita Payne	Oct 4, 1929	daughter
(2)			

(*b*) State amount of living expenses, $..... per month.

(c) State the total income of yourself and your husband or wife, not including

person in the Service, $_____ per month. Source _____

(d) If you do not maintain your own household, state the name and relationship of the person with whom you reside, and whether that person furnishes you board and lodging without cost to you.

Son without cost

5. (a) List all members of your household who are employed.

	Name	Occupation	Present Monthly Earnings	Payments to You for His or Her Room and Board (per month)	Other Cash Contributed to You (per month)
(1)			$	$	$
(2)					
(3)					

6. State the average amount per month of any of the following types of income received by you or your husband (or wife) during the past 12 months:

(a) Rents, $_____ Payments from boarders, $_____

(b) Alimony payments, $_____ Contributions from other relatives, $_____

(c) From investments, $_____ (d) Savings, $_____ (e) Insurance, $_____

(f) Aid from welfare organizations, $_____ (g) Pensions, $_____

7. Do you own (or live on) a farm? no (Yes or no) If answer is yes, complete 7(a) and 7(b).

(a) Cash you received during the last 12 months from sale of livestock and farm produce, $_____

(b) Value of farm products used in your household during the last 12 months, $_____

8. How much rent do you pay per month, $_____ If you live in your own home how much are your monthly payments? $_____

9. Do you (or does your husband or wife) own real estate (other than your home) or personal property (cash, stocks, bonds, etc.)? no (Yes or no)

If so, list each item and its value _____

_____

_____

10. List any large debts owed by you or your husband or wife:

Description	*Amount*
	$

11. (*a*) Amounts contributed to you during the preceding 12 months by person in the Service: (If enlisted person in Service during any part of the past 12 months, include amount contributed while in Service.)

Payments for Room and Board of Enlisted Person	*Amount Contributed for Your Support*	*Payments for Room and Board of Enlisted Person*	*Amount Contributed for Your Support*
Jan., $	$	July, $	$
Feb.,		Aug.,	
Mar.,		Sept.,	
Apr.,		Oct.,	
May,		Nov.,	
June,		Dec.,	

(*b*) What other contributions did the enlisted person make to you in the form of labor or goods:

Description of Service	*Estimated Value*
	$

(*c*) State the amount of contributions received from any other son or daughter in the Armed Forces, $_____ per month. Amount of family allowance received per month, $_____

(*d*) If he or she did not contribute previously because he or she was too young or was unemployed, explain briefly why you consider yourself to be dependent at this time.

Further, I hereby swear (affirm) that when and if I am no longer dependent upon the person in service for a substantial portion of my support, I will notify the Commandant, United States Coast Guard, Washington, D. C., at once to discontinue any family allowance granted in my favor.

Mrs Aileen L Payne ✓
(Signature of dependent)

Subscribed and sworn to before me at _____, this _____ day of _____, 19____

_____
(Name)

Mail to:

☐ BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY)

☒ COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)

☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

Date 1 November, 19 43.

I.

I, PAYNE (Last name) Shelbert (First name) R. (Middle name) B.M.1c. (Rating) U. S. COAST GUARD. (Organization)

BAY SHORE STATION. (Ship or station) 224-016 (Service or serial number) 9-25-39 (Date of enlistment) 9-25-39. (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. PAYNE (Last name) Elinor (First name) F. (Middle name) Wife (Relationship) (Month, day, year of birth if minor)

Saltaire (Number and street or R. F. D.) Fire Island (City or post office) N.Y. (State)

2. PAYNE (Last name) Shelbert (First name) John (Middle name) Son (Relationship) 11-7-41 (Month, day, year of birth if minor)

SAME AS ABOVE. (Number and street or R. F. D.) (City or post office) (State)

3. (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)

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)

(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)

(Name) (Number and street or R. F. D.) (City or post office) (State)

DATE and place of marriage to present wife 3-29-40 - BayShore, N. Y.

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

Hnet

band or wife; person standing in loco parentis to you; brother, 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. ROBERT MORAN PAYNE — Father
(Full name) (Relationship) (Month, day, year of birth if minor)

Saltaire c/o Fire Island Light Sta. Bay Shore, New York.
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $- - - - - (Including income of the dependent's spouse, if living together) *My total contribution last year*, $200.00

2. Alléen L. Payne — Mother
(Full name) (Relationship) (Month, day, year of birth if minor)

Saltaire Fire Island New York.
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $------- (Including income of the dependent's spouse, if living together) *My total contribution last year*, $200.00

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, $_____ (Including income of the dependent's spouse, if living together) *My total contribution last year*, $_____

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, $_____ (Including income of the dependent's spouse, if living together) *My total contribution last year*, $_____

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, $_____ (Including income of the dependent's spouse, if living together) *My total contribution last year*, $_____

(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 unable to work.

Subscribed and sworn to before me, this 1st day of November, 19 43

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

Shelbert R. Payne
(Signature)

J. J. BARNWELL, Jr., Lieut.(j.g.)
(Signature)

By direction.
(Title)

16—29368-2

7 January, 1944

Mr. Robert M. Payne
Saltaire
Fire Island, New York

Dear Sir:

Reference is made to your recent communication concerning a monthly family allowance on the basis of the service of your son, Shelbert R. Payne, an enlisted member in the United States Coast Guard.

Before further action may be taken in your case, it is necessary that you furnish the following data to the Chief, Family Allowance Section, United States Coast Guard Headquarters, Washington 25, D. C.:

A medical certificate stating the nature and probable duration of your disability.

State the amount of any of the following types of income received by you or your wife during the past twelve months:

(a) Rents, $none Payments from boarders, $ none

(b) Alimony payments, none Contributions from other relatives, $ 75.00 estimate

(c) From investments, savings, or insurance, $ none

(d) Aid from welfare organizations, $ none

By direction of the Commandant.

Very truly yours,

F. S. Pomeroy

F. S. POMEROY
Lieutenant, USCGR
Chief, Family Allowance Section

ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

WASHINGTON 25, D. C.

7 December, 1943

Mr. Robert M. Payne
Saltaire, Fire Island
New York

Dear Sir:

Payne, Shelbert R. (224-016), an enlisted member of the U. S. Coast Guard, has filed an application for the payment of a monthly family allowance to you as a dependent under the provisions of the Servicemen's Dependents Allowance Act of 1942, as amended.

You are requested to execute the attached affidavit in full, answering every question, and return it to the Commandant, United States Coast Guard Headquarters, Washington, D. C., for use in passing upon the application. Use the enclosed envelope; it requires no postage. The affidavit must be executed by you inasmuch as you have been designated as payee for the monthly family allowance. After you have answered all the questions on the form, you must sign it in the presence of a notary public.

If you do not desire to claim dependency, please inform the Commandant, United States Coast Guard Headquarters, Washington, D. C., in order that the amount deducted from the enlisted person's pay account may be refunded.

Yours very truly,

F. F. Comerey

Lieutenant, USCGR
Chief, Family Allowance Section.

DR. GEORGE MAXWELL
60 MAPLE AVENUE
BAY SHORE, N. Y.
BAY SHORE 3133

December 20, 1943

Re- Robert M. Payne

To whom it may concern-

The above patient first consulted me on October 29th. complaining of general debility, gnawing in the pit of the stomach, and flatulence after eating.

Examination revealed a catarrhal Gastritis with a possibility of Peptic Ulceration. Stethoscopic examination of the Cardiac area reveals a Chronic Myocarditis.

X-ray studies of the Gastro-intestinal tract and an electrocardiogram are recommended.

Cordially,

George Maxwell

AFFIDAVIT TO BE EXECUTED BY INDIVIDUAL CLAIMING DEPENDENCY

Important Notice

In order to show that you are eligible for a Family Allowance as a dependent of an enlisted member of the Coast Guard, you are asked to give a full answer to every question in this form. The answers you give will be considered as confidential by the Navy Department. Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact, knowing it to be false, or fraudulently accepts any payments to which he is not entitled.

1. (*a*) Your name Payne (Last name) Robert (First name) M. (Middle name) (*b*) Your age 52

(*c*) Your residence Saltaire % Fire Island Light Station (Street address or R. F. D.), Bay Shore (City or post office), N.Y. (State)

(*d*) Your present occupation None Name and address of your employer Last employer: Portsmoth Navy Yard, Portsmoth Va.

Present monthly earnings from above occupation, $ None

(*e*) Your husband's (or wife's) occupation None

Employer None Monthly earnings, $ None

NOTE.—If the wage earner is unemployed by reason of mental or physical defect, a licensed doctor's certificate setting forth the degree and duration of such disability must accompany this affidavit. If receiving compensation as a result of such disability state amount, $ (Per week)

(*f*) What is your Social Security No.? 244-76-6717

2. Relationship of enlisted person to you (for example, son) Son Age 22

Married? Yes (Yes or no)

3. (*a*) State whether you are single, married, widowed, divorced, or living apart under a legal separation Married (*b*) If your husband or wife is deceased, or is divorced or separated from you, state date of death, divorce, or separation (Month) (Year)

4. (*a*) If you maintain your own household, list the members:

	Name	*Date of Birth—Month and Year*	*Relationship*
(1)			
(2)			
(3)			

Average monthly living expenses during past year $_____ per month.

10—35422-1

(*b*) If you do not maintain your own household, state the name and relationship of the person with whom you reside, and whether that person furnishes you board and lodging without cost to you.

you.

Son: Board and lodging

5. (*a*) If any persons related to you are listed in 4(*a*), above, are any of them now [illegible]

_____
(Yes or no)

(*b*) If yes, list them here:

	Name	*Occupation*	*Present Monthly Earnings*	*Payments to You for His or Her Room and Board (per Month)*	*Other Cash Contributed to You (per Month)*
(1)			$	$	$
(2)					
(3)					

6. State the amount of any of the following types of income received by you or your husband (or wife) during the past 12 months:

(*a*) Rents, $_____ Payments from boarders, $_____

(*b*) Alimony payments, $_____ Contributions from other relatives, $_____

(*c*) From investments, savings, or insurance, $_____

(*d*) Aid from welfare organizations, $_____

7. Do you own (or live on) a farm? No If answer is yes, complete 7(*a*) and 7(*b*).
(Yes or no)

(*a*) Cash you received during the last 12 months from sale of livestock and farm produce, $_____

(*b*) Value of farm products used in your household during the last 12 months, $_____

8. How much rent do you pay per month? $_____ If you live in your own home how much are your monthly payments? $_____

9. Do you (or does your husband or wife) own real estate (other than your home) or personal property (cash, stocks, bonds, etc.)? No
(Yes or no)

If so, list each item and its value _____

_____

_____

_____

_____

10. List any large debts owed by you or your husband or wife:

Description	*Amount*
	$

11. (*a*) Amounts contributed to you during the preceding 12 months by person in the Service:

The numbers mentioned below are estimated.

Payments for Room and Board of Enlisted Person	*Amount Contributed for Your Support*	*Payments for Room and Board of Enlisted Person*	*Amount Contributed for Your Support*
Jan., $	$	July, $	$ 20.00
Feb.,		Aug.,	25.00
Mar.,		Sept.,	25.00
Apr.,	30.00	Oct.,	
May,	25.00	Nov.,	
June,	20.00	Dec.,	

(*b*) What other contributions did the enlisted person make to you in the form of labor or goods:

	Description of Service	*Estimated Value*
19		$
19		
19		

(*c*) If he or she did not contribute previously because he or she was too young or was unemployed, explain briefly why you consider yourself to be dependent at this time.

Until September 1943 I was employed by the Portsmouth Navy Yard, mostly supporting my self, because I did not work full time Because of sickness. Since then I have been depending upon my son for support. I have also been under Doctors care.

Further, I hereby swear (affirm) that when and if I am no longer dependent upon the person in service for a substantial portion of my support, I will notify the Commandant, United States Coast Guard, Washington, D. C., at once to discontinue any family allowance granted in my favor.

Robert M. Payne Robert M Payne
(Signature of dependent)

Subscribed and sworn to before me at Dover, this 22 day of December, 1943

(Name)

(Title)

U. S. GOVERNMENT PRINTING OFFICE 16—85423-1

ADDRESS REPLY TO

AND REFER TO

SEP 15 '44 RE

Fire Island Light Station
Bay Shore, N.Y.

Sept. 6, 1944

To: Bureau of Supplies & Accounts, Family Allowances

Subject: Death of Mr. Robert M. Payne

#18

Subject named person died July 31, 1944. a letter of the fact has been submitted through official channels and a new application has been sent in for the 2nd dependent.

Hilbert R. Payne BM1C (224-016)

Rec'd Any ck #11,82,504 for #60.00

343415

EJ SEP '44

ADDRESS REPLY TO
Fire Island Light Station
Bay Shore, N.Y.
AND REFER TO
File CG-73

REC'D APR 23 1947

8 April,1947

From: Payne, Shelbert R. Payne BM1c. (224-016)

To: Commandant, U.S. Coast Guard (PMM)

Via: Commanding Officer, CG Group, Freeport N.Y.

Commander, 3rd Coast Guard District.

Subj: Family Allowance benefits.

1. I request termination of Family Allowance benefits on behalf of my sister Carita Payne now Mrs. Carita Crockett as of 10th March 1947.

Shelbert R. Payne

Shelbert R. Payne BM1c.

Ind.1
CO CG Group Freeport,N.Y.
11 April,1947

Forwarded.

Byron M. Wineke

Byron M. Wineke, Lt.(j.g.)

Ind-2
Com3CGDist (fd)
CG-73 (HTT)

18 April, 1947

From: Commander, 3rd CG District
To: Commandant (PMM)

Forwarded.

W. G. Schaefer

W. G. SCHAEFER
By direction

Fire Island Light Station
Bay Shore, N.Y.
File CG-73

8 April,1947

From: Payne, Shelbert R. Payne BM1c. (224-016)

To: Commandant, U.S. Coast Guard (PMM)

Via: Commanding Officer, CG Group, Freeport N.Y.
Commander, 3rd Coast Guard District.

Subj: Family Allowance benefits.

1. I request termination of Family Allowance benefits on behalf of my sister Carita Payne now Mrs. Carita Crockett as of 10th March 1947.

Shelbert R. Payne
Shelbert R. Payne BM1c.

Ind.1
CO CG Group Freeport,N.Y.
11 April,1947

Forwarded.

Byron M. Wineke,Lt.(j.g.)

Ind-2
Com3CGDist (fd)
CG-73 (HTT)

18 April, 1947

From: Commander, 3rd CG District
To: Commandant (PMM)

Forwarded.

W. C. SCHAEFER
By direction

Address Reply To
THE COMMANDANT (PMM)
Refer To File CG-73

Washington 25, D. C.

28 March, 1947

From: Commandant
To: Commanding Officer, Lifesta, Bay Shore, New York

Via: Commander, 3rd Coast Guard District

Subj: PAYNE, Shelbert R. (224-016) BM1c; FA

1. Reference is made to the postal card recently forwarded to HQ by subject man requesting termination of FA benefits on behalf of his sister, Carita Crockett due to her marriage.

2. Subject man should inform HQ of the date of the marriage of his sister in order that an adjustment may be made.

3. Subject man should also be instructed in the proper procedure in forwarding communications to HQ.

M. W. SPROW
By direction

FRICK:JWS:eg
Room 2102 2-4

U.S. COAST GUARD
(Family allowance)

NOTICE OF CONTINUATION OF FAMILY ALLOWANCE BENEFITS

PAYNE, Shelbert R 224-016 DC1, USCG
(Surname) (First Name) (Middle Initial) (Service No.) (Rating)

CG BASE St. George, S.I., N.Y. 1 October, 1949
(UNIT) (Place) (Date)

From: AUTHORIZED CERTIFYING OFFICER
To: FIELD BRANCH, BuSandA, Cleveland, Ohio

1. I certify that the pay of the individual whose name appears above has been computed and that he is entitled to continue receiving family allowance benefits under the Career Compensation Act of 1949.

W.G. SCHAEFER, CPCLK, USCG
(Name) (Rank)
Authorized Certifying Officer
3rd CG District

NOTICE OF ENLISTMENT CONTRACTED PRIOR 1 JULY, 1946

(If the individual concerned is serving in an enlistment or an extension of enlistment effective prior to 1 July, 1946, the following certificate will be signed by the Commanding Officer. If this portion does not apply, it will be left blank, and the words "DOES NOT APPLY" inserted over space provided for Commanding Officer's signature).

I CERTIFY THAT THE ENLISTMENT OF THE ABOVE NAMED MAN WAS CONTRACTED PRIOR TO 1 JULY, 1946.

"DOES NOT APPLY"
(Commanding Officer)

Distribution
Original to Field Branch, Allotment Div.,
BuS&A, Cleveland, Ohio
1 copy to Commandant (PMM), U.S.C.G.
1 copy filed as sub-voucher
1 copy retained by Auth.Cert.Officer
1 copy placed in service record.

1,527,421 | Payee(mother) A[illegible]

DNLE. | DIV. | DEATH OF PAYEE

X - Sister Carita

☐ NOT LAWFUL WIFE ☐ 2 WIVES ☐ DESERTED ☐ ACCOUNTING

☐ RECOVERY OF O. P. ☐ WAIVES RIGHT

☐ CUSTODY OF CHILD ☐ CHILD ATTAINED 18 YEARS

MISCELLANEOUS

EM's sister married.

DATE | CLOSED

27 March, 1947 | 5-1-42

NAVCG-9933 (12-44) UNITED STATES COAST GUARD 16-42705—1 GPO

on 6-6

3rd CGD

an: Nov. 1943
. April 1950

Disbursing Officer | Monthly Checkage | Month of First Entitlement

88 No lump sum checkage.

S. K. FRICK
Chief, FA Section

B 4990 rwl

FA : AB

MONTH OF FIRST PAYMENT: 11/43

FA AMOUNT: $150.00

NAME OF PAYEE: A: Elinor F. Payne
B: Aileen L. Payne

LUMP SUM CHECKAGE FA:

ENTITLEMENT CEASED: 30 APRIL, 1950

bts/

*Note: Mark applicable status of checkage with "X" inserting month of last checkage is discontinued.

W. G. SCHAEFER,
CPCLK,USCG.,ACO 1375,
ODCGO,3rdCGD,NY,NY

28 April, 1950
(date)

Receipt of the above notification is hereby acknowledged, family allowance payments will be terminated after payment for the month of: April, 1950
Gov. Cont. $123.

Chief, Military Morale Division

rwl

Date: 28 April, 1950

MONTHLY FAMILY ALLOWANCE

To: Pay Records Subsection, Station 6-6
From: Military Morale Division

PAYNE, Shelbert R. (224-016) | DC1 | 3rd CGD

Class A & B-1 | $27.00 | Began: Nov. 1943 Ter. April 1950

Disbursing Officer | Monthly Checkage | Month of First Entitlement

88 No lump sum checkage.

S. K. FRICK
Chief, FA Section

B 4990 rwl

FA : AB
MONTH OF FIRST PAYMENT: 11/43
FA AMOUNT: $150.00
NAME OF PAYEE: A: Elinor F. Payne
B: Aileen L. Payne
LUMP SUM CHECKAGE FA:
ENTITLEMENT CEASED: 30 APRIL, 1950

bts/
*Note: Mark applicable status of checkage with "X" inserting month of last checkage is discontinued.

W. G. SCHAEFER,
CPCLK,USCG.,ACO 1375,
ODCGO,3rdCGD,NY,NY

28 April, 1950
(date)

Receipt of the above notification is hereby acknowledged, family allowance payments will be terminated after payment for the month of: April, 1950
Gov. Cont. $123.

Chief, Military Morale Division

rwl

PAYNE, Shelbert R. (name) — 224-016 (service No.) — DC1, USCG (Rating)

To: Chief, Military Morale Division, CG. Headquarters.

You are hereby notified of change in status as indicated below in the case of the person named above:

(XX)* Checkage is being discontinued as provided in regulations after checkage for the month of: APRIL, 1950

( )* Checkage is being continued as required by regulations pending notification to stop.

30 APRIL, 1950 (Date of change in status)

88 Career compensation Act of 1949. CG HQ ltr dated 2/21/50 File: PMM-73 (Nature of change in status)

GOV'T CONTRIBUTION: $123.00

FA : AB

MONTH OF FIRST PAYMENT: 11/43

FA AMOUNT: $150.00

NAME OF PAYEE: A: Elinor F. Payne
B: Aileen L. Payne

LUMP SUM CHECKAGE FA:

ENTITLEMENT CEASED: 30 APRIL, 1950

bts/

*Note: Mark applicable status of checkage with "X" inserting month of last checkage is discontinued.

W. O. SCHAEFER,
CPCLK,USCG.,ACO 1375,
ODCGO,3rdCGD,NY,NY

28 April, 1950 (date)

Receipt of the above notification is hereby acknowledged, family allowance payments will be terminated after payment for the month of: April, 1950
Gov. Cont. $123.

Chief, Military Morale Division

rwl

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3433 (Rev. 11-53)

STATEMENT OF SERVICE - RETIRED PERSONNEL

LAST NAME	FIRST NAME	MIDDLE INITIAL	SERVICE NUMBER
PAYNE,	Shelbert		

DATE OF BIRTH (Mo.-Day-Yr.)	GRADE OR RATE IN WHICH SERVING	PERMANENT GRADE OR RATE	GRADE OR RATE IN WHICH PLACED ON RETIRED LIST	EFFECTIVE DATE OF RETIREMENT (Mo.-Day-Yr.)
February 6, 1921	DCC	DCC	DCC	October 1, 1959

REASON FOR RETIREMENT: 20 Year Service

HAS INDIVIDUAL EVER HELD A GRADE OR RATE HIGHER THAN THAT HELD ON THE EFFECTIVE DATE OF RETIREMENT? ☐ YES ☐ NO IF "YES," LIST HIGHEST GRADE OR RATE HELD.

ON ENLISTED 20 YEAR RETIREMENTS, INDICATE WHETHER 10% ADDITIONAL FOR GOOD CONDUCT IS AUTHORIZED ☐ YES ☐ NO

TYPE OF SERVICE	FOR RETIREMENT (Active)			FOR PAY PURPOSES (Active and Inactive)		
	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS
COAST GUARD	20	0	6	20	0	6
LIGHTHOUSE						
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
AIR FORCE						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	20	0	6	20	0	6

DATE	SIGNATURE
12 October 1959	A. E. McLANE

FOR USE BY MRS

TYPE RETIREMENT	PHYSICAL DIAGNOSIS	FILE NUMBER

Return to 3-13 LH.

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

4393 Treasury CGHQ Wash.D.C.

HELD DURING COAST GUARD SERVICE.

ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION	ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION
9-25-39	12-18-45	4.0	75	300.					
12-19-45	12-20-48	4.0	36	144.					
12-21-48	12-20-51	4.0	36	144.					
12-21-51	12-19-57	4.0	72	288					
12-20-57	10-1-59	4.0	21	84.					
		TOTAL	240	960			TOTAL		

FINAL AVERAGE CONDUCT MARK	4.0	ENTITLED TO 10% FOR GOOD CONDUCT (Check appropriate box)	✓	YES		NO
DATE 10/8/59	COMPUTED BY J. Shields	DATE 10/9/59	VERIFIED BY E. H. McCabe			

TREASURY DEPARTMENT, U. S. COAST GUARD, CGHQ – 3534 (6-54)

6084 **COMPUTATION OF AVERAGE CONDUCT MARKS FOR RETIRED PERSONNEL**

YEARS	MONTHS	DAYS
18	6	6

YEARS	MONTHS	DAYS
18	6	6

Checked
DCC

20-0-6
Aug 30 Sept 59
Wilson Sh

Shelbert R.
) (ltr- 10-15-58)

224-016
(Service No.)

DCC
(Rate)

10-1-59

19 6 6 as of 3-31-59
18 6 6

3CGD

Service for Retirement PAYNE, Shelbert R. 224-016 DCC

Yrs. Mos. Days (Name) (ltr- 10-15-58) (Service No.) (Rate)

20-0-6 on 9/30/59

as of 31 March, 19 58

10-1-59

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	18	6	6
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE (Retirement)			
TOTAL SERVICE FOR RETIREMENT	18	6	6
INACTIVE SERVICE (Specify)			
LIGHTHOUSE (For Pay Purposes)			
TOTAL SERVICE FOR PAY PURPOSES	18	6	6

20-0-6
as of 30 Sep 59
9/8/59 ld

HIGHEST RANK OR RATING HELD DCC

Service Computed by LD 10/23/58 Records Checked ld

Service Verified by WDM

ALLOTMENT AUTHORIZATION

NAV S. AND A. 545 (4M) (REV. 2-54)

D.O. WILL NOT FILL IN

RECEIVED

DATE AND BLOCK NO.

FILE/SERVICE NO.	NAME OF GRANTOR (Last)	(First)	(Initial)	RANK/RATE	COMPUTED BY	REVIEWED BY
224-016	PAYNE,	SHELBERT	R.	DCC		

NEW ALLOTMENTS

No.	PURPOSE	MONTH FIRST PAY	MOS.	EXPIRES	AMOUNT	NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE	BPC / CC	B P	ACT. CODE	FT	P #	NO. MOS.	RETRO AMOUNT
1.													
2.													
3.													
4.	B B					NAME OF OWNER							

BOND

- ☐ CO-OWNER
- ☐ BENEFICIARY — NAME
- ☐ SAFEKEEPING — NAME AND
- ☐ FORWARD TO → ADDRESS

PAPER CHECK INFORMATION

NOTE: If serviceman is to be discharged or released to inactive duty indicate date.

DATE

DISCONTINUANCES

No.	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	NAME OF ALLOTTEE	REASON CODE	HOLD CARD INFORMATION	BPC / CC	BP	ACT. CODE	DATE LAST PAYMENT	P #	F T	MOS. OVPD.
1.	Q	9/59	12/58	157.10	ALLIE L. GRIEK (CUSTODIAN)	4								
2.														
3.														
4.														

STATEMENT OF EXISTING ALLOTS.

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

I certify that the prescribed entry (*entries*), including charge entry (*entries*) for the month (*months*) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

1. GRANTOR'S REQUEST	7. GCM PRISONER
2. NEW ALLOT. REG.	8. CHANGE TO NSI OR GI
3. DISC., R.I.D.	10. WAIVER OF PREMIUM
4. TRAN. F. R., RET.	12. CHANGE IN INS. PLAN
5. ABSENTEE, DESERTER	
6. DEATH OF GRANTOR	

SHIP OR STATION AT WHICH PREPARED

Coast Guard Base, St. George
Staten Island, New York

POWER OF ATTORNEY *(TO REGISTER ALLOTMENTS)*

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments;" do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

PREPARED BY (Initials)	SIGNATURE OF DISBURSING OFFICER	SYMBOL NO.	DATE	SIGNATURE OF SERVICE MEMBER	FILE/SERV. NO. (Write in)
dga	A. B. MEYER, SPCK W-1, USCG	27697	9/30/59	NONE REQUIRED	

PREPARATION CHECK OFF LIST

- ☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ DISBURSING OFFICER'S SIGNATURE

INSERT IN SERVICE RECORD

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- ☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- ☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- ☐ WITHOUT LEAVE, not excused as unavoidable
- ☐ OVER LIBERTY, not excused as unavoidable

HOUR / DATE

DEPARTURE _____ _____

LEAVE OR LIBERTY EXPIRED _____

RETURNED TO COAST GUARD JURISDICTION _____

NOTED L.D.G.

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

ON 24 September 1959 (*Date*) COMPLETED

	YEARS	MONTHS	DAYS
OTHER SERVICE*	00	00	00
COAST GUARD SERVICE	20	00	00
NET SERVICE OF	20	00	00

* *Career Compensation Act of 1949. Statement of service filed in service record.*

See item 8.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*) to _____ (*Date of discharge*) as a result of his own:

☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

Statement of USCG service in SR.

Enl. in USCG	25 September 1939	REEN in USCG	21 December 1951
AWOL, SKMC, NPDI	None	AWOL, SKMC, NPDI	None
Enl. extended 3 yrs.	25 September 1942	HD	19 December 1957
AWOL, SKMC, NPDI	None	REEN in USCG	20 December 1957
HD	18 December 1945	AWOL, SKMC, NPDI	None
REEN in USCG	19 December 1945	Service continuing	
AWOL, SKMC, NPDI	None		
HD	20 December 1948		
REEN in USCG	21 December 1948		
AWOL, SKMC, NPDI	None		
HD	20 December 1951		

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 3 & 8 ONLY (*Number*)	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	W. V. EVANS	SCIK, W-1, USCG, P.O.	103-60

SHIP OR STATION	NAME OF A. C. O.
CG BASE, St. George, Staten Island, N.Y. (03-210373.1)	A.B.MEYER, SPCK, W-1, USCG

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

Put in PE-82 right rotation file

P
P16-3/MM
21 October 1958

SECOND ENDORSEMENT on PAYNE, Shelbert R. (224-016) DCC, ltr P16-3/MM of 15 October 1958

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: Transfer out of District; request for

1. Forwarded, disapproved in accordance with Personnel Instruction No. 60-55.

M. M. SPECTOR
By direction

3-13
FILE
PE-2

SEP 1 1958
PE-A-A

1958 OCT 22 10 43

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
USCG BASE, St. George
Staten Island, New York

P16-3/MM
15 October 1958

U. S. COAST GUARD
RECEIVED
OCT 21 1958
PERSONNEL OFFICE
NEW YORK, N. Y.

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PE)
Via: (1) Commanding Officer, USCG BASE, St. George
(2) Commander, Third Coast Guard District (p)

Subj: Transfer out of District; request for

1. It is requested that I be considered for transfer to the Seventh Coast Guard District.

2. The reasons for this request is that I now have nineteen (19) years in the Third Coast Guard District. I have requested retirement for 1 October 1959. I intend to make my permanent home in Florida. I have three boys to take care of, their mother deserted them last November 8, 1957. It would be a great help to me if I could serve my last year in the Seventh District so I could start my home while I am drawing full pay.

Shelbert R. Payne
SHELBERT R. PAYNE

USCG BASE, St. George
Staten Island, New York

P16-3/MM
16 October 1958

FIRST ENDORSEMENT on PAYNE's ltr P16-3/MM of 15 October 1958

From: Commanding Officer, USCG BASE, St. George
To: Commandant (PE)
Via: Commander, Third Coast Guard District (p)

1. Forwarded, recommending approval. PAYNE has performed his duties with a diligence that warrants consideration of his request. Because of his difficult home situation and long years in this District he should be made available for transfer at such time as orders are received for a Damage Controlman, Chief to the Seventh District.

2. PAYNE has served aboard this unit for a period of twenty-five (25) months. His average marks for this enlistment are as follows: PIR 3.9 AIOM 3.9 and CONDUCT 4.0. If PAYNE is selected for this transfer it is requested that a competent replacement be furnished.

J. T. Stanley
J. T. STANLEY

P
P16-3/MM
21 October 1958

SECOND ENDORSEMENT on PAYNE, Shelbert R. (224-016) DCC, ltr
P16-3/MM of 15 October 1958

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: Transfer out of District; request for

1. Forwarded, disapproved in accordance with Personnel Instruction No. 60-55.

M. M. SPECTOR
By direction

P16-3/MM
15 October 1958

Commanding Officer
USCG BASE, St. George
Staten Island, New York

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PE)
Via: (1) Commanding Officer, USCG BASE, St. George
(2) Commander, Third Coast Guard District (p)

Subj: Transfer out of District; request for

1. It is requested that I be considered for transfer to the Seventh Coast Guard District.

2. The reasons for this request is that I now have nineteen (19) years in the Third Coast Guard District. I have requested retirement for 1 October 1959. I intend to make my permanent home in Florida. I have three boys to take care of, their mother deserted them last November 8, 1957. It would be a great help to me if I could serve my last year in the Seventh District so I could start my home while I am drawing full pay.

SHELBERT R. PAYNE

- - - -

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

PE

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- ☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☒ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- ☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- ☐ WITHOUT LEAVE, not excused as unavoidable
- ☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1500	1 May 1959
LEAVE OR LIBERTY EXPIRED	0900	16 May 1959
RETURNED TO COAST GUARD JURISDICTION	0800	16 May 1959

NOT I.D. Ca. NOT AWOL

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

CREDIT LEAVE RATIONS (14) days

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM _____ (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	W. K. EVANS	SCLK, W-1, USCG, PO	81-59

SHIP OR STATION	NAME OF A. C. O.
USCG BASE ST GEORGE SINY (03-210372)	A. B. MEYER SPCK W-1 USCG

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

mmanding Officer
CGC MACKINAC (WAVP-371)
/o Postmaster
Staten Island, N. Y.

5 December 1957

From: Commanding Officer, USCGC MACKINAC (WAVP-371)
To: Commanding Officer, USCG Base, St. George, SINY

Subj: PAYNE, Shelbert R. (224-016)DCC, USCG

1. This is to certify that subject named man served on board the USCGC MACKINAC (WAVP-371) from 24 January, 1955 to 2 September, 1956 and that during this period of active service while attached to this vessel, he had served outside the continental limits of the United States.

R. G. SCHWING
Executive Officer

Copy to:
COMDT (PE)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

SF-89

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED / RETURNED TO COAST GUARD JURISDICTION	
☐ WITHOUT LEAVE, not excused as unavoidable	☐ OVER LIBERTY, not excused as unavoidable	NUMBER DAYS CHARGED TO LEAVE RECORD	NO

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

1 April 1959 - Change cost accounting number from 210373.1 to 210372.

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM -8- (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	C. M. [illegible] (03-210372)	SCIK,W-1,USCG,Pers.Off.	68-59

SHIP OR STATION	NAME OF A. C. O.
U. S. COAST GUARD BASE, St. George, Staten Island, N.Y.	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOV 61 I.D.G.

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☒ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable

☐ WITHOUT LEAVE, not excused as unavoidable

☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1630	22 DEC 58
LEAVE OR LIBERTY EXPIRED	0900	29 DEC 58
RETURNED TO COAST GUARD JURISDICTION	0745	29 DEC 58

NUMBER DAYS CHARGED TO LEAVE RECORD: SIX (6) days

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*) to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM (*Number*) 1. ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	W. M. EVANS	SCIX, USCG, PO	366-59
SHIP OR STATION		NAME OF A. C. O.	

(*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
[illegible]AYNE	Shelbert	R.	221-016	DOO

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 3

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

(Corrected)

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	0945	3 OCT 58
*LEAVE OR LIBERTY EXPIRED	0900	10 OCT 58
RETURNED TO COAST GUARD JURISDICTION	0740	10 OCT 58

NUMBER DAYS CHARGED TO LEAVE RECORD SIX (06)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (Rate) FROM _____ (Rate)

EFFECTIVE _____ (Date change effected) AUTHORITY _____ AUTHORITY RECEIVED _____ (Date)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (Date) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (Date) TO _____ (Date)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (Hour and date) TO _____ (Hour and date) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (Date) TO _____ (Date) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (Date of admission)

to _____ (Date of discharge) as a result of his own:

- [ ] INTEMPERATE USE OF DRUGS
- [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	W. A. EVANS	SCLK, W-1, USCG, P.O.	248-59

SHIP OR STATION: USCG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK (03-210373.1)

NAME OF A. C. O.

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

PE-2
24 October 1958
MM

From: Commandant
To: PAYNE, Shelbert R. (224-016) DCC, USCG
Via: (1) Commander, Third Coast Guard District (p)
(2) Commanding Officer, Coast Guard Base, St. George, Staten Island, New York

Subj: Transfer; request for; acknowledgement

1. Your letter of 15 October 1958, file P16-3/MM, requesting transfer to the Seventh Coast Guard District has been received and placed in the six year rotation file.

2. Your request will, if not sooner granted, be filed without action after six (6) months. If you so desire your request may be resubmitted at that time.

J. H. WAGLINE
By direction

1958 Oct 24 13 52
PEA-A

WESTFALL:JC:mb Return to 3-13

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTED
I. D. G.

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

ON 24 September 1957 (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

	YEARS	MONTHS	DAYS
OTHER SERVICE*	00	00	00
COAST GUARD SERVICE	18	00	00
NET SERVICE OF	18	00	00

As per below statement of creditable service.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

Entered Service	Service Terminated	AWOL	SCMC	NPDI
USCG				
9-25-39				
Enl. Ext. 3 years from				
9-25-42	12-18-45 HD	NONE	NONE	NONE
12-19-45	12-20-48 HD	NONE	NONE	NONE
12-21-48	12-20-51 HD	NONE	NONE	NONE
12-21-51		NONE	NONE	NONE
Service Continuing				

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 & 8 (*Number*) ONLY

SIGNATURE G. M. SEAMAN

GRADE AND TITLE CHMACH, W-3, USCG, P.O.

C. O. ORDER NO. 125-58

SHIP OR STATION U.S. Coast Guard BASE, St. George, Staten Island, N.Y.

NAME OF A. C. O.

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL U. S.
NOVEMBER 12, 19[illegible]

NOTED
I. D. G.

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1630	6-7-57
LEAVE OR LIBERTY EXPIRED	0900	6-28-57
RETURNED TO COAST GUARD JURISDICTION	0835	6-28-57

NUMBER DAYS CHARGED TO LEAVE RECORD -20-

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

_____ (*Date*) COMPLETED

**Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available, AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*) to _____ (*Date of discharge*) as a result of his own:

- [ ] INTEMPERATE USE OF DRUGS
- [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE A. S. Marsdale	GRADE AND TITLE	C. O. ORDER NO.
	A. S. MARSDALE	CHSCLK, W-2, PO	400-57

SHIP OR STATION	NAME OF A. C. O.
CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK(03-210373)	

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PAYNE	Shelbert	R.	224-016	DCC

PE-8

NOTED
I. D. G.

...DEPARTMENT
...T GUARD
...REVISED
...OVED BY
...ENERAL, U. S.
...R 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

...TIONS OR LOSS OF PAY BY REASON OF ABSENCE:

	HOUR	DATE
☐ ANNUAL LEAVE, AOL or AWOL ...riod, if any, excused as unavoidable ☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable ☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED	
	RETURNED TO COAST GUARD JURISDICTION	

☐ WITHOUT LEAVE, not excused as unavoidable ☐ OVER LIBERTY, not excused as unavoidable

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (Rate) FROM _____ (Rate)

EFFECTIVE _____ (Date change effected) AUTHORITY _____ AUTHORITY RECEIVED _____ (Date)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (Date) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (Date) TO _____ (Date)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (Hour and date) TO _____ (Hour and date) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (Date) TO _____ (Date) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (Date of admission)

_____ (Date of discharge) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

...SCELLANEOUS PAY ORDERS:

...G BASE, St. George, Staten Island, N. Y.
...PTD 9-2-56 for adm purp while IP, USPHSH, SINY
...TD ~~XXX~~ made permanent 1300, 4-11-57

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 8 (Number) ONLY	SIGNATURE A. S. Marsdale	GRADE AND TITLE	C. O. ORDER NO.
	A. S MARSDALE,	CHSCLK, W-2, PO	282-57

SHIP OR STATION CG BASE, St. George, Staten Island, N. Y. (210373.0)

NAME OF A. C. O. PE-87

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PAYNE	Shelbert	R.	224-016	DCC

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PAYNE, Shelbert R. (Name, surname first) | 224-016 (Service number) | DCC (Rank or rating) | CGC MACKINAC WAVP-37 (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USPHS HOSPITAL, SINY, Date 9-6-56, 19

To: Commanding Officer
(Coast Guard unit)

USCGC MACKINAC
(Address)

FILED

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
CYSTITIS		8-20-56	9-6-56
PROSTATIS		8-20-56	9-6-56
REDUNDANT PREPUCE		8-20-56	9-6-56
PAPILLOMA, RIGHT BUTTOCKS		8-20-56	9-6-56

He {*~~is~~ / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

Seven days sick leave. Return to OPD on 9-13-56

CONDUCT REPORT:

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

Linden E. Johnson

LINDEN E. JOHNSON, MED. DIR. 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

PE-72

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
Aug. 20, 1956	Sept. 6, 1956	

(Sign and date at end of narrative)

This 35 year old Coastguardsman was admitted on Aug. 20, 1956 with history of suprapubic pain of 2½ months duration. This was associated with frequency and nocturia. Past history and system review were essentially negative.

Physical examination revealed moderate suprapubic tenderness. The prostate was tender. The prepuce was redundant. A small papilloma was present on the right buttocks.

On Aug. 22, 1956 cystoscopy showed chronic cystitis. Circumcision was performed on Aug. 24, 1956. On Aug. 31, 1956 the papilloma was excised.

Patient was treated with antibiotics and antismasmodics with good results.

On Sept. 6, 1956 he was essentially asymptomatic, and was discharged.

Diagnoses: Cystitis;
Prostatitis;
Redundant prepuce;
Papilloma, right buttocks.

Condition: Improved.

Prognosis: Good.

Disability: Sick leave of one week recommended.
Return for check-up Sept. 13, 1956.

DEL/mm

Linden E. Johnson

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
	9/6/56		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
PAYNE, SHELBERT RUEL US PHS Hospital, Staten Island, NY.	32107	F4

NARRATIVE SUMMARY
Standard Form 502

☆ U. S. GOVERNMENT PRINTING OFFICE: 1955-383355

NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTED
I.I.I.

LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- ☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- ☐ WITHOUT LEAVE, not excused as unavoidable
- ☒ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- ☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- ☐ OVER LIBERTY, not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED	1100	9-6-56
RETURNED TO COAST GUARD JURISDICTION	0900	9-13-56
	0750	9-13-56

NUMBER DAYS CHARGED TO LEAVE RECORD None

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____

3. CHANGE IN SERVICE FOR PAY PURPOSES:

AUTHORITY RECEIVED _____ (*Date*)

ON _____ (*Date*) COMPLETED

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo. AND/OR AT $ _____ per day

No Government quarters available.

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*) to _____ (*Date of discharge*) as a result of his own:

☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (*Number*) ONLY

SIGNATURE J.D. GOODEBY

GRADE AND TITLE CHSCLK, USCG

C. O. ORDER NO. NAME OF X.C.O. PO. By dir 3h2-57

SHIP OR STATION CO. BASE, ST. GEORGE, SINY

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
PAYNE,	SHELBERT	R.	76	DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CGC MACKINAC (WAVP-371) c/o Postmaster, SINY

3-13-56 - Received instructions on the "CODE OF CONDUCT FOR MEMBERS OF THE ARMED FORCES OF THE UNITED STATES" in accordance with Commandant's Instruction No. 2-56.

R. F. HENDERSON, LCDR, USCG, XO

9-2-56 - Completed one (1) years, seven (7) months, and nine (9) days' sea duty aboard this vessel. Transferred administratively to the CO, CGB, St. George, SINY while in-patient at USPHS Hospital, SINY.

R.F. HENDERSON
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
9-2-56	CCGD3/L dtd 12-30-54, P16-3/MM.		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
DCC	12-1-53	R. F. HENDERSON	LCDR, XO

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)	
CG BASE, ST.GEO, SINY	9-2-56	J. D. GOOLSBY, CHSCLK, USCG, PO	
NAME (Last) (First) (Middle)			**SERVICE NO.**
PAYNE, Shelbert R.			224-016

ADMINISTRATIVE REMARKS

PE-72

16—66780-

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PAYNE, Shelbert R.	224-016	DCC	CGC MACKINAC WAVP-371
(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 NEW YORK, N.Y., Date 20 August, 1956

To: MEDICAL OFFICER IN CHARGE
U.S.P.H.S. HOSPITAL
STATEN ISLAND, NEW YORK

FILED

SIR: You are requested to examine the above-named {*~~XXXXXXX~~ / *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 CO, CGC MACKINAC WAVP-371 SINY

Shelbert R. Payne
(Signature of patient)

OOD U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USPHS HOSPITAL, SINY, Date 21 August, 1956

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

Bladder Calculus
(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 USPHS {*hospital / *~~office~~} on 20 August, 1956

Linden E. Johnson

Linden E. Johnson, Sr. 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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
USCGC MACKINAC (WAVP-371)	c/o Postmaster, SINY	14 August, 1956

FROM (REQUESTER):	TO	VIA:
PAYNE, Shelbert R.(224-016) DCC	Commanding Officer	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
5	14 August, 1956	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 100 New Hampshire Ave., Bay Shore, N.Y. (BRentwood 3-4265)

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

Shelbert R. Payne DCC
SIGNATURE OF APPLICANT

End.-1 Unit: USCGC MACKINAC (WAVP-371) Date 14 August, 1956

Date current leave accounting period began 7-1-56	Balance brought forward beginning of present accounting period 43
Number days' leave used during current accounting period 0	Date of expiration of current enlistment 12-20-57

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

R. F. Henderson
R. F. HENDERSON, LCDR, USCG, XO
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: USCGC MACKINAC (WAVP-371) Date 14 August, 1956

☒ Returned, GRANTED 5 days.

☐ Returned, NOT GRANTED, because ☐ ADVANCE ☒ ACCRUED regular (Reason for leave) Leave.

R. F. Henderson
R. F. HENDERSON, LCDR, USCG, XO
(Signature, grade, and title)

End.-4 Unit: USCGC MACKINAC (WAVP-371) Date 14 August, 1956

Departed at 1735, this date. This leave expires before 0900, 20 August, 1956

at this unit and is subject to the instructions on the reverse hereof.

E R Granger Ens OOD
(Signature, grade, and title)

End.-5 Unit: CGC MACKINAC (WAVP-371) Date 8-20-56

Reported at 0900, this date, having used FIVE (5) days' leave.

R. F. Henderson
R. F. HENDERSON, LCDR, XO
(Signature, grade, and title)

PE-72

16—40220-4

(Over)

3-13 file.

p
25 June 1956
P17-2

SECOND ENDORSEMENT on PAYNE's ltr P17 dtd 22 June 1956

From: Commander, Third CG District
To: Commandant (PO3)

Subj: Application for consideration for appointment to warrant grade; request for cancellation of

1. Forwarded recommending approval.

a. S. Marsdale

A. S. MARSDALE
By direction

SECOND ENDORSEMENT on PAYNE's ltr P17 dtd 22 June 1956

From: Commander, Third CG District
To: Commandant (PO3)

Subj: Application for consideration for appointment to warrant grade; request for cancellation of

1. Forwarded recommending approval.

A. S. MARSDALE
By direction

Commanding Officer
USCGC MACKINAC (WAVP-371)
c/o Postmaster
Staten Island, N.Y.

22 June, 1956
P17

U.S. COAST GUARD
RECEIVED
JUN 25 1956
PERSONNEL OFFICE
BK, N.Y.

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PO)
Via: (1) Commanding Officer, CGC MACKINAC (WAVP-371)
(2) Commander, Third CG District (p)

Subj: Application for consideration for appointment to warrant grade; ~~cancellation of~~; cancellation of; request for

Ref: (a) Personnel Instruction No. 56-55
(b) Commander, Third CG District ltr 4 June, 1956 o

1. It is requested that my application for consideration for appointment to warrant grade, submitted in accordance with reference (a), be cancelled.

2. My reason for the above request is that I plan to seek retirement under the 20 Year Enlisted Retirement Law at such time as I become eligible.

Shelbert R. Payne
SHELBERT R. PAYNE

- -

FIRST ENDORSEMENT

22 June, 1956
P17

From: Commanding Officer, CGC MACKINAC (WAVP-371)
To: Commandant (PO)
Via: Commander, Third CG District (p)

1. Forwarded, approved.

C. L. Olson
C. L. OLSON

PE-72

Staten Island, N.Y.

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PO)
Via: (1) Commanding Officer, CGC MACKINAC (WAVP-371)
(2) Commander, Third CG District (p)

Subj: Application for consideration for appointment to warrant grade; ~~[illegible]~~; cancellation of; request for

Ref: (a) Personnel Instruction No. 56-55
(b) Commander, Third CG District ltr 4 June, 1956 o

1. It is requested that my application for consideration for appointment to warrant grade, submitted in accordance with reference (a), be cancelled.

2. My reason for the above request is that I plan to seek retirement under the 20 Year Enlisted Retirement Law at such time as I become eligible.

SHELBERT R. PAYNE

FIRST ENDORSEMENT

22 June, 1956
P17

From: Commanding Officer, CGC MACKINAC (WAVP-371)
To: Commandant (PO)
Via: Commander, Third CG District (p)

1. Forwarded, approved.

C. E. OLSON

RECOMMENDED BY BOARD _____

PE-72

WORK SHEET - APPLICANTS FOR APPOINTMENT TO WARRANT GRADE

INITIAL QUALIFYING FACTORS:

1. Has average of not less than 3.5 in Proficiency in Rating — Yes

2. Has average of not less than 3.8 in Conduct, no convictions military or civil, and no AWOL offenses — Yes

3. Has achieved passing combination of scores on the OCT — No

32-67-21

POINT SCORING FACTORS:

1. EXPERIENCE - One point for each month served on active duty with any armed force of the U.S. Maximum of 240 points — 198

2. EDUCATION & TRAINING - 60 points for an applicant who has a high school diploma or higher; or who has successfully passed the USAFI, GED high school level test — 0

30 points for an applicant who has successfully completed an in-service chief petty officer rating course (CG Institute or Navy). (In the case of an applicant who is a Machinist's Mate, this credit will be given for the PO1 course). — 0

10 points for each non-rating correspondence course successfully completed, with a maximum of 60 points — 0

3. PROFICIENCY IN RATING - PIR 3.5 = 55 points; 5 additional points are given for each 0.1 over 3.5 — 60

ALOM 3.5 = 15 points; 5 additional points are given for each 0.1 over 3.5 — 20

FITNESS REPORT - score by Table. Maximum 120 points — 86

TOTAL POINTS - 364

RECOMMENDED BY BOARD _____

PE-52

(Name) (Number)

applicant for advancement to CARPENTER
(Warrant Specialty)

OFFICER CLASSIFICATION TEST SCORES

	NSS
PART I, VERBAL	32
PART II, MECHANICAL	67
PART III, MATHEMATICAL	21
AVERAGE	40

not recommended

L. C. Adams
(Signature)
TRAINING AND PROCUREMENT DIVISION

GRAMMAR 8 JUNIOR HIGH 2 SENIOR HIGH — COLLEGE — VOCATIONAL — TRADE —

8. SERVICE SCHOOLS ATTENDED *(Include dates and courses list only ones completed)*

a. None
b.
c.
d.
e.

9. CORRESPONDENCE COURSES COMPLETED *(Give dates if known)*

a. CGI - Cox
b.
c.
d.
e.
f.

10. OTHER EDUCATIONAL INFORMATION IF ANY *(Degrees, etc.)* None

11. LICENSES OR CERTIFICATES HELD None

12. HIGHER RATINGS OR GRADES PREVIOUSLY HELD

GRADES	BRANCH OF SERVICE	FULL MONTHS HELD	REASON TERM.
None			

13. TOTAL MONTHS SEA DUTY AS A PETTY OFFICER 26

14. PHYSICAL DEFECTS KNOWN WHICH REQUIRE CORRECTING, IF ANY None

15. BRIEF RESUME OF EXPERIENCE HAVING DIRECT BEARING ON QUALIFICATIONS FOR WARRANT GRADE OF

Assigned to various maintenance and repair duties in the Third Coast Guard District. Also served aboard a buoy tender, buoy boat, one lifeboat station and one light station, prior to my present assignment - CGC MACKINAC. During my off-duty hours, I have built my own home as well as a number of small boats.

16. I DESIRE CONSIDERATION FOR APPOINTMENT TO WARRANT GRADE INDICATED ABOVE. I WILL ACCEPT SUCH APPOINTMENT IF TENDERED WITHIN THE NEXT TWENTY-SEVEN (27) MONTHS AND WILL AGREE NOT TO SEEK RETIREMENT WITHIN TWO (2) YEARS THEREAFTER. I FURTHER AGREE TO ACCEPT A PERMANENT WARRANT APPOINTMENT IF TENDERED PRIOR TO BEING AUTHORIZED FOR RETIREMENT. I ALSO CERTIFY THAT THE INFORMATION AND STATEMENTS MADE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Shelbert R. Payne 72

SHELBERT R. PAYNE
(Signature)

INCL: Form NAVPERS-310

INSTRUCTIONS: Original to Commandant (PO) via Commanding Officer and appropriate District Commander
Inclosed Form NAVPERS-310 need not be sent as "Private Official."

C 3379

DO NOT WRITE IN THIS SPACE

TPCF

3-4

PART II COMMANDING OFFICER'S INDORSEMENT

(Fill in all blocks for which verification can be made from records on board)
(Forward completed form to district indicated at right)

1. UNIT: CGC MACKINAC (WAVP-371)
2. DISTRICT AND DATE: Third 4/10/56

3. TOTAL MONTHS ACTIVE MILITARY SERVICE TO 198 *(Dead line date)* (16 yrs. 6 mos. 23 das.)

4. TOTAL MONTHS CREDITABLE LIGHT HOUSE SERVICE None

5. HAS CG AND CGR SERVICE BEEN CONTINUOUS SINCE 1 SEPTEMBER 1945? [X] YES [ ] NO

6. NUMBER MONTHS ACTIVE SERVICE TO DEAD LINE DATE AS PO1C 111 ABOVE PO1C 49

7. TOTAL MONTHS ACTIVE SERVICE IN WARRANT OR HIGHER GRADE None

8. NUMBER OF MONTHS ACTIVE SERVICE THIS ENLISTMENT TO DATE 51

9. ASSIGN EFFICIENCY MARKS THIS DATE AND THEN INDICATE AVERAGE OF FOLLOWING MARKS FOR THIS ENLISTMENT OR FOR LAST FIVE YEARS, WHICHEVER IS THE LESSER PERIOD:

	CURRENT	AVERAGE
PROFICIENCY IN RATING	3.8	3.68
ABILITY AS LEADER OF MEN	3.7	3.68
ADAPTABILITY FOR WARRANT GRADE	3.6	3.68

10. CONDUCT:
AVERAGE MARK THIS ENLISTMENT 4.0

DATES AND NATURE OF MASTS AND COURTS CURRENT ENLISTMENT: None

11. SCORES ON NAVY BATTERY TESTS *(Converted scores)*

GCT	AR	READ	TOTAL SCORE	AVERAGE

12. COMPLETED FORM NAVPERS-310 MODIFIED TO COVER PERIOD APPLICANT HAS BEEN ASSIGNED UNDER ME AND AS APPROPRIATE FOR OCCASION OF REPORT IS ATTACHED. ANY EXCEPTIONS OR APPLIFICATIONS OF STATEMENTS MADE BY APPLICANT HAVE BEEN ENTERED UNDER ITEM 11 OF THE MODIFIED REPORT OF FITNESS. THE APPLICANT:

(CHECK ONE)

IS DEEMED QUALIFIED TO PERFORM THE DUTIES OF WARRANT AND IS RECOMMENDED FOR CONSIDERATION [X]

IS NOT DEEMED QUALIFIED TO PERFORM THE DUTIES OF WARRANT AND HIS APPLICATION IS DISAPPROVED FOR THE REASONS NOTED ON THE REPORT OF FITNESS ATTACHED. [ ]

C. L. Olson
C. L. OLSON, CDR, USCG
(Signature)

DO NOT WRITE IN THIS SPACE

TPBF

TOTAL POINTS

PART III DISTRICT COMMANDER'S INDORSEMENT

DATE 13 Apr 56

FROM: Commander, 3rd CG District
TO: Commandant (PO)

(Cross out one)

FORWARDED: Applicant is Recommended as indicated. Commanding Officer, MACKINAC, has been directed to submit Report of Fitness of Officers on Form NAVPERS 310 (Rev. 10-51)

FORWARDED: ~~Applicant is not recommended for the following reasons:~~

J. H. WAGLINE
By direction

HE OFFICER REPORTED ON WILL FILL IN THE FIRST ELEVEN SECTIONS:

NAME (Last)	(First)	(Middle)	2. GRADE	3. USN (R)	4. DESIGNATOR	5. FILE NO.
PAYNE,	Shelbert	Ruel	DCC	USCG	-	224-016

SHIP OR STATION: USCGC MACKINAC (WAVP-371) St. George, Staten Island, N.Y.

7. DATE REPORTED PRESENT DUTY STATION: 24 January, 1955

8. OCCASION FOR REPORT: SEMI-ANNUAL [ ] DETACHMENT OF REPORTING SENIOR [ ] ~~DETACHMENT OF OFFICER~~ [X] Appt. to warrant grade

9. TYPE OF REPORT: REGULAR [ ] CONCURRENT [ ] SPECIAL [X]

10. PERIOD OF REPORT: FROM 11/2/55 TO 4/10/56

11. DUTIES. *List principal duties assigned including watches, and indicate in parentheses after each the number of months during the reporting period. If assignment is in other than regular Navy billet or involves duties not well established, give outline of purpose, scope, and significance of such duties. If necessary, use separate sheet and attach to this form.*

Assistant to Damage Control Officer

FOLLOWING TO BE FILLED IN BY THE REPORTING OFFICER: *Signature of officer reported on:* Shelbert R. Payne

12. EMPLOYMENT OF COMMAND DURING PERIOD OF THIS REPORT

Shipyard Overhaul; Ocean Station Vessel

13. REFERENCE HERE AND APPEND ANY COMMENDABLE OR ADVERSE REPORTS ON THIS OFFICER RECEIVED DURING THE PERIOD OF THIS REPORT

None

14. PERFORMANCE OF DUTIES (*In comparison with other officers of his grade and approximate length of service, consider the requirements of his duties and evaluate his performance.*)

DUTY ASSIGNMENT	NOT OBSERVED	Outstanding performance in most aspects of his duty assignments. Highly qualified.	Excellent performance in most aspects of his duty assignments. Efficient or competent in most of the remaining aspects. Frequently demonstrates outstanding performance.	Competent and efficient performance in most aspects of his duty assignments. Frequently demonstrates excellent performance.	Satisfactory performance in most aspects of his duty assignments. Needs some supervision. Basically qualified.	Inadequate performance in many aspects of his duty assignments. Needs close supervision. He is not qualified. (Adverse)
(a) Present Assignment			X			
(b) As _____ Watch Officer	X					
(c) Collateral Duties	X					
(d) Technical Specialty Damage Control			X			
(e) Ship Handling	X					
(f) In Administration	X					
(g) Ability to Command	X					
(h) As Executive or Division Officer	X					
(i) Duty on a Staff	X					
(j) Other _____	X					

15. **Considering the possible requirements of war, indicate your attitude toward having this officer under your command. Would you:** Particularly desire to have him? [ ] Prefer him to most? [X] Be pleased to have him? [ ] Be satisfied to have him? [ ] Prefer not to have him? (Adverse) [ ]

16. (a) In comparison with other officers of his grade and approximate length of service, how would you designate this officer?
(b) For this report period indicate in (b) how many officers of his grade you have designated in each category of (a).

	One of the few highly outstanding officers I know	A very fine officer of great value to the service	A dependable and typically effective officer	An acceptable officer	Unsatisfactory (Adverse)
(a)			X		
(b)	0	0	1	0	0

17. COMMENTS. *In this section it is important that the outstanding characteristics of the officer, and any weaknesses which seriously affect his performance of duty, be reported. The appraisal should be concise and concrete in terms of specific examples of performance from which the more general factors can be inferred. The appraisal will justify the marks assigned in items 14, 15, and 16, above. In addition, the appraisal should include outstanding qualifications in any field such as the following: administration, planning, logistics, electronics, new weapons, and in dealing with the public in personal or official contacts. This space must not be left blank.*

Chief Payne has performed the duties of his rating in a highly satisfactory manner. He has trained and instructed damage control parties in the operation of damage control equipment and the duties of repair parties. In view of previous experience at shore units; recommendations from previous commanding officers, copies attached; and his performance of duty at this unit, PAYNE is considered fully qualified to perform all the duties of a warrant carpenter.

PE-72

18. NAME, GRADE, AND FILE NUMBER OF REPORTING OFFICER. OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON.

C. L. OLSON (2541), CDR, USCG — Commanding Officer

16—70109-1

19. In comparison with other officers of his grade and approximate length of service or approximate length of duty assignment, to what degree has this officer exhibited the following qualities?

(a) PROFESSIONAL KNOWLEDGE (Consider the requirements of his various duty assignments and compare them to his professional knowledge.)

NOT OBSERVED					
☐	Has exceptional knowledge of his duty assignments. Extremely well informed.	Has excellent knowledge of most phases of his duty assignments. Is well informed on the remaining phases. Occasionally demonstrates exceptional knowledge.	Is well informed on most phases of his duty assignments. Frequently demonstrates excellent knowledge.	Has satisfactory knowledge of routine phases of his duty assignments.	Serious gaps in his knowledge of fundamentals of his duty assignments. (Adverse)
	*		X		*

(b) COOPERATION (Consider ability and willingness to work in harmony with and for others.)

NOT OBSERVED					
☐	Extremely successful in working with others. Has an outstanding ability to create harmony.	Promotes harmony in dealing with others. A very good team worker.	Gets along well with most people. Knows how to take orders. Fits in with a team.	Indifferent to others. Cooperates occasionally.	Inclined to create friction. Generally not cooperative. (Adverse)
	*		X		*

(c) JUDGMENT (Consider his ability to grasp a situation, think clearly, and develop correct and logical conclusions.)

NOT OBSERVED					
☐	Outstandingly sound and logical thinker with an exceptional grasp of the situation involved.	Exceptionally good judgment based on sound evaluation of all the factors involved.	Judgment is usually sound and reasonable.	Is prone to neglect or misinterpret facts. Occasionally commits errors in judgment.	Due to faulty judgment, his decisions or recommendations are too frequently wrong. (Adverse)
	*		X		*

(d) LEADERSHIP (Consider his ability in organizing, obtaining the cooperation of others, and in directing their efforts effectively.)

NOT OBSERVED					
☐	Outstanding skill in directing others results in a very effective unit. Inspires confidence even under very difficult circumstances.	A consistently good leader. Commands respect of his subordinates. Is very effective under difficult circumstances.	Capable leader. Develops good cooperation and team work in difficult circumstances. Knows how to give orders.	Generally obtains effective cooperation under normal circumstances.	Fails to command. Unable to exert control. (Adverse)
	*		X		*

(e) PROMOTION POTENTIAL (Consider his capacity to handle jobs of increased scope and greater responsibility, ability to learn rapidly, personality, self-improvement efforts, special abilities, and training.)

NOT OBSERVED					
☐	Capable of increased responsibility and rapid advancement.	Very promising promotional material.	Demonstrates promise for further growth at moderate rate.	Present job is taxing his capabilities. Requires considerable amount of training.	Definitely limited. (Adverse)
	*		X		*

(f) MANAGEMENT EFFECTIVENESS (Consider his utilization of men, money, and materials.)

NOT OBSERVED					
☐	Is most effective in the utilization of men, money, and materials.	Is effective in accomplishing extra savings in men, money, and materials by implementing and maintaining improved management procedures.	Conserves men, money, and materials effectively by implementing and maintaining routine management procedures.	Utilizes men, money, and materials in a barely satisfactory manner.	Is needlessly wasteful of men, money, and materials. Is irresponsible in this regard. (Adverse)
	*		X		*

(g) REMARKS. Marks in any of the starred (*) boxes must be justified in this section with a brief description of the factors which were considered in evaluating the officer. The justification should be in concrete and specific terms.

20. State your estimate of this officer's capacity for original and constructive professional work and indicate to what degree his performance during this reporting period has reflected that capacity. State concrete attainments wherever possible. If not observed, so state.

Not observed.

21. (a) As a general rule, officers should not be shown their fitness reports by the reporting seniors unless the report contains adverse matter. An adverse report must be referred for statement pursuant to Article 1701-(8) Navy Regulations. His statement should be attached to this report.

(b) Has the officer reported on seen this report? YES ☐ NO ☒

22. DATE FORWARDED 11 April, 1956

23. C. L. Olson
C. L. OLSON, CDR, USCG
(Signature of reporting officer)

From: Commanding Officer, Electronic Engineering Station
To: Commander, 3rd Coast Guard District (ecv)

Subj: Third CG District Job Order No. ecv-3891; completion of

1. Subject job order covering clearing and grading of certain areas at this station by Third District bulldozer and operator was satisfactorily completed 11 June, 1951.

2. The work performed under subject job order by PAYNE, Shelbert R. (224-016) DC1 was highly satisfactory and is appreciated by this command. As a result of the areas cleared and/or graded, additional outdoor working space has been made available as well as improved access about the station. Also, damage done to the protective sand dune line on the ocean side of the station during the November 1950 storm was repaired as practicable. The repairs effected will provide a certain degree of immediate protection from high water damage and should contribute to more after installation of snow fence (to serve as a barrier and collector of moving sand) now on hand at this station. During the accomplishment of the work mentioned above, it was obvious that PAYNE'S performance of duty as a bulldozer operator was well above average. Furthermore, he proved himself to be cooperative and dependable as well as willing to attempt any task assigned. These factors were largely contributory to the satisfactory completion of all work which could be scheduled in the three weeks assigned.

H. S. PEARSON

Certified to be a true copy:

R. F. HENDERSON, LCDR, USCG

Address reply to
COMMANDER
3rd Coast Guard District
80 Lafayette Street
New York 13, N.Y.

GD3-3-2
17 July 1953

TO WHOM IT MAY CONCERN

Shelbert R. PAYNE (224016) DCC(P) of U.S. COAST GUARD, has been under my supervision as a member of the USCG Maintenance & Repair Detachment since November, 1949. During this period he has been employed as a Damage Control Chief in charge of a crew of damage controlmen in the repair and construction of units and installations of the U.S. COAST GUARD. He has always been found to be efficient, courteous, reliable and resourceful, performing his duties in a highly satisfactory manner. He is especially skilled in carpentry, welding and in the operation of a bullgrader and/or crane. He has always accomplished the work designated to him with especial care and skill, being industrious and willing at all times.

In all my dealings with PAYNE, I have known him to be honest and to have kept his word under all circumstances. To my knowledge, he has always paid his debts.

I believe PAYNE to be capable of constructing his own home and would not hesitate to encourage him in such an undertaking.

/s/ H. L. DURGIN
H. L. DURGIN
Commander, U.S. COAST GUARD
Chief, Civil Engineering Section

Certified to be a true copy:

R. F. Henderson
R. F. HENDERSON, LCDR, USCG

FITNESS OF OFFICERS 11 April, 1956

THE OFFICER REPORTED ON WILL FILL IN THE FIRST FIVE SECTIONS:

1. Name (Last)	(First)	(Middle)	Grade	USN (R)	Designator	File No.
PAYNE,	Shelbert	Ruel	DCC	USCG	-	224-016

2. Ship or Station: USCGC MACKINAC (WAVP-371), St. George, Staten Island, N.Y. — Date Reported Present Duty Station: 24 January, 1955

3. Period of Report: From 11-2-55 To 4-10-56 — Occasion for Report: Appt. to warrant grade — Type of Report: Semi-annual _____ Detachment of Reporting Senior _____ Detachment of Officer X

4. Regular and Additional Duties. List all duties assigned, including watches. List courses of study or instruction carried on. After each item insert in parentheses number of months this reporting period. — Regular _____ Concurrent _____ Special X

Assistant to Damage Control Officer

5. Proficiency in Foreign Languages, Stating Which Ones and Ability Therein

None

Shelbert R. Payne
(Signature of officer reported on)

FOLLOWING TO BE FILLED IN BY THE REPORTING OFFICER:

6. Employment of Command During Period of This Report

Shipyard Overhaul; Ocean Station Vessel

7. Reference Here and Append Copy of Any Commendable or Adverse Reports on This Officer Received During the Period of This Report

None

8. Performance. Assign marks on a scale of 0 to 4.0 on the appropriate qualifications listed, and on any other significant qualification, on which observation has been sufficient to justify marking. "Present Assignment" must always be marked where any other marks or comments relative to performance are made. A mark below 2.5 constitutes an adverse entry.

Present Assignment	3.8	Ability to Command	3.7	As Staff Officer	-
As Executive or Division Officer	-	As _____ (Type watch) Watch Officer	-	In Administration	3.6
Ship Handling	-	Technical Competence in Damage Control (State specialty)	3.8		

9. Considering the Possible Requirements of War, Indicate Your Attitude Toward Having This Officer Under Your Command. Would You

Particularly Desire To Have Him?	Be Pleased To Have Him?	Be Satisfied To Have Him?	Prefer Not To Have Him? (Adverse)
_____	X	_____	_____

10. In Comparison With Other Officers of His Grade and Approximate Length of Service, How Would You Designate This Officer?

Outstanding	Excellent	Above Average	Average	Below Average
_____	_____	X	_____	_____

11. Comments. Give in this space a concise appraisal of the officer reported on. Comment on any outstanding characteristics of value to the naval service, including ability to command and outstanding qualifications in any field such as administration, planning, logistics, electronics, new weapons, or new developments. Comment on observed skill in dealing with the public in personal or official contacts. Any mental, moral, or physical weaknesses which might affect his efficiency, or failure to meet qualifications normally expected of an officer of his grade and designation should be indicated. Any adverse entry made in any part of the report must be explained in this paragraph. *This space must not be left blank.*

Chief Payne has performed the duties of his rating in a highly satisfactory manner. He has trained and instructed damage control parties in the operation of damage control equipment and the duties of repair parties. In view of previous experience at shore units; recommendations from previous commanding officers, copies attached; and his performance of duty at this unit, PAYNE is considered fully qualified to perform all the duties of a Warrant carpenter.

12. Name, Grade, and File Number of Reporting Officer. Official Status Relative to Officer Reported on.

C. L. OLSON (2541), LCDR, USCG — Commanding Officer

16—63843a-2

13. To What Degree Has the Officer Reported on Exhibited the Following Qualities?

	NOT OBSERVED	OUTSTANDING	EXCELLENT	AVERAGE	UNSATISFACTORY
(a) **INTELLIGENCE** (With reference to the faculty of comprehension; mental acuteness.)		Exceptionally quick-witted; keen in understanding.	Grasps essentials of a situation quickly. X	Understands normal situations and conditions.	
(b) **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. X	Fair judgment in normal and routine things.	
(c) **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. X	Capable of performing routine duties on own responsibility.	
(d) **FORCE** (With reference to moral power possessed and exerted in producing results.)		Strong, dynamic.	Strong. X	Effectual under normal and routine circumstances.	
(e) **LEADERSHIP** (With reference to the faculty of directing, controlling, and influencing others in definite lines of action and of maintaining discipline.)		Inspires others to a high degree by precept and example. Requires a high standard of discipline.	A very good leader. X	Leads fairly well.	
(f) **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. X	Fairly courageous.	
(g) **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. X	Cooperates fairly well.	
(h) **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. X	Reasonably faithful in the execution of his duty.	
(i) **PERSEVERANCE** (With reference to maintenance of purpose or undertaking in spite of obstacles or discouragement.)		Determined, resolute.	Constant in purpose. X	Fairly steady.	
(j) **REACTION IN EMERGENCIES** (With reference to the faculty of acting instinctively in a logical manner in difficult and unforeseen situations.)	X	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.	
(k) **ENDURANCE** (With reference to ability for carrying on under any and all conditions.)	X	Capable of standing an exceptional amount of physical hardship and strain.	Can perform well his duties under trying conditions.	Of normal endurance.	
(l) **INDUSTRY** (With reference to performance of duties in an energetic manner.)		Extremely energetic and industrious.	Thorough and energetic. X	Reasonably energetic and industrious.	
(m) **MILITARY BEARING AND NEATNESS OF PERSON AND DRESS** (With reference to dignity of demeanor, correctness of uniform, and smartness of appearance.)		Exceptional.	Very good. X 16 56	Fair.	

A MARK TO THE RIGHT OF THIS LINE CONSTITUTES AN ADVERSE REPORT

14. A report containing adverse matter must be referred to the officer reported on for statement pursuant to article 1701 (8) USNR. His statement should be attached to this report. Statements of minor deficiencies either in character or performance of duties must be brought to the attention of the officer reported on either orally or in writing.

Has This Been Done? No What Improvement, If Any, Has Been Noted? ---

10

C. L. Olson

C. L. OLSON, LCDR, USCG

(Signature of reporting senior)

U. S. GOVERNMENT PRINTING OFFICE 16—63943-1

APPLICATION FOR LEAVE OF ABSENCE

	ADDRESS	DATE
ACKINAC (WAVP-371)	St. George, Staten Island, N.Y.	6-6-56
EQUESTER):	TO	VIA:
YNE, Shelbert R. (224-016) DCC	Executive Officer	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
-7-	7 June 1956	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 100 New Hampshire Ave., Bay Shore, N.Y. Tel. No. Brentwood 3-4265

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Shelbert R. Payne

End.-1 Unit: CGC MACKINAC (WAVP-371) Date 6-6-56

Date current leave accounting period began 7-1-55	Balance brought forward beginning of present accounting period 27
Number days' leave used during current accounting period 7	Date of expiration of current enlistment 12-20-57

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

R. F. Henderson
R. F. HENDERSON, LCDR, USCG, XO
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CGC MACKINAC (WAVP-371) Date 6-6-56

☒ Returned, GRANTED -7- days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

R. F. Henderson
R. F. HENDERSON, LCDR, USCG, XO
(Signature, grade, and title)

End.-4 Unit: CGC MACKINAC (WAVP-371) Date 6-7-56

Departed at 1615, this date. This leave expires before 0900, 15 June 1956

at _____ and is subject to the instructions on the reverse hereof.

L R Krueger PE-72 OOD
(Signature, grade, and title)

End.-5 Unit: USCGC MACKINAC (WAVP-371) Date 15 June, 1956

Reported at 0747, this date, having used 7 days' leave.

R F Henderson
R. F. HENDERSON, LCDR, USCG XO
(Signature, grade, and title)

16—40220-4

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

APPLICATION FOR LEAVE OF ABSENCE

PE-72

UNIT	ADDRESS	DATE
CGC MACKINAC (WAVP-371)	St. George, SINY	30 Mar., 1956

FROM (REQUESTER):	TO	VIA:
PAYNE, Shelbert R. (224-016) DCC, USCG	Commanding Officer	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
4	2 April, 1956	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 100 New Hampshire Ave., Bay Shore, N.Y. (Brentwood 3-4265)

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT

End.-1 Unit: CGC MACKINAC (WAVP-371) Date 30 Mar., 1956

Date current leave accounting period began 7-1-55	Balance brought forward beginning of present accounting period 27
Number days' leave used during current accounting period 3	Date of expiration of current enlistment 12-20-57

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

R. F. HENDERSON, LCDR, USCG, XO
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CGC MACKINAC (WAVP-371) Date 30 Mar., 1956

☒ Returned, GRANTED 4 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE ☒ ACCRUED regular Leave.
(Reason for leave)

R F Henderson
R. F. HENDERSON, LCDR, USCG, XO
(Signature, grade, and title)

End.-4 Unit: CGC MACKINAC (WAVP-371) Date 2 April, 1956

Departed at 0800, this date. This leave expires before 0900, 7 April, 1956

at this unit and is subject to the instructions on the reverse hereof.

David B. Harrogate, LTJG USCG
(Signature, grade, and title)

End.-5 Unit: CGC MACKINAC (WAVP-371) Date 7 April 1956

Reported at 0800, this date, having used FOUR (4) days' leave.

R F Henderson
R. F. HENDERSON, LCDR, USCG, XO
(Signature, grade, and title)

16—40220-4

(Over)

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

PE-72

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. SERVICE	5. DATE OF BIRTH
PAYNE, Shelbert Ruel	224-016	DCC	USCG	2-6-21

6. HOME ADDRESS AT TIME OF LAST ENTRY INTO SERVICE (*City, county, and State*)	7. FORMER SERVICE NO.
(Suffolk County) 68 West Union St., Bay Shore, Long Island, New York	Not applicable

DESIGNATIONS

			FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
8. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			Elinor Frances Payne	100 New Hampshire Ave. Bay Shore, LINY	Wife
9. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD		PRINCIPAL	Alleen Lee Payne Greik	239 Maple Street Islip, LINY	Mother
		CONTINGENT	None		
10. BENEFICIARY FOR SERVICEMEN'S INDEMNITY (*PL 23, 82d Congress*) (*All prior designations are canceled. Designation for indemnity does not affect insurance (NSLI or USGLI) beneficiary designation*)	PRINCIPAL(S)	SHARE $10,000	Elinor Frances Payne	Same as No. 8	Wife
		SHARE $			
	CONTINGENT(S)	SHARE $10,000	Alleen Lee Payne Greik	Same as No. 9	Mother
		SHARE $			
11. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (*PL 147, 84th Congress*)		SHARE 100 %	Elinor Frances Payne	Same as No. 8	Wife
		SHARE %			
12. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS		PERCENT OF PAY EACH MO. 100%	Elinor Frances Payne	Same as No. 8	Wife
13. PERSON TO RECEIVE PERSONAL EFFECTS FOR SAFEKEEPING			Elinor Frances Payne	Same as No. 8	Wife

14. COMMERCIAL INSURANCE COMPANIES TO BE NOTIFIED IN CASE OF DEATH IN ACTIVE SERVICE

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
None		

	FIRST NAME—MIDDLE NAME—LAST NAME (*If deceased, so state*)	ADDRESS
15. FATHER	Deceased	
16. MOTHER	Alleen Lee Payne Greik	Same as No. 9
17. WIFE OR HUSBAND (*If none, so state*)	Elinor Frances Payne	Same as No. 8

18. NAME OF CHILDREN (*If none, so state. If step or adopted, so state*)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Shelbert John Payne	Same as No. 8		x	M	11-7-41
Robert Leroy Payne	Same as No. 8		x	M	7-21-45
Ronald Moran Payne	Same as No. 8		x	M	8-4-51

19. ORGANIZATION AND ADDRESS OF DESIGNATOR	20. DATE SIGNED
USCGC MACKINAC (WAVP-371), St. George, SINY	3-16-56

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
R.F. Henderson R.F. HENDERSON, LCDR, USCG	Shelbert R. Payne

DD FORM 1 OCT 55 93-1 *For Navy, Marine Corps, and Coast Guard use:* Will be used in lieu of DD Form 93.

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

PF-72

1. NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. SERVICE	5. DATE OF BIRTH
Shelbert Ruel	224-016	DCC	USCG	2-6-21

6. AT TIME OF LAST ENTRY INTO SERVICE (*City, county, and State*)	7. FORMER SERVICE NO.
(Suffolk County) 68 West Union St., Bay Shore, Long Island, New York	Not applicable

DESIGNATIONS

			FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
8. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			Elinor Frances Payne	100 New Hampshire Ave. Bay Shore, LINY	Wife
9. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD		PRINCIPAL	Alleen Lee Payne Greik	239 Maple Street Islip, LINY	Mother
		CONTINGENT	None		
10. BENEFICIARY FOR SERVICEMEN'S INDEMNITY (*PL 23, 82d Congress*) (*All prior designations are canceled. Designation for indemnity does not affect insurance (NSLI or USGLI) beneficiary designation*)	PRINCIPAL(S)	SHARE $10,000	Elinor Frances Payne	Same as No. 8	Wife
		SHARE $			
	CONTINGENT(S)	SHARE $10,000	Alleen Lee Payne Greik	Same as No. 9	Mother
		SHARE $			
11. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (*PL 147, 84th Congress*)		SHARE 100 %	Elinor Frances Payne	Same as No. 8	Wife
		SHARE %			
12. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS		PERCENT OF PAY EACH MO. 100%	Elinor Frances Payne	Same as No. 8	Wife
13. PERSON TO RECEIVE PERSONAL EFFECTS FOR SAFEKEEPING			Elinor Frances Payne	Same as No. 8	Wife

14. COMMERCIAL INSURANCE COMPANIES TO BE NOTIFIED IN CASE OF DEATH IN ACTIVE SERVICE

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
None		

	FIRST NAME—MIDDLE NAME—LAST NAME (*If deceased, so state*)	ADDRESS
15. FATHER	Deceased	
16. MOTHER	Alleen Lee Payne Greik	Same as No. 9
17. WIFE OR HUSBAND (*If none, so state*)	Elinor Frances Payne	Same as No. 8

18. NAME OF CHILDREN (*If none, so state. If step or adopted, so state*)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Shelbert John Payne	Same as No. 8		x	M	11-7-41
Robert Leroy Payne	Same as No. 8		x	M	7-21-45
Ronald Moran Payne	Same as No. 8		x	M	8-4-51

19. ORGANIZATION AND ADDRESS OF DESIGNATOR	20. DATE SIGNED
USCGC MACKINAC (WAVP-371), St. George, SINY	3-16-56

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
R.F. Henderson R.F. HENDERSON, LCDR, USCG	Shelbert R. Payne

DD FORM 1 OCT 55 93-1 *For Navy, Marine Corps, and Coast Guard use:* Will be used in lieu of DD Form 93.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CGC MACKINAC(WAVP371)	ST GEORGE STATEN ISLAND N.Y	17 FEBRUARY 1956

FROM (REQUESTER):	TO	VIA:
SHELBERT R PAYNE 224-016 DCC	COMMANDING OFFICER	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
3	20 FEBRUARY 1956	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 100 NEW HAMPSHIRE AVE. BAY SHORE, NEW YORK

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Shelbert R. Payne
SHELBERT R PAYNE

End.-1 Unit: CGC MACKINAC(WAVP371) Date 17 FEBRUARY 1956

Date current leave accounting period began 7/1/55	Balance brought forward beginning of present accounting period 27
Number days' leave used during current accounting period NONE	Date of expiration of current enlistment 12/20/57

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

R.F.HENDERSON LCDR XO
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CGC MACKINAC (WAVP 371) Date 17 FEBRUARY 1956

☒ Returned, GRANTED 3 days.
☐ ADVANCE
☒ ACCRUED
REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

R.F.HENDERSON LCDR XO
(Signature, grade, and title)

End.-4 Unit: CGC MACKINAC (WAVP 371) Date 20 FEBRUARY 1956

Departed at 0800 2/20/56 this date. This leave expires before 0900, 24 FEBRUARY 1956

at THIS UNIT and is subject to the instructions on the reverse hereof.

OOD
(Signature, grade, and title)

End.-5 Unit: CGC MACKINAC(WAVP 371) Date 24 February 1956

Reported at 0130, this date, having used THREE (3) days' leave.

R. F. HENDERSON, LCDR, XO
(Signature, grade, and title)

16—40220-4

(Over)

FEDERAL SECURITY AGENCY

PUBLIC HEALTH SERVICE

PHS-792 (DD) (OLD NO. 1971-E-1) REV. 4-'48

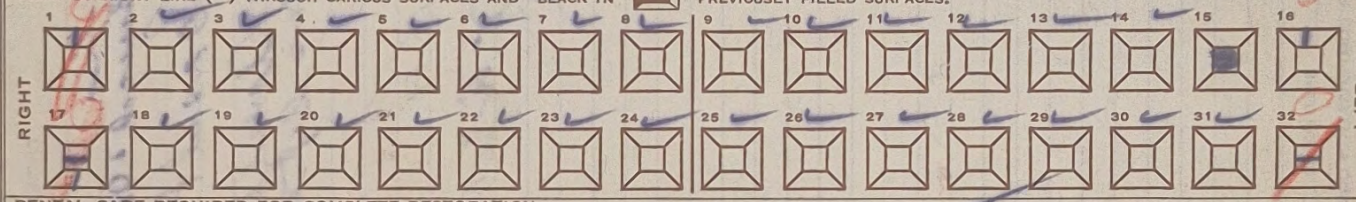
PATIENT'S NAME: GIVEN NAME	SEX:	RACE:	AGE:	ADDRESS: (IF INDICATED)
Payne, Shelbert	M ✓ F	WHITE ✓ COL. OTH.	28	Cape May, N. J.

STATION:	AUTHORITY FOR ADMISSION:	BENEFICIARY:	DATE:	HAS PATIENT RECEIVED U.S.P.H.S. EXAMINATION SINCE JAN. 1, OF THIS YEAR.
USCGRC Cape May N. J.	S 24-016 BM	USCG	5-5-49	YES ☐ NO ✓

MARK EXAMINATION FINDINGS FOR EACH TOOTH USING FOLLOWING SYMBOLS: (PLACE SYMBOL TO THE RIGHT OF THE TOOTH NUMBER)

☑ NORMAL ☐ CROWNS ☒ MISSING ☒ IMPACTED ☐ EXTRACTION IND. — PONTIC ☒ ROOT ▬ DENTURE ☐ DEFECTIVE ▽ DEVITALIZED

DRAW STRAIGHT LINE (—) THROUGH CARIOUS SURFACES AND "BLACK IN" ▬ PREVIOUSLY FILLED SURFACES.



DENTAL CARE REQUIRED FOR COMPLETE RESTORATION:

NO. OF TEETH REQUIRING FILLINGS 4 | NO. OF EXTRACTIONS INDICATED ____ | NO. OF BRIDGES INDICATED ____ | PARTIAL DENTURES UPR. ____ LWR. ____ | FULL DENTURES UPR. ____ LWR. ____ | PROPHYLAXIS ✓ | PYORRHEA ____ | GINGIVITIS ____ | VINCENT'S ____ | OTHER STOMATITIS ____ | FRACTURE UPR. ____ LWR. ____

REMARKS:

DENTAL OFFICER: A Grunert DDS

RECORD OF TREATMENT AND EXAMINATIONS

DATE	TREATMENT	ADMINISTERED BY (INITIALS)
5-49	Exam	a.s.
"	#1 Buccal 2OE near Apex	a.s.
12/49	Consult Exam	cb
2-49	#1 - Area Ch(2) X Ray Cons Extract #1	
16	Area Ch 3 - Extract #32	
25-49	B A.	
25-49	#17 - Area Ch(3) Extract #17	
2-10-49	B A	
2-3-49	B A.	

RESULTS: UNKNOWN _____ RECOVERED _____ SENT TO _____ HOSPITAL.

FOR COMPENSATION AND PENSION CASES ONLY

WAS ABLE TO DO SUCH LIGHT WORK AS _____ ON _____ (DATE)

WAS ABLE TO RETURN TO USUAL OCCUPATION _____ ON _____ (DATE)

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-H2-10)
CC-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

6 March,1950

From: Commandant.

To: Commanding Officer, CG Base, St.George,Staten Island,N.Y.
Via: Commander, Third Coast Guard District (pmp)
SUBJECT: PAYNE, Shelbert R (224-016) DCI
Ref: CGC SASSAFRAS letter dated 19 October,1949
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—
9-25-39							
Enl Ext 3 years from							
9-25-42	12-18-45 H D	None		None		None	
12-19-45	12-20-48 H D	None		None		None	
12-21-48							
Now serving							

B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-2

EPB Return 3-7-50

3-7-50 Sue

CREDITABLE SERVICE

U. S. COAST GUARD

AND REFER TO No. (PE-PH-10) CG-73

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

19 October, 1949
File: 6 March, 1950

From: Commandant.

To:
Via: Commanding Officer, CG Base, St.George,Staten Island,N.Y.
SUBJECT: Commander, Third Coast Guard District (pmp)
Ref: PAYNE, Shelbert R (224-016) DCl
CGC SASSAFRAS letter dated 19 October,1949
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—
9-25-39							
Enl Ext 3 years from							
9-25-42	12-18-45 H D	None		None		None	
12-19-45	12-20-48 H D	None		None		None	
12-21-48							
Now serving							

JAMES L. HARRISON

B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32058-3

REFER TO FILE

Coast Guard Moorings
Cape May, New Jersey

19 October, 1949
File: 73

From: Commanding Officer, SASSAFRAS
To: Commandant (PE-PR)

Subj: PAYNE, Shelbert R. (224-016) DC1; request for statement of creditable service

1. It is requested that a statement of PAYNE's Coast Guard service be furnished this unit for the purpose of computing increased pay for longevity.

2. Statement covering the period prior to his latest reenlistment on December 21, 1948, are not in the service record.

JAMES L. HARRISON

CG-2511

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD

25 September, 1951

From: Commanding Officer, CG BASE, St. George, SIPY

To: Disbursing Officer, Third Coast Guard District

SUBJECT: **PAYNE, Shelbert R. (224-016) DC1, 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)
USCG 9-25-39				
Enl: Ext. 3 years from 9-25-42	**12-18-45 HD**	**None**	**None**	**None**
12-19-45	**12-20-48 HD**	**None**	**None**	**None**
12-21-48				

Now Serving

Completed twelve (12) years creditable service for increase in pay on 24 September, 1951.

W. E. EHRMAN, LCDR, USCG
Executive Officer

CERTIFIED TO BE A TRUE COPY

W. E. EHRMAN, LCDR, USCG

(Name) (Rank)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG Base, St. George, Statein Island, New York

PE-64

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
1-24-55	CCGD3/SL dtd 1-14-55, P16-3 /MM, Order No. 1557-55		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
LCC	12-1-53	M. K. HUTCHINSON	PERSONNEL OFFICER

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CGC MACKINAC (WAVP-371)	1-24-55	R. H. WELTON, LCDR., USCG, XO

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE	Shelbert	Ruel	224-016

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

APPLICATION FOR LEAVE OF ABSENCE

PE-11

UNIT	ADDRESS	DATE
CG BASE, ST. GEORGE	STATEN ISLAND, NEW YORK	20 DECEMBER 1954

FROM (REQUESTER):	TO	VIA:
PAYNE, Shelbert R. (224-016)	DCC Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
(10)	20 December 1954	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 100 New Hampshire, Bay Shore, Long Island, New York

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Shelbert R. Payne
Shelbert R. Payne

End.-1 Unit: CG BASE, ST. GEO., SINY Date 20 DECEMBER 1954

Date current leave accounting period began 7-1-54

Balance brought forward beginning of present accounting period 30

Number days' leave used during current accounting period 23

Date of expiration of current enlistment 20 December 1957

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

F. FITCH, LT., USCG
Executive Officer
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CGBSTGEOSINY Date 20 DECEMBER 1954

☒ Returned, GRANTED 10 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

F. FITCH, LT., USCG
Executive Officer
(Signature, grade, and title)

End.-4 Unit: CGBSTGEOSINY Date 20 DECEMBER 1954

Departed at 0900, this date. This leave expires before 0900, 31 December 1954

at THIS UNIT and is subject to the instructions on the reverse hereof.

F. FITCH, LT., USCG
Executive Officer
(Signature, grade, and title)

End.-5 Unit: CGB,ST.GEO,SINY Date 12/31/54

Reported at 0805, this date, having used 10 days' leave.

M.K. HUTCHINSON, CHSCLK, USCG
By direction
(Signature, grade, and title)

16—40220-4

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

1045 7/19/54 11 days

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Coast Guard Base	St. George, Staten Island, NY	6 July 1954

FROM (REQUESTER):	TO	VIA:
PAYNE, Shelbert R. (224-016)DCC	C3CGD(eev)	Commanding Officer, CGB, St. Geo., SINY

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Twenty-three(23)	19 July 1954	☐ REGULAR ☒ EMERGENCY ☐ REENLISTMENT ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 729 5th Avenue, Bay Shore, Long Island, New York

To Be Checked By Officers Only

☐ I am not a member of any court or board.

☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Shelbert R. Payne

Ind.-1 Unit: CG Base, St. Geo., SINY Date 6 July 1954

Date current leave accounting period began 1 July 1953	Balance brought forward beginning of present accounting period Twenty-seven (27)
Number days' leave used during current accounting period Twenty-seven (27)	Date of expiration of current enlistment 20 December 1957

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

M. K. HUTCHINSON, CHSCLK, Personnel Officer
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CGB, ST. GEO, SINY Date 7/8/54

☒ Returned, GRANTED 23 days.

☐ ADVANCE REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

M. K. HUTCHINSON, CHSCLK, Personnel Officer
(Signature, rank, and title)

Ind.-4 Unit: CGB.ST. GEO, SINY Date 7/8/54

Departed at ....., this date. This leave expires before 0900, 12 AUGUST 1954

at THIS UNIT and is subject to the instructions on the reverse hereof.

M. K. HUTCHINSON, CHSCLK, Personnel Officer
(Signature, rank, and title)

Ind.-5 Unit: CGB. ST. GEO, SINY Date 7/19/54

Reported at 1045, this date, having used 11 days' leave.

M. K. HUTCHINSON, CHSCLK
(Signature, rank, and title)
By direction

16—40220-3

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Coast Guard Base	St. George, Staten Island, NY	6 July 1954

FROM (REQUESTER):	TO	VIA:
PAYNE, Shelbert R. (224-016)DCC	C3CGD(ecv)	Commanding Officer, CGB, St. Geo., SINY

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Twenty-three(23)	19 July 1954	[X] REGULAR [ ] REENLISTMENT [ ] EMERGENCY [ ] RECRUIT

ADDRESS ON LEAVE WILL BE 729 5th Avenue, Bay Shore, Long Island, New York

To Be Checked By Officers Only

[ ] I am not a member of any court or board.
[ ] I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Shelbert R. Payne

End.-1 Unit: CG Base, St. Geo., SINY Date 6 July 1954

Date current leave accounting period began 1 July 1953

Balance brought forward beginning of present accounting period Twenty-seven (27)

Number days' leave used during current accounting period Twenty-seven (27)

Date of expiration of current enlistment 20 December 1957

[X] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED, BECAUSE

M. K. HUTCHINSON, CHSCLK, Personnel Officer
(Signature, grade, and title)

End.-2 Unit:

Date

[ ] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CGB, ST. GEO, SINY Date 7/8/54

[X] Returned, GRANTED 23 days.

[ ] Returned, NOT GRANTED, because [ ] ADVANCE [X] ACCRUED REGULAR (Reason for leave) Leave.

M. K. HUTCHINSON, CHSCLK, Personnel Officer
(Signature, grade, and title)

End.-4 Unit: CGB.ST. GEO, SINY Date 7/8/54

Departed at ____, this date. This leave expires before 0900, 12 AUGUST 1954

at THIS UNIT and is subject to the instructions on the reverse hereof.

M. K. HUTCHINSON, CHSCLK, Personnel Offic
(Signature, grade, and title)

End.-5 Unit: CGB,ST GEO, SINY Date 8/12/54

Reported at 0715, this date, having used (23) days' lea

M. K. HUTCHINSO
By direct

16—40220-4

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

DpId 1030 - 6-1-54

UNIT	ADDRESS	DATE
Coast Guard Base	St. George, Staten Island, NY	11 May 1954

FROM (REQUESTER):	TO	VIA
PAYNE, Shelbert R. (224-016) DCC	Commandant (PE)	(1) CO, CG Base, SINY (2) C3CGD(p)

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Twenty-seven (27)	1 June 1954	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 729 5th Avenue, Bay Shore, Long Island, New York

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Shelbert R. Payne

Ind.-1 Unit: CG Base, St. George, SINY Date 12 May 1954

Date current leave accounting period began 1 July 1953

Balance brought forward beginning of present accounting period Twenty-seven (27)

Number days' leave used during current accounting period None

Date of expiration of current enlistment 20 December 1957

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

M. K. HUTCHINSON, CHSCLK, USCG,
(Signature, rank, and title)
Personnel Officer

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG Base, St. George, SINY Date 18 May 1954

☒ Returned, GRANTED 27 days.
- ☐ ADVANCE
- ☒ ACCRUED

Regular (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

M. K. HUTCHINSON, CHSCLK, USCG.
(Signature, rank, and title)
Personnel Officer

Ind.-4 Unit: CG Base, St. George, SINY Date 1 June 1954

Departed at 1630, this date. This leave expires before 0900, 29 June 1954

at THIS UNIT and is subject to the instructions on the reverse hereof.

M. K. HUTCHINSON, CHSCLK, USCG
(Signature, rank, and title)
Personnel Officer

Ind.-5 Unit: CG BASE ST. GEO, SINY Date 29 June 1954

Reported at 0705, this date, having used (27) days' leave.

M. K. HUTCHINSON, CHSCLK, USCG
(Signature, rank, and title)
By direction

16—40220-3

(Over)

SGeo Base (3)

5-19-PE-71
(Date)

Payne, Shelbert R. (224-016) DcC
(Name) (No.) (Rating)

applicant for advancement to Carp.
(Warrant Specialty)

OFFICER CLASSIFICATION TEST SCORES

	NSS
PART I, VERBAL	40
PART II, MECHANICAL	66
PART III, MATHEMATICAL	28
AVERAGE	134

45

L C Adams
(SIGNATURE)
TRAINING AND PROCUREMENT DIVISION

not recommended

390 1/2

PO
9 January 1953

From: Commandant
To: Commander, 3rd Coast Guard District (p)

Subj: PAYNE, Shelbert R. (224—16), DCC; application for warrant appointment

1. Receipt is acknowledged for the following for use in considering the subject named man for an appointment to warrant grade for temporary service:

(a) Completed Officer Candidate Test Andwer Sheet.

2. This application cannot be submitted to the board unless the following is submitted as soon as practicable:

(a) Report of Fitness, NAVPERS Form 310.

(b) Completed Form CG-3288 application for consideration for appointment to warrant grade.

W. L. WOOD
By direction

EHBURT: ai rm 3002 3-5

UNITED STATES COAST GUARD

PO
9 January 1953

From: Commandant
To: Commander, 3rd Coast Guard District (p)

Subj: PAYNE, Shelbert R. (224--16), DCC; application for warrant appointment

1. Receipt is acknowledged for the following for use in considering the subject named man for an appointment to warrant grade for temporary service:

(a) Completed Officer Candidate Test Andwer Sheet.

2. This application cannot be submitted to the board unless the following is submitted as soon as practicable:

(a) Report of Fitness, NAVPERS Form 310.

(b) Completed Form CG-3288 application for consideration for appointment to warrant grade.

W. L. WOOD
By direction

EHBURT: ai rm 3002 3-5

UNITED STATES COAST GUARD

1 BAY STREET
ST. GEORGE, STATEN ISLAND, N. Y.

REPLY TO
ANDING OFFICER
ST GUARD OPERATING BASE
ER TO FILE:

U.S. COAST GUARD
RECEIVED
JAN 28 1953
PERSONNEL OFFICE
NEW YORK, N.Y.

21 January 1953
P14-5

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: Commandant (PO)
Via: Commander, 3rd Coast Guard District (p)

Subj: PAYNE, Shelbert R. (224-016) DCC(P); application for warrant appointment

Ref: (a) COMDT ltr dated 9 January 1953, PO

1. In accordance with reference (a), Report of Fitness (NAVPERS 310) and Application for consideration for appointment to warrant grade (CG-3288), in the case of subject named man, are forwarded herewith.

W. E. EHRMAN
By direction

Encl: NAVPERS 310 - 0 & 1
CG-3288 - 0 & 2

- -

FIRST ENDORSEMENT

p
30 January 1953

From: Commander, 3rd CG District
To: Commandant (PO)

Forwarded.

S. L. BROWN
By direction

Waived by Alcoast # 1

FIRST ENDORSEMENT

p
30 January 1953

From: Commander, 3rd CG District
To: Commandant (PO)

Forwarded.

S. L. BROWN
By direction

.G OFFICER'S INDORSEMENT

.ks for which verification can be made from records on board)
.ted form to district indicated at right)

1. UNIT: CGB ST GEORGE SINY
2. DISTRICT AND DATE: 3CGD 1/21/53

.NTHS ACTIVE MILITARY SERVICE TO 31 July 1952 (Dead line date) ~~12 yrs. 10 mos. 27 das.~~ 166 — 120 12 yrs 10 mos 143 das

.AL MONTHS CREDITABLE LIGHT HOUSE SERVICE None

. HAS CG AND CGR SERVICE BEEN CONTINUOUS SINCE 1 SEPTEMBER 1945? [X] YES [ ] NO

6. NUMBER MONTHS ACTIVE SERVICE TO DEAD LINE DATE AS PO1C 111 ABOVE PO1C ~~6~~ mos.

7. TOTAL MONTHS ACTIVE SERVICE IN WARRANT OR HIGHER GRADE None

8. NUMBER OF MONTHS ACTIVE SERVICE THIS ENLISTMENT TO DATE 7

9. ASSIGN EFFICIENCY MARKS THIS DATE AND THEN INDICATE AVERAGE OF FOLLOWING MARKS FOR THIS ENLISTMENT OR FOR LAST FIVE YEARS, WHICHEVER IS THE LESSER PERIOD:

PROFICIENCY IN RATING	CURRENT	AVERAGE	ABILITY AS LEADER OF MEN	CURRENT	AVERAGE	ADAPTABILITY FOR WARRANT GRADE	CURRENT	AVERAGE
	3.6	3.62		3.6	3.62		3.5	3.1

10. CONDUCT:
AVERAGE MARK THIS ENLISTMENT 4.0

DATES AND NATURE OF MASTS AND COURTS CURRENT ENLISTMENT: None

11. SCORES ON NAVY BATTERY TESTS (Converted scores) Waived by Alcoast # 1

GCT 49 AR 52 READ 49 TOTAL SCORE 150 AVERAGE 50

12. COMPLETED FORM NAVPERS-310 MODIFIED TO COVER PERIOD APPLICANT HAS BEEN ASSIGNED UNDER ME AND AS APPROPRIATE FOR OCCASION OF REPORT IS ATTACHED. ANY EXCEPTIONS OR APPLIFICATIONS OF STATEMENTS MADE BY APPLICANT HAVE BEEN ENTERED UNDER ITEM 11 OF THE MODIFIED REPORT OF FITNESS. THE APPLICANT:

(CHECK ONE)

IS DEEMED QUALIFIED TO PERFORM THE DUTIES OF WARRANT AND IS RECOMMENDED FOR CONSIDERATION [X]

IS NOT DEEMED QUALIFIED TO PERFORM THE DUTIES OF WARRANT AND HIS APPLICATION IS DISAPPROVED FOR THE REASONS NOTED ON THE REPORT OF FITNESS ATTACHED. [ ]

J. HOWE, CDR, USCG
Commanding (Signature)

DO NOT WRITE IN THIS SPACE

	15
55½ / 6	61½
	—
	12
	12
—	24
	—
	134
TPBF	15
TOTAL POINTS	392½

EAR

PART III DISTRICT COMMANDER'S INDORSEMENT

DATE 27 January 1953

FROM: Commander, 3rd CG District
TO: Commandant (PO)

(Cross out one)

FORWARDED: Applicant is Recommended as indicated.

~~FORWARDED: Applicant is not recommended for the following reasons:~~

JOHN ROUNTREE
Chief of Staff

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3288 (2-52)

APPLICATION FOR CONSIDERATION FOR APPOINTMENT TO WARRANT GRADE

1. WARRANT SPECIALTY FOR WHICH APPLYING: Carpenter

2. DATE: 21 January 1953

PART I INDIVIDUAL'S APPLICATION

3. LAST NAME, FIRST, INITIAL	4. SERVICE NUMBER	5. RATING	6. UNIT
PAYNE, Shelbert Ruel	224-016	DCC(P)	CGB ST GEORGE SINY

7. EDUCATION *(Fill in Equivalent School Years Fully Completed with passing Grades)*

GRAMMAR 8 JUNIOR HIGH 2 SENIOR HIGH ____ COLLEGE ____ VOCATIONAL ____ TRADE ____

8. SERVICE SCHOOLS ATTENDED *(Include dates and courses list only ones completed)*

a. None
b.
c.
d.
e.

9. CORRESPONDENCE COURSES COMPLETED *(Give dates if known)*

a. Coxswain
b.
c.
d.
e.
f.

10. OTHER EDUCATIONAL INFORMATION IF ANY *(Degrees, etc.)*

None

11. LICENSES OR CERTIFICATES HELD None

12. HIGHER RATINGS OR GRADES PREVIOUSLY HELD

GRADES	BRANCH OF SERVICE	FULL MONTHS HELD	REASON TERM.
None			

13. TOTAL MONTHS SEA DUTY AS A PETTY OFFICER: Approx 10 months

14. PHYSICAL DEFECTS KNOWN WHICH REQUIRE CORRECTING, IF ANY: None

15. BRIEF RESUME OF EXPERIENCE HAVING DIRECT BEARING ON QUALIFICATIONS FOR WARRANT GRADE OF CARPENTER

Varied experience in Construction and repair work with the Maintenance and Repair Detachment, 3CGD, for the past three years.

DO NOT WRITE IN THIS SPACE

10
1
5
1
1
1
1
15

TPCF

16. I DESIRE CONSIDERATION FOR APPOINTMENT TO WARRANT GRADE INDICATED ABOVE. I WILL ACCEPT SUCH APPOINTMENT IF TENDERED WITHIN THE NEXT TWENTY-SEVEN (27) MONTHS AND WILL AGREE NOT TO SEEK RETIREMENT WITHIN TWO (2) YEARS THEREAFTER. I FURTHER AGREE TO ACCEPT A PERMANENT WARRANT APPOINTMENT IF TENDERED PRIOR TO BEING AUTHORIZED FOR RETIREMENT. I ALSO CERTIFY THAT THE INFORMATION AND STATEMENTS MADE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Shelbert R. Payne
SHELBERT RUEL PAYNE
(Signature)

NAVPERS-310

...inal to Commandant (PO) via Commanding Officer and appropriate District Commander
...d Form NAVPERS-310 need not be sent as "Private Official."

3. TOTAL MONTHS ACT...

...ward completed fo...

...n all blocks fo...

...MANDING

...G OFFICER'S INDORSEMENT

...cks for which verification can be made from records on board)
...leted form to district indicated at right)

1. UNIT: CGB ST GEORGE STNY
2. DISTRICT AND DATE: 3CGD 1/21/53

MONTHS ACTIVE MILITARY SERVICE TO 31 July 1952 (Dead line date) 12 yrs. 10 mos. 27 das.

TOTAL MONTHS CREDITABLE LIGHT HOUSE SERVICE None

5. HAS CG AND CGR SERVICE BEEN CONTINUOUS SINCE 1 SEPTEMBER 1945? [X] YES [ ] NO

6. NUMBER MONTHS ACTIVE SERVICE TO DEAD LINE DATE AS PO1C 111 ABOVE PO1C 5 mos.

7. TOTAL MONTHS ACTIVE SERVICE IN WARRANT OR HIGHER GRADE None

8. NUMBER OF MONTHS ACTIVE SERVICE THIS ENLISTMENT TO DATE 7

9. ASSIGN EFFICIENCY MARKS THIS DATE AND THEN INDICATE AVERAGE OF FOLLOWING MARKS FOR THIS ENLISTMENT OR FOR LAST FIVE YEARS, WHICHEVER IS THE LESSER PERIOD:

	CURRENT	AVERAGE
PROFICIENCY IN RATING	3.6	3.6
ABILITY AS LEADER OF MEN	3.6	3.6
ADAPTABILITY FOR WARRANT GRADE	3.5	

10. CONDUCT:
AVERAGE MARK THIS ENLISTMENT 4.0

DATES AND NATURE OF MASTS AND COURTS CURRENT ENLISTMENT
None

11. SCORES ON NAVY BATTERY TESTS (Converted scores) Waived by Alcoast # 1

GCT 49 AR 52 READ 49 TOTAL SCORE 150 AVERAGE 50

12. COMPLETED FORM NAVPERS-310 MODIFIED TO COVER PERIOD APPLICANT HAS BEEN ASSIGNED UNDER ME AND AS APPROPRIATE FOR OCCASION OF REPORT IS ATTACHED. ANY EXCEPTIONS OR APPLIFICATIONS OF STATEMENTS MADE BY APPLICANT HAVE BEEN ENTERED UNDER ITEM 11 OF THE MODIFIED REPORT OF FITNESS. THE APPLICANT:

(CHECK ONE)

IS DEEMED QUALIFIED TO PERFORM THE DUTIES OF WARRANT AND IS RECOMMENDED FOR CONSIDERATION [X]

IS NOT DEEMED QUALIFIED TO PERFORM THE DUTIES OF WARRANT AND HIS APPLICATION IS DISAPPROVED FOR THE REASONS NOTED ON THE REPORT OF FITNESS ATTACHED. [ ]

J. HOWE, CDR, USCG
Commanding (Signature)

DO NOT WRITE IN THIS SPACE
TPBF
TOTAL POINTS

PART III DISTRICT COMMANDER'S INDORSEMENT

DATE 27 January 1953

FROM: Commander, 3rd CG District
TO: Commandant (PO)

(Cross out one)

FORWARDED: Applicant is Recommended as indicated.

~~FORWARDED: Applicant is not recommended for the following reasons:~~

JOHN ROUNTREE
Chief of Staff

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3288 (2-52)

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1. WARRANT SPECIALTY FOR WHICH APPLYING: Carpenter
2. DATE: 21 January 1953

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PAYNE, Shelbert Ruel	224-016	DCC(P)	CGB ST GEORGE STNY

7. EDUCATION *(Fill in Equivalent School Years Fully Completed with passing Grades)*

GRAMMAR 8 JUNIOR HIGH 2 SENIOR HIGH ____ COLLEGE ____ VOCATIONAL ____ TRADE ____

8. SERVICE SCHOOLS ATTENDED *(Include dates and courses list only ones completed)*
a. None
b.
c.
d.
e.

9. CORRESPONDENCE COURSES COMPLETED *(Give dates if known)*
a. Coxswain
b.
c.
d.
e.
f.

10. OTHER EDUCATIONAL INFORMATION IF ANY *(Degrees, etc.)* None

11. LICENSES OR CERTIFICATES HELD None

12. HIGHER RATINGS OR GRADES PREVIOUSLY HELD

GRADES	BRANCH OF SERVICE	FULL MONTHS HELD	REASON TERM.
None			

13. TOTAL MONTHS SEA DUTY AS A PETTY OFFICER: Approx 10 months

14. PHYSICAL DEFECTS KNOWN WHICH REQUIRE CORRECTING, IF ANY: None

15. BRIEF RESUME OF EXPERIENCE HAVING DIRECT BEARING ON QUALIFICATIONS FOR WARRANT GRADE OF CARPENTER

Varied experience in Construction and repair work with the Maintenance and Repair Detachment, 3CGD, for the past three years.

DO NOT WRITE IN THIS SPACE

TPCF

16. I DESIRE CONSIDERATION FOR APPOINTMENT TO WARRANT GRADE INDICATED ABOVE. I WILL ACCEPT SUCH APPOINTMENT IF TENDERED WITHIN THE NEXT TWENTY-SEVEN (27) MONTHS AND WILL AGREE NOT TO SEEK RETIREMENT WITHIN TWO (2) YEARS THEREAFTER. I FURTHER AGREE TO ACCEPT A PERMANENT WARRANT APPOINTMENT IF TENDERED PRIOR TO BEING AUTHORIZED FOR RETIREMENT. I ALSO CERTIFY THAT THE INFORMATION AND STATEMENTS MADE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Shelbert R. Payne
SHELBERT RUEL PAYNE (Signature)

INCL: Form NAVPERS-310

Original to Commandant (PO) via Commanding Officer and appropriate District Commander
closed Form NAVPERS-310 need not be sent as "Private official."

PAYNE (Last)
CG

REPORT ON THE FITNESS OF OFFICERS

Date submitted 21 JAN 1953

ER REPORTED ON WILL FILL IN THE FIRST FIVE SECTIONS:

(Last)	(First)	(Middle)	Grade	USN (R)	Designator	File No.
PAYNE	Shelbert	Ruel	DCC(P)	USCGR		

P OR STATION: CG BASE, St. George, Staten Island, New York

DATE REPORTED PRESENT DUTY STATION: 11/6/49

2. PERIOD OF REPORT: FROM 11/6/49 TO 1/21/53

OCCASION FOR REPORT: Semi-annual ____ Detachment of Reporting Senior ____ Detachment of Officer ____ Regular ____ Concurrent ____ Special X

TYPE OF REPORT

4. REGULAR AND ADDITIONAL DUTIES. List all duties assigned, including watches. List courses of study or instruction carried on. After each item insert in parentheses number of months this reporting period.

Maintenance & Repair Detachment

5. PROFICIENCY IN FOREIGN LANGUAGES, STATING WHICH ONES AND ABILITY THEREIN

NONE

Shelbert R. Payne
SHELBERT R. PAYNE
(Signature of officer reported on)

FOLLOWING TO BE FILLED IN BY THE REPORTING OFFICER:

6. EMPLOYMENT OF COMMAND DURING PERIOD OF THIS REPORT: Base

7. REFERENCE HERE AND APPEND COPY OF ANY COMMENDABLE OR ADVERSE REPORTS ON THIS OFFICER RECEIVED DURING THE PERIOD OF THIS REPORT

8. PERFORMANCE. Assign marks on a scale of 0 to 4.0 on the appropriate qualifications listed, and on any other significant qualification, on which observation has been sufficient to justify marking. "PRESENT ASSIGNMENT" must always be marked where any other marks or comments relative to performance are made. A mark below 2.5 constitutes an adverse entry.

PRESENT ASSIGNMENT	3.5	ABILITY TO COMMAND 3.6	AS STAFF OFFICER —
AS EXECUTIVE OR DIVISION OFFICER	—	AS (Type watch) WATCH OFFICER —	IN ADMINISTRATION —
SHIP HANDLING	—	TECHNICAL COMPETENCE IN (State specialty) —	—

9. CONSIDERING THE POSSIBLE REQUIREMENTS OF WAR, INDICATE YOUR ATTITUDE TOWARD HAVING THIS OFFICER UNDER YOUR COMMAND. WOULD YOU

PARTICULARLY DESIRE TO HAVE HIM?	BE PLEASED TO HAVE HIM? ✓	BE SATISFIED TO HAVE HIM?	PREFER NOT TO HAVE HIM? (Adverse)

10. IN COMPARISON WITH OTHER OFFICERS OF HIS GRADE AND APPROXIMATE LENGTH OF SERVICE, HOW WOULD YOU DESIGNATE THIS OFFICER?

OUTSTANDING	EXCELLENT	ABOVE AVERAGE ✓	AVERAGE	BELOW AVERAGE

11. COMMENTS. Give in this space a concise appraisal of the officer reported on. Comment on any outstanding characteristics of value to the naval service, including ability to command and outstanding qualifications in any field such as administration, planning, logistics, electronics, new weapons, or new developments. Comment on observed skill in dealing with the public in personal or official contacts. Any mental, moral, or physical weaknesses which might affect his efficiency, or failure to meet qualifications normally expected of an officer of his grade and designation should be indicated. Any adverse entry made in any part of the report must be explained in this paragraph. *This space must not be left blank.*

Payne has proven to have a wide degree of skill and knowledge in the performance of duties with the M & R detachment. He is quite industrious, an excellent leader of men and considered good officer material.

Note: Payne works for the M.R. This report is based on information received from Dist Commander (ECV).

12. NAME, GRADE, AND FILE NUMBER OF REPORTING OFFICER. OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON.

Joseph [illegible] (3380) CDR, USCG; Commanding Officer

16—63543a-2

18. To What Degree Has the Officer Reported on Exhibited the Following Qualities?

	NOT OBSERVED	OUTSTANDING	EXCELLENT	AVERAGE	UNSATISFACTORY
(a) **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.	
(b) **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.	
(c) **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.	
(d) **FORCE** (With reference to moral power possessed and exerted in producing results.)		Strong, dynamic. ✓	Strong.	Effectual under normal and routine circumstances.	
(e) **LEADERSHIP** (With reference to the faculty of directing, controlling, and influencing others in definite lines of action and of maintaining discipline.)		Inspires others to a high degree by precept and example. Requires a high standard of discipline. ✓	A very good leader.	Leads fairly well.	
(f) **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.	
(g) **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.	
(h) **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.	
(i) **PERSEVERANCE** (With reference to maintenance of purpose or undertaking in spite of obstacles or discouragement.)		Determined, resolute. ✓	Constant in purpose.	Fairly steady.	
(j) **REACTION 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.	
(k) **ENDURANCE** (With reference to ability for carrying on under any and all conditions.)		Capable of standing an exceptional amount of physical hardship and strain.	Can perform well his duties under trying conditions. ✓	Of normal endurance.	
(l) **INDUSTRY** (With reference to performance of duties in an energetic manner.)		Extremely energetic and industrious. ✓	Thorough and energetic.	Reasonably energetic and industrious.	
(m) **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.	

A MARK TO THE RIGHT OF THIS LINE CONSTITUTES AN ADVERSE REPORT

14. A report containing adverse matter must be referred to the officer reported on for statement pursuant to article 1701 (8) USNR. His statement should be attached to this report. Statements of minor deficiencies either in character or performance of duties must be brought to the attention of the officer reported on either orally or in writing.

Has This Been Done? _____ What Improvement, If Any, Has Been Noted? _____

J. J. HOWE
(Signature of reporting senior)

U. S. GOVERNMENT PRINTING OFFICE 16—63943-1

Active mi

WORKSHEET FOR COMPUTATION OF SERVICE AND EXPERIENCE Payne

POINTS

Active military service 9-25-39 to 7-31-52 106 mo.

to _____ mo.

Credit 1 pt a mo up to 120 mo 120

Credit ½ pt a mo over 120 mo to 240 mo 23

Active service as POl 11-11-42 to 2-16-52 111 mo.

to _____ mo.

Credit ½ pt for ea mo. 55½

Active service as CPO 2-16-52 to 7-31-52 6 mo.

to _____ mo.

Credit 1 pt. for ea mo. 6

Active service as WARR to _____ mo.

to _____ mo.

Credit 1 pt for ea mo _____

2990 Treasury CGHQ Wash., D.C.

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

HEADQUARTERS COPY

PAYNE, Shelbert R. (Name, surname first) | 224-016 (Service number) | DCC (Rank or rating) | ST. GEO CG BASE (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USPHS HOSPITAL, STAETON, SI, NY Date 5. March, 1954, 19

FILED
T. Lee

To: COMMANDING OFFICER (Coast Guard unit)
ST. GEORGE CG BASE
STATEN ISLAND, N.Y. (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
External Otitis, mild,		2/5/54	2/8/54

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.}

A.L. Patrick.
A.L. PATRICK
Sr. 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

PE-1
20 November 1953
MM

From: Commandant
To: Commander, Third CG District (p)

Subj: Personnel; permanent appointment

1. The provisional ratings of the below named men are hereby made permanent, effective 1 December 1953, with seniority in rating from the dates indicated, provided their conduct and performance of duty since date of recommendation have been satisfactory. Order of seniority of men advanced to this rating on the same day is indicated after their names. Certificates of Appointment are enclosed for delivery to below named men. If permanent appointments are not justified, the enclosed certificates will be returned to the Commandant (PE) for cancellation.

BLAKE, James A. (273-150) ETC(P) 7-16-52	No. 7
PAYNE, Shelbert R. (224-016) BCC(P) 2-16-52	No. 1
POUNDER, Robert G. (205-202) BTC(P) 7-16-52	No. 2
RYAN, Joseph F. (224-079) EMC(P) 8-16-51	No. 27
SULLINS, Robert L. (276-882) ETC(P) 7-16-52	No. 4
THRALL, Franklin E. (257-576) QMC(P) - 12-1-51	No. 4

2. Make necessary entries in service records and on personnel reports showing issuance of permanent appointments, citing this letter as the authority therefor.

K. O. A. ZITTEL
By direction

Encl: (1) 6-Certificates of Appointment

PE-63

CLABORN:JHC:acd - 276
ret to 3-13

COMMANDING OFFICER
CG Base, St. George,
Staten Island, N. Y.

4 November 1953
P17-2/MM

From: Commanding Officer, CG Base, St. George, Staten Island, New York
To: Commandant (PE)
Via: Commander, 3rd Coast Guard District (p)

Subj: PAYNE, Shelbert R. (224-016) DCC(P), USCG; permanent appointment; recommendation for

Ref: (a) HL dated 29 October 1953, PE-1, file P17-2/MM

1. In accordance with reference (a), and Article 5-C-30(b), Personnel Manual, the subject man is recommended for appointment to permanent Chief Petty Officer.

2. The subject man is deemed qualified for permanent appointment as outlined in Article 5-C-30(b) (1 to 6 inclusive), below:

(1) He is a leading person of strong character.
(2) Is capable of directing the work of a force under him and planning details for its best employment.
(3) Is capable of performing the required duties of his rate both ashore and afloat.
(4) Is capable of maintaining discipline.
(5) Has had no mark below 3.5 in Proficiency in Rating or below 4.0 in Conduct during the year immediately preceding.
(6) PAYNE is recommended by this command for permanent appointment.

J. HOWE

- -

p
5 November 1953
P17-2/MM

FIRST ENDORSEMENT

From: Commander, Third CG District
To: Commandant (PE)

1. Forwarded, approved.

PE-03

S. L. BROWN
By direction

UNITED STATES COAST GUARD

U. S. COAST GUARD
RECEIVED
NOV 5 1953
PERSONNEL OFFICE
NEW YORK, N. Y.

ADDRESS REPLY TO
COMMANDING OFFICER
CG Base, St. George,
Staten Island, N. Y.

REFER TO FILE

4 November 1953
P17-2/MM

1953 NOV 9 11 37

PEA-A

From: Commanding Officer, CG Base, St. George, Staten Island, New York
To: Commandant (PE)
Via: Commander, 3rd Coast Guard District (p)

Subj: PAYNE, Shelbert R. (224-016) DCC(P), USCG; permanent appointment; recommendation for

Ref: (a) HL dated 29 October 1953, PE-1, file P17-2/MM

1. In accordance with reference (a), and Article 5-C-30(b), Personnel Manual, the subject man is recommended for appointment to permanent Chief Petty Officer.

2. The subject man is deemed qualified for permanent appointment as outlined in Article 5-C-30(b) (1 to 6 inclusive), below:

(1) He is a leading person of strong character.
(2) Is capable of directing the work of a force under him and planning details for its best employment.
(3) Is capable of performing the required duties of his rate both ashore and afloat.
(4) Is capable of maintaining discipline.
(5) Has had no mark below 3.5 in Proficiency in Rating or below 4.0 in Conduct during the year immediately preceding.
(6) PAYNE is recommended by this command for permanent appointment.

J. HOWE

---

p
5 November 1953
P17-2/MM

FIRST ENDORSEMENT

From: Commander, Third CG District
To: Commandant (PE)

1. Forwarded, approved.

OK
perm appt
f

S. L. BROWN
By direction

1953 OCT 29 13 33

PE-1
29 October 1953
P17-2/MM

PEA-A

From: Commandant
To: Commander, Third CG District (p)

Subj: PAYNE, Shelbert R. (224-016) DCC(P) ; request for recommendation for permanent appointment

1. In accordance with Article 5-C-31(b), Personnel Manual, it is requested that the commanding officer of subject man submit a recommendation to the Commandant (PE) as outlined in Article 5-C-30(b) (1) to (6) inclusive. Upon receipt of this recommendation, the Commandant will issue a permanent appointment to subject man, provided such action is indicated by the recommendation.

K. O. A. ZITTEL
By direction

WRC:MRC:JHC:ai ret 3-13 394

PE-74

PE-63

3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
DIRECTOR
U. S. COAST GUARD INSTITUTE
GROTON, CONNECTICUT

30 July 1953
15125

From: Director
To: ~~PAYNE, Trenton W. (220-337) CWT~~
~~5th CG District~~
~~Box 540, New Post Office Bldg.~~
~~Norfolk, Va.~~

Subj: Educational certificate; forwarding of

1. The CG Institute congratulates you on your satisfactory completion of the Institute ~~Quartermaster Third Class (ED3) Grade 91%~~ course. Enclosed herewith is your educational certificate.

2. A copy of this letter should be placed in your file and appropriate notation made in your service record and continuous service certificate.

3. It is requested that the below listed textbooks which were issued with your course, be returned to the CG Institute without delay.

Return all books issued.

K. P. Maley
K. P. MALEY

Incl: Educational Certificate

CC: Commandant (PE)

CGI-300 (Rev 7-51)

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RECEIVED
MAR 16 9 20 AM 53
U.S. COAST GUARD
BASE
ST. GEORGE, S.I.

PAYNE, Shelbert R. (Name, surname first) 224-016 (Service number) DCC (Rank or rating) BASE (Unit)

*REGULAR
*SPECIAL
XXXX

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Coast Guard Base	St. George, SINY	23 December, 1952

FROM (REQUESTER):	TO	VIA:
PAYNE, Shelbert R.(224-016) DCC	Executive Officer	- - - - - - - - - - -

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Nine (9)	23 December, 1952	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 68 W. Union St., Bay Shore, N.Y.

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Shelbert R. Payne
Shelbert R. Payne

Ind.-1 Unit: CG Base, St. George, SINY Date 23 December, 1952

Date current leave accounting period began 7-1-52

Balance brought forward beginning of present accounting period Six (6)

Number days' leave used during current accounting period None

Date of expiration of current enlistment 20 December, 1952

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

W. E. EHRMAN, LCDR, USCG
Executive Officer
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG Base, St. George, SINY Date 23 December, 1952

☒ Returned, GRANTED Nine (9) days.

☐ ADVANCE ☒ ACCRUED Regular (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

W. E. EHRMAN, LCDR, USCG
Executive Officer
(Signature, rank, and title)

Ind.-4 Unit: CG Base, St. George, SINY Date 23 December, 1952

Departed at 1500, this date. This leave expires before 0900, 2 January, 1953

at this unit and is subject to the instructions on the reverse hereof.

W. E. EHRMAN, LCDR, USCG
Executive Officer
(Signature, rank, and title)

Ind.-5 Unit: CG Base, St. George, SINY Date 2 January, 1953

Reported at 0900, this date, having used Nine (9) days' leave.

W. E. EHRMAN, LCDR, USCG
Executive Officer
(Signature, rank, and title)

16—40220-3

(Over)

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
PAYNE, Shelbert Ruel	224-016	DCC	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Person with permanent address is advisable)	RELATIONSHIP (If friend, so state)
Elinor Frances Payne	Wife

ADDRESS (Number, street, city, and State)

68 West Union Ave., Bay Shore, L.I., N.Y.

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (First name, middle name, last name) (If none, or if deceased or divorced, so state)	ADDRESS (Number, street, city, and State)
Elinor F. Payne Age 33	68 West Union Ave., Bay Shore, L.I., N.Y.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (Number, street, city, and State)	MARRIED OR SINGLE	SEX	AGE
Shelbert John Payne	Same as No. 5 and 6	Single	Male	10
Robert Leroy Payne	Ditto	"	"	6
Ronald Moran Payne	Ditto (Continue on reverse side)	"	"	16 mo.

8. NAME OF FATHER (or male guardian) (First name, middle name, last name)	ADDRESS (Number, street, city, and State)
Deceased	

9. NAME OF MOTHER (or female guardian) (First name, middle name, last name)	ADDRESS (Number, street, city, and State)
Alleen Lee Payne Greik Age 53	Maple Street, Islip, L.I., N.Y.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (See instruction 4 on reverse side of form)

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

ADDRESS (Number, street, city, and State)

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (Other than spouse or child)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

ADDRESS (Number, street, city, and State)

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT—

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Elinor Frances Payne	Wife
ADDRESS (Number, street, city, and State)	RECEIVE EACH MONTH
68 West Union Ave., Bay Shore, L.I., N.Y.	100 % OF MY PAY

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
CG Base, St. George, SINY	1-2-53	Shelbert R Payne Shelbert Ruel Payne

DD FORM 1 JUL 50 93 REPLACES DD FORM 93, 1 JAN 50; NME FORM 93 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601 PAGES 7 AND 8; AND NCG 2529, WHICH ARE OBSOLETE.

FILE

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

22b-016 (File or service No.)

PAYNE, (Surname) Shelbert (First name) R. (Initial)

DCC(P), USCG (Rank or rating and branch of service)

20 Dec., 1951 (Date discharged or released from active duty)

CG BASE, St. George, Staten Is., NY (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 No

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.

1952

W. E. HIRMAN, LCDR, 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? Since 6/26/50 — No (Enter Yes or No)

Shelbert R. Payne
(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

68 (Number) West Union Street (Street)

Bayshore, (City) Long Island, (Zone) New York (State)

DISBURSING OFFICER'S PAYMENT DATA

$200.00 Paid ~~$100.00~~ on 403 1567 347506 (Payroll voucher) (Check number) SEP 25 1952 (Date)

BERNARD HOGAN
Assistant Disbursing Officer (1375)
(Type name and symbol No. of disbursing officer making initial payment)

16—80030-1

QUADRUPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

Post 21

No. 98

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PAYNE, Shelbert R.	224-016	DCC(P)
REPORTING UNIT	**LOCATION**	**DATE**
CG BASE	St. George, SINY	3 March, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM DC1 TO DCC (Provisional) EFFECTIVE 16 February, 1952

AUTH: HL dtd 2-15-52, PE-1, MM and Article 12-3-23B CG Regulations

OTHER CHANGES (SPECIFY) Leave authorized

W. E. EHRMAN, LCDR, USCG
(Signature—Grade and Title)
XO, By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	PE-PR-23	

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

PE-1
15 February, 1952
MM

From: Commandant
To: Commander, 3rd CG District (p)

Subj: Personnel; advancement in rating

1. Under authority of Section 12-3-23A, CG Regulations, the below-named men are advanced to the ratings indicated, effective 16 February, 1952, provided their conduct and performance of duty since date of examination have been satisfactory. If advancements are not justified, the Commandant (PE) will be immediately advised.

✓ANDERSON, Ivan J. (268-137) SK1 to SKC (provisional)
✓BENDER, Louis (201-708) EN1 to ENC (provisional)
✓BISHOP, Daniel S. (264-394) AT1 to ATC (provisional)
✓CLAYTON, Charles T. (268-118) EN1 to ENC (provisional)
✓DUGGER, James R. (272-360) EN1 to ENC (provisional)
✓LIMING, William A. (286-220) RD1(ET) to RDC(ET) (provisional)
✓PAYNE, Shelbert R. (224-016) DC1 to DCC (provisional)
✓THRUSH, Raymond L. (247-053) EN1 to ENC (provisional)
~~VASQUEZ, William A. (277-291) SK1 to SKC (provisional)~~
✓WALKER, Charles W. (273-609) SK1 to SKC (provisional)
✓ZAGIBA, Joseph J. (224-218) SK1 to SKC (provisional)

2. Forward Forms 2599 and make necessary entries in service records showing advancements, citing this letter and Section 12-3-23A, Coast Guard Regulations as the authority therefor.

B. H. BRALLIER
By direction

D.C.KIDERDOW;JHC;jlp
ret 3-13

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9944 (Rev. 1-51)

CHIEF PETTY OFFICER PROCESSING SHEET

PE-1
15 February, 1952

NAME: Payne, Shelbert R. | NUMBER: 224-016 | GRADE OR RATE: DC MM | 7-1-51
HEALTH | HEIGHT | WEIGHT
ENLISTED: 9/25/39. | RATE: AS | BORN: 2/6/21 | ARMY, NAVY, LIGHTHOUSE: —
CHANGED RATE | COMMENDATIONS | HIGH SCHOOL | COURSES, SPECIAL QUALIFICATIONS, ETC.

From: Commandant
To: Commander, 3rd CG District (p)

Subj: Pe rsonnel, advancement in rating

1. Under authority of Section 12-3-23A, CG Regulations, the below-named men are advanced to the ratings indicated, effective 16 February, 1952, provided their conduct and performance of duty since date of examination have been satisfactory. If advancements are not justified, the Commandant (PE) will be immediately advised.

ANDERSON, Ivan J. (268-137) SK1 to SKC (provisional)
BENDER, Louis (201-708) EN1 to ENC (provisional)
BISHOP, Daniel S. (264-394) AT1 to ATC (provisional)
CLAYTON, Charles T. (268-118) EN1 to ENC (provisional)
DUGGER, James R. (272-360) EN1 to ENC (provisional)
LIMING, William A. (286-220) RD1(ET) to RDC(ET) (provisional)
PAYNE, Shelbert R. (224-016) DC1 to DCC (provisional)
THRUSH, Raymond L. (247-053) EN1 to ENC (provisional)
~~VASQUEZ, William A. (277-291) SK1 to SKC (provisional)~~
WALKER, Charles W. (273-609) SK1 to SKC (provisional)
ZAGIBA, Joseph J. (224-218) SK1 to SKC (provisional)

2. Forward Forms 2599 and make necessary entries in service records showing advancements, citing this letter and Section 12-3-23A, Coast Guard Regulations as the authority therefor.

B. H. BRALLIER
By direction

1952 FEB 15 15 57

ELIGIBLE LIST ☒ YES ☐ NO REASONS

REMARKS

D. C. KIERBOW;JHC;jlp
ret 3-13

50 29 S-4-1
39-9-21
11-11-7

50 26 S-9-1
42-11-10
8-9-21

EPARTMENT
ST GUARD
(Rev. 1-51)

CHIEF PETTY OFFICER PROCESSING SHEET

Payne, Shelbert R.	NUMBER 224-016	GRADE OR RATE DC1	DATE 9-1-51
ALTH		HEIGHT	WEIGHT

ENLISTED	RATE	BORN	ARMY, NAVY, LIGHTHOUSE
9/25/39	AS	2/6/21	—

CHANGED RATE TO	DATE
S2c	1-9-40
S1c	5-17-40
Cox	8-1-41
Bm2	3-3-42
Bm1	11-11-42
DC1	5/16/49

COMMENDATIONS

GRAMMAR SCHOOL | HIGH SCHOOL

COURSES, SPECIAL QUALIFICATIONS, ETC.

CENSURE, INVESTIGATIONS, DEBTS, ETC.

COURTS

REPORTS OF FITNESS (Favorable)

· 11-11-7 contid service
· 8-9-21 time in grade

REPORTS OF FITNESS (Unfavorable)

~~not satisfactory duty~~ 223.45

~~6-11-42~~ Sea Duty OK 9-1-46

03

YEARS	SHIPS AND STATIONS		PROF	CON	LD. SHIP
	discharged 12/18/45	27th 9/30/46 to 11/19/48	3.7	4.0	
	reenlisted 12/19/45	12/20/48	LTM	4.0	
	discharged 12/20/48				
	reenlisted 12/21/48				
		Average	3.643		

ELIGIBLE LIST ☑ YES ☐ NO REASONS

REMARKS

B-8850-TREASURY-CGHQ-WASH

UNITED STATES COAST GUARD

1 BAY STREET

ST. GEORGE, STATEN ISLAND, N. Y.



ADDRESS REPLY TO
COMMANDING OFFICER
COAST GUARD OPERATING BASE
~~XXXXXXXXXX~~

13 August, 1951
File: P20-1/MM

U.S. COAST GUARD
RECEIVED
AUG 15 1951
PERSONNEL OFFICE
NEW YORK, N. Y.

From: Commanding Officer, CG BASE, St. George, SINY
To: Commandant (PE)
Via: Commander, 3rd CG District (pmp)

Subj: PAYNE, Shelbert R. (224-016) DC1; recommendation for examination for advancement to Damage Controlman Chief (Provisional)

Ref: Personnel Memorandum No. 12-51

1. In accordance with the provisions of reference (a) it is recommended that subject man be authorized to participate in the forthcoming examination for advancement to Damage Controlman Chief (Provisional).

2. PAYNE is presently serving in a three (3) year enlistment which expires 20 December, 1951. Subject man completed 9 years, 2 months and 25 days creditable Coast Guard service prior to current enlistment.

3. PAYNE is deemed qualified in all respects and meets the requirements of reference (a) to participate in the forthcoming examination. He is a leading man of strong character, capable of directing the work of a force under him and planning details for its best advantage. PAYNE reported this unit 6 November 1949 and while attached to my command has been a willing, reliable and a concientious worker.

4. A transcript of PAYNE's efficiency marks during current enlistment is forwarded as enclosure.

J. HOWE

Ind-1
OC3CGD, New York, N. Y.

15 August, 1951
P20-1/MM

From: Commander, Third Coast Guard District
To: Commandant (PE)

Forwarded, approved.

M. K. HUTCHINSON
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1

31 August, 1951
FILE: MM

From: Commandant
To: Commanding Officer, CG Base, St. George, SINY
Via: Commander, 3rd CG District (p)

Subj: PAYNE, Shelbert R. (224-016) DC1 ; forthcoming examination for chief petty officer (provisional)

Ref: (a) Your letter dated 15 August, 1951, file P2O-1/MM

In view of the recommendation submitted, and in view of his qualifications, subject named man will be permitted to participate in the forthcoming examination for chief petty officer (provisional) in his specialty, which will be held during the month of October, 1951.

W. H. MIXION
By direction

CORRESP:jhc:jhg ret to 3-11

OK

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

"PAYNE"

No. 106

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
~~DAVIS~~, Shelbert R.	224-016	DCI

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
03-210373 CG BASE		St. George, SINY

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-210373		9 January, 1952

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1345
DATE 1-3-52

TRANSFERRED TO: CG Group, East Moriches, LINY
FOR TAD
EDA: 1-3-52

AUTH: CCGD3/VO 1-2-52, P16-3, Order No 216-52 File P16-4/MM

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

W. E. EHRMAN, LCDR, USCG,
Executive Officer (Commanding)

PE-PR-10

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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

HQ

UNIT	ADDRESS	DATE
COAST GUARD BASE	ST. GEORGE,SINY	12 December, 1951

FROM (REQUESTER):	TO	VIA:
PAYNE, Shelbert R.(224-016)DC1	EXECUTIVE OFFICER	----------

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
SIX(6) DAYS	13 December, 1951	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 68 W. UNION STREET, BAYSHORE, LONG ISLAND, N.Y.

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Shelbert R. Payne
SHELBERT R. PAYNE

Ind.-1 Unit: CG BASE, ST. GEORGE,SINY Date 12-12-51

Date current leave accounting period began	Balance brought forward beginning of present accounting period
7-1-51	51
Number days' leave used during current accounting period	Date of expiration of current enlistment
-0-	12-20-51

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

W.E. EHRMAN,LCDR.,USCG
Executive Officer
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG BASE, ST. GEORGE,SINY Date 12-12-51

☒ Returned, GRANTED SIX (6) days. ☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

W.E. EHRMAN,LCDR.,USCG
Executive Officer
(Signature, rank, and title)

Ind.-4 Unit: CG BASE, ST. GEORGE,SINY Date 12-13-51

Departed at ____, this date. This leave expires before 0900, 20 December, 1951

at THIS U NIT. and is subject to the instructions on the reverse hereof.

W.E. EHRMAN,LCDR.,USCG
Executive Officer
(Signature, rank, and title)

Ind.-5 Unit: CG BASE, ST. GEO. SINY Date 20 December, 1951

Reported at 0830, this date, having used SIX (6) days' leave.

W. E. EHRMAN, LCDR., USCG
Executive Officer
(Signature, rank, and title)

16—40220-8

(Over)

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
PAYNE, Shelbert R.	224-016	DC1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*)

Elinor Frances Payne — Wife

ADDRESS (*Number, street, city, zone, and State*)

68 West Union Ave. BayShore, N. Y.

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Elinor F. Payne (32)	68 West Union Ave. Bay Shore, N. Y.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Shelbert John Payne	68 West Union Ave. Bay Shore New York.		X	X		9Yrs.
Robert Leroy Payne	Same as above		X	X		6Yrs.
Ronald Moran Payne	Same		X	X		2 Mos.

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Deceased	

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Alleen Lee Payne (52)	68 West Union Ave. Bay Shore, N.Y.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

ADDRESS (*Number, street, city, zone, and State*)

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

ADDRESS (*Number, street, city, zone, and State*)

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(*Continue on reverse side*)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Elinor Frances Payne	Wife
ADDRESS (*Number, street, city, zone, and State*)	RECEIVE EACH MONTH
68 West Union Avenue, Bay Shore, New York	100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
USCG BASE, St. George, Staten Is., N. Y.	10-29-51	Shelbert R Payne / Shelbert R. Payne

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—81480-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 16

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PAYNE, Shelbert R.	224-016	DC1

REPORTING UNIT	LOCATION	DATE
CG Electronic Engineering Station	Wildwood, N. J.	6-20-51
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
		55-575270

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1700
DATE 6/11/51

TRANSFERRED TO: CG Electronic Repair Shop, Bayshore, N.Y.
FOR TAD.

AUTH: Base,St.George,SI,NY/L 5/1/51, P16-3/MM as amended by verbal instructions of C3CGD(ecv).

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

AUTH:

OTHER CHANGES (SPECIFY)

Previously rptd this unit at 1625, 5/21/51 from CG Base,St.George, SI,N.Y., for TAD of approximately 3 wks duration.

PE-PR-35

H S Pearson

H. S. PEARSON, LCDR, USCG
(Signature—Grade and Title)
Commanding Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 12

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PAYNE, Shelbert R.	224-016	DC1

REPORTING UNIT	LOCATION	DATE
CG Electronics Engineering Sta.	Wildwood, N.J.	5/28/51
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
		55-575270

TIME 1625
DATE 5/21/51

REPORTED FROM: CG BASE, St. George, S.I.,NY
FOR TAD of approximately 3 wks duration.

AUTH: C3CGD/L 3-20-51 (P16-3/MM) Author.No. 033084.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

H S Pearson
H. S. PEARSON, LCDR, USCG
(Signature, Grade and Title)
Commanding Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
PAYNE, Shelbert Reul	(224-016)	DC 1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Elinor Frances Payne — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: 68 West Union Ave. BayShore, N.Y.

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*: Elenor F. Payne (age 32) — ADDRESS *(Number, street, city, zone, and State)*: 68 West Union Ave. Bay Shore, N.Y.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Shelbert John Payne	68 West Union Ave. Bay Shore N.Y.		x	x		8 yrs
Robert LeRoy Payne	same as above		x	x		5 yrs.

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Deceased — ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Alleen Lee Payne (age 49) — ADDRESS *(Number, street, city, zone, and State)*: 68 West Union Ave. Bay Shore, N.Y.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

ADDRESS *(Number, street, city, zone, and State)*

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

ADDRESS *(Number, street, city, zone, and State)*

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

(Continue on reverse side)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME: Elinor Frances Payne — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: 68 West Union Ave. Bay Shore, N.Y. — RECEIVE EACH MONTH: 100 % OF MY PAY.

MILITARY ADDRESS: U.S. COAST GUARD BASE St. Geo. Staten Island, N.Y.

DATE SIGNED: 9-19-50

SIGNATURE OF DESIGNATOR: Shelbert R. Payne

Shelbert R. Payne

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
PAYNE, Shelbert Reul	(224-016)	DC 1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*)

Elinor Frances Payne — Wife

ADDRESS (*Number, street, city, zone, and State*)

68 West Union Ave. BayShore, N.Y.

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*) — ADDRESS (*Number, street, city, zone, and State*)

Elinor F. Payne (age 32) — 68 West Union Ave. Bay Shore, N.Y.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Shelbert John Payne	68 West Union Ave. Bay Shore N.Y.		x	x		8 yrs
Robert Lefoy Payne	same as above		x	x		5 yrs.

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*) — ADDRESS (*Number, street, city, zone, and State*)

Deceased

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*) — ADDRESS (*Number, street, city, zone, and State*)

Alleen Lee Payne (age 49) — 68 West Union Ave. Bay Shore, N.Y.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

ADDRESS (*Number, street, city, zone, and State*)

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

ADDRESS (*Number, street, city, zone, and State*)

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(*Continue on reverse side*)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Elinor Frances Payne — Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

68 West Union Ave. Bay Shore, N.Y. — 100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
U.S. COAST GUARD BASE St. Geo. Staten Island, N.Y.	9-19-50	Shelbert R. Payne Shelbert R. Payne

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 34

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-018	DC1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG BASE		ST. GEORGE, SINY
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-025		6 January, 1950

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1600
DATE 1-6-50

TRANSFERRED TO: Bay Shore, LINY
FOR TAD and visit and re-visit such places in that area and within the 3rd CG.District as may be necessary on official business of the U.S.Coast Guard.

AUTH: CCGD3/L 1-6-1950, File: pmp 73-531, Ord.#1835-50.

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

PE-PR-21

DUTY CODE NO.

AUTH:

W. H. Moulton
W. H. MOULTON, LCDR, 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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 98

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	DC1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG BASE		ST. GEORGE, SINY.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
03-025		12-22-49

TIME 0900
DATE 12-22-49

REPORTED FROM: TAD Bayshore, LINY
FOR resump of reg du.

DUTY CODE NO. AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PE-PR-6

DUTY CODE NO. AUTH:

W. H. Moulton
W. H. MOULTON, LCDR. USCG.
XO, 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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 73

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	DC1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG BASE		ST. GEORGE, SINY.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
03-025		11-7-49

TIME 1820
DATE 11-6-49

REPORTED FROM: CGC SASSAFRAS
FOR ASDU

DUTY CODE NO.

AUTH: CCGD3/L 10-28-49 (pmp-73-531) 1221-50.

TIME 0900
DATE 11-7-49

TRANSFERRED TO: Sandy Hook, N.J.
FOR Temp add. du.

AUTH: VO CCGD3 11-7-49

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

W. H. Moulton
W. H. MOULTON, LCDR. USCG.
XO, 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 PE-PR-23	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. 2

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	DC1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
USCGC SASSAFRAS (WAGL-401)		Cape May, N.J.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
3rd CG District		1 November, 1949

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 1000
DATE 1 November, 1949

TRANSFERRED TO: CO, CG BASE, St Geo., SINY
FOR ASDU

AUTH: CCGD3/L 10-28-49 pmp 73-531

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

M. J. Seibert
M. J. SEIBERT
(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 _____

FE-PR-21

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

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2927 (Rev. 4-48)

DISTRIBUTION UNIT
Name: _____
Address: _____
_____

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS
WORLD WAR II VICTORY MEDAL
AND
AREA CAMPAIGN MEDALS

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)
PAYNE	Shelbert	R.

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
224-016	DC1	USCGC SASSAFRAS (WAGL-401)

HOME ADDRESS (Give Number, Street, City, Zone No., and State only if separated from the service)

Cape May, N.J.

INDICATE STATUS BY CHECK MARK AND UNDERSCORE ABBREVIATION APPLICABLE

- [XX] 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.
- [ ] World War II Victory Medal (No Clasp)
- [X] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

Shelbert R. Payne
SHELBERT R. PAYNE
(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.

- [ ] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [ ] World War II Victory Medal (No Clasp)
- [ ] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

Shelbert R. Payne
(Recipient sign here)

(Do not sign unless awards are actually received)

A 8555

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PAYNE, Shelbert R. (Name, surname first) | 224-016 (Service number) | BM1 (Rank or rating) | CGC SASSAFRAS (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place US Marine Hospital, S.I.N.Y., Date 12 July, 1949, 19

To: CO, CG MOORINGS
(Coast Guard unit)
CAPE, MAY, N.J.
(Address)

FILED
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
Gastritis		5-11-49	5-11-49

RECEIVED
JUL 15 1949
USCGC SASSAFRAS

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.}

B. L. STERNER
AA 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

FOLLOW INSTRUCTIONS ON BACK

PAYNE, Shelbert R. (Name, surname first) — 224-016 (Service number) — BM1 (Rank or rating) — CGC SASSAFRAS (Unit)

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

X *REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

Place Staten Island, N.Y., Date 11 May, 1949, 19 FILE T. Le8

To: Medical Officer in Charge
U.S. Marine Hospital
Stapleton, SI, 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 C.G. Moorings, Cape May, N.J.

SHELBERT R. PAYNE (Signature of patient)

M.J. SEIBERT
Executive Officer
LTJG U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place US Marine Hospital, S.I.N.Y., Date 12 July, 1949, 19

I CERTIFY that I have examined the above-named person and find him suffering from Gastritis
(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 {*~~hospital~~ / *outpatient} treatment at this {*hospital / *~~outpatient~~} on 11 May, 1949, 19

B.L. STERNER
AA 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.

16—27156-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 8

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	DC1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
USCGC SASSAFRAS (WAGL-401)		Cape May, N.J.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
Third Coast Guard District		16 May, 1949

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN ~~RANK~~ {RATING} FROM BM1 TO DC1 EFFECTIVE 16 May, 1949

DUTY CODE NO.
AUTH: H/L 4-29-49 PE-C-73)

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH:

M. J. SEIBERT
Executive Officer
(*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
122				

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
			121

Records	
Posting	Coding
E 00	

Machine Accounting	
Punched	CODED NO. 10
Verified	

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

29 April, 1949
PE-C-73

From: Commandant
To: Commander, 3rd CG District (p)

Subj: PAYNE, Shelbert R. (224-016) HM1; change in rating

1. In accordance with the request contained in letter from the above-named man dated 18 April, 1949, file CG-73, with your indorsement thereon, Payne's rating is changed to damage controlman, first class, effective 16 May, 1949.

2. Forward Form 2599 and make necessary entry in service record showing change, citing this letter as the authority therefor.

W. C. CAPRON
By direction

CORRESP:jhc:vmh ret to 3-13

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

CGC SASSAFRAS (WAGL 401)

PAYNE, Shelbert R. (Name, surname first) | 224-016 (Service number) | BM1 (Rank or rating) | Jersey City, N. J. (Unit)

*REGULAR ~~SPECIAL~~ ~~TEMPORARY~~ ~~RESERVE~~ (Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S. Marine Hospital, SI, Date March 7, 1949, 19

To: USCGC SASSAFRAS (WAGL 401) (Coast Guard unit)

CG Base, St.George, SINY (Address)

FILE 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
Under Obs. Upper respiratory infection		Jan 10,49	Jan 10,1949

RECEIVED MAR 24 1949 USCGC SASSAFRAS

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.}

B.L. Sterner

Medical Officer, USPHS

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.

16—27156-1

NCG-2622

PAYNE, Shelbert R. (Name, surname first) 224-016 (Service number) BM1 (Rank or rating) Jersey City, N. J. (Unit)

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

*REGULAR ~~*REGULAR~~ ~~*TEMPORARY~~ (Enlistment status)

Place Jersey City, N. J., Date 6 December, 19 48

FILED T. LeB

To: Medical Officer in Charge,

USMH, Stapleton, S.I.,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 CGC SASSAFRAS, ~~CG Base~~, St. George, SINY

Shelbert R. Payne (Signature of patient)

JAMES L. HARRISON, LTJG U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U S Marine Hospital, S.I.NY, Date March 2,1949, 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.} X 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 this {*hospital ~~*office~~} on Jan 10, 19 49

B.L. Sterner

Medical Officer, USPHS 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

25 April, 1949
file: pmp 73

From: Commander, 3rd CG District (p)
To: Commandant (PE)

Forwarded, approved, for HQ consideration.

29 April, 1949
PE-C-73

From: Commandant
To: Commander, 3rd CG District (p)

Subj: PAYNE, Shelbert R. (224-016) EM1; change in rating

1. In accordance with the request contained in letter from the above-named man dated 18 April, 1949, file CG-73, with your indorsement thereon, Payne's rating is changed to damage controlman, first class, effective 16 May, 1949.

2. Forward Form 2599 and make necessary entry in service record showing change, citing this letter as the authority therefor.

W. C. CAPRON
By direction

CORRESP:jhc:ymh ret to 3-13

5/3/49

2nd-2

26 April, 1949
file: pmp 73

From: Commander, 3rd CG District (p)
To: Commandant (PE)

Forwarded, approved, for HQ consideration.

K. O. A. ZITTEL,
By direction.

1949 APR 28 09 01
PEA-A

OK

3pm/ to pc1

UNITED STATES COAST GUARD

ADDRESS REPLY TO
CO, SASSAFRAS (WAGL 401)
CG Moorings, Cape May, N. J.
REFER TO FILE

U. S. COAST GUARD
RECEIVED
APR 26 1949
PERSONNEL OFFICE
NEW YORK, N. Y.

18 April, 1949
CG-73

From: PAYNE, Shelbert R. (224-016) BM1
To: Commanding Officer, SASSAFRAS (WAGL 401)

Subj: Change of rate; request for

In accordance with Personnel Circular No. 76-44 it is requested that I be given an examination to change my rate from BM1 to DC1. The reason for this request is that, with the best interests of the Government in mind, I feel that I could be of more value to the Coast Guard in the rating of DC1.

Shelbert R. Payne
SHELBERT R. PAYNE

Ind-1
USCGC SASSAFRAS (WAGL-401)
Cape May, N.J.

22 April, 1949
file: 73

From: Commanding Officer, SASSAFRAS
To: Commandant (PE)
Via: Commander, 3rd Coast Guard District (p)

Subj: PAYNE, Shelbert R. (224-016) BM1, request for change of rate

1. The above request is forwarded for Headquarters review and action; request is approved and change in rating recommended.

2. This man has demonstrated considerable interest and ability in the performance of the duties of Damage Controlman. Although he is above average in proficiency in his present rating the Commanding Officer concurs with his statement that he could be of more value to the service in the rating of DC1.

3. No disciplinary action is pending.

James L. Harrison
JAMES L. HARRISON

Incl: Form: 2779 dtd 4-4-49

...ATION OF ENLISTED PERSONNEL

...ST GUARD

...4)

	LOCATION	DATE
...ASSAFRAS WAGL-401	CG Moorings, Cape May, N.J.	4-4-49

...ST NAME, INITIAL	SERVICE NO.	PRESENT RATING
...E. Shelbert R.	224-016	BM1

...ACTIVE SERVICE 11/4 MONTHS

...CE SINCE LAST ADVANCEMENT ~~REDUCTION~~ RATING 65 MONTHS

MARKS DURING REQUIRED PERIOD (PREVIOUS 6 MONTHS)	PROF. IN RATING	CONDUCT	
MINIMUM	3.6	4.0	3.7
AVERAGE	3.6	4.0	3.7

...STITUTE, RESIDENCE COURSES, ETC., COMPLETED (If waived, state reason)

RESULTS OF EXAMINATION

PRACTICAL FACTORS

PAR. 36 (3) OF PERS. BULLETIN NO. 76-44

SUBJECT OR SUB-PARAGRAPH NO.	MARK
(a)	
(1)	3.4
(2)	3.6

PROFESSIONAL SUBJECTS

PAR. 36 (3) OF PERS. BULLETIN NO. 76-44

SUBJECT OR SUB-PARAGRAPH NO.	MARK
(b)	
(1)	3.5
(2)	3.7
(3)	3.6
(4)	3.4
(5)	3.4
(6)	3.5
(7)	3.4

1949 APR 28 09 01

PEA-A

AVERAGE MARK 3.5

WE THE UNDERSIGNED, HEREBY CERTIFY THAT THE ABOVE-NAMED PERSON WAS THIS DATE EXAMINED FOR ~~ADVANCEMENT~~ OR CHANGE TO THE RATING OF Damage Controlman 1st Class AND {WAS / ~~WAS NOT~~} FOUND QUALIFIED AS INDICATED ABOVE

A. H. PETERSON, ENS. USCG
(Signature and rank of member)

R. R. HENRY, LT. USCG
(Signature of commanding officer)

3

1. ~~APPROVED (DISAPPROVED) ADVANCEMENT OR CHANGE IN RATING (NOT APPROVED)~~

TO: Commandant (PE)

1. FORWARDED APPROVED, RECOMMENDING AUTHORIZATION

R. O. A. LITTLE,
By direction.
(Signature of commanding officer)

IND. 2

UNIT _____ DATE _____

RETURNED (AUTHORIZED) (NOT AUTHORIZED) IN VIEW OF _____

_____ _____
(Signature and title)

INSTRUCTIONS

1. This report, properly executed, shall be prepared in each case of examination for advancement or change to or in a petty officer rating, or recommendation therefor.

   (a) Marks, on a scale of 4.0, shall be assigned for each subject.

   (b) If required, stenographic notes, transcription of same, and text used in dictation shall be attached to the report of examination.

   (c) In the event that the unit to which the person is attached is also the unit authorized to effect the specific advancement or change in rating, the completed and signed report of examination shall be securely attached to Headquarters' copy of Form 2599 reporting the change.

   (d) In the event that the unit to which the person is attached is not authorized to effect the advancement or change in rating, the report of examination shall be forwarded, without letter of transmittal to the authorizing unit. The authorizing unit will indicate in space provided whether or not the advancement or change is authorized and will return the form to the forwarding unit. The form will then be attached to Headquarters' copy of Form 2599 reporting the change, if authorized. In the case of advancements specifically authorized by the Commandant, the form will be retained at Headquarters and therefore need not be attached to Form NAVCG 2599 reporting the change.

2. Examinations will be based upon the specific requirements for the specific rating desired, as indicated in current instructions, and not on other or additional duties performed.

16—40409-1 U. S. GOVERNMENT PRINTING OFFICE

...INATION OF ENLISTED PERSONNEL

...COAST GUARD

...V. 6-44)

...C SASSAFRAS WAGL-401	LOCATION CG Moorings, Cape May, N.J.	DATE 4-4-49

NAME, FIRST NAME, INITIAL PAYNE, Shelbert R.	SERVICE NO. 224-016	PRESENT RATING BM1

TOTAL ACTIVE SERVICE 114 MONTHS

SERVICE SINCE LAST ADVANCEMENT ~~OR REDUCTION~~ IN RATING 65 MONTHS

MARKS DURING REQUIRED PERIOD (PREVIOUS 6 MONTHS)

	PROF. IN RATING	CONDUCT	ALM.
MINIMUM	3.6	4.0	3.7
AVERAGE	3.6	4.0	3.7

INSTITUTE, RESIDENCE COURSES, ETC., COMPLETED (If waived, state reason)

RESULTS OF EXAMINATION

PRACTICAL FACTORS

PAR. 36 (3) OF PERS. BULLETIN NO. 76-44

SUBJECT OR SUB-PARAGRAPH NO.	MARK
(a)	
(1)	3.4
(2)	3.6

PROFESSIONAL SUBJECTS

PAR 36 (3) OF PERS. BULLETIN NO. 76-44

SUBJECT OR SUB-PARAGRAPH NO.	MARK
(b)	
(1)	3.5
(2)	3.7
(3)	3.6
(4)	3.4
(5)	3.4
(6)	3.5
(7)	3.4

AVERAGE MARK 3.5

WE THE UNDERSIGNED, HEREBY CERTIFY THAT THE ABOVE-NAMED PERSON WAS THIS DATE EXAMINED FOR ~~ADVANCEMENT~~ OR CHANGE TO THE RATING OF Damage Controlman 1st Class AND {~~WAS~~ / ~~WAS NOT~~} FOUND QUALIFIED AS INDICATED ABOVE

A. H. Peterson

A. H. PETERSON, ENS. USCG
(Signature and rank of member)

B. R. HENRY, LT. USCG
(Signature of commanding officer)

1. (~~APPROVED~~) (~~NOT APPROVED~~) ADVANCEMENT OR CHANGE (S) (~~IS NOT~~) AUTHORIZED OR

TO: Commandant (PE)

1. FORWARDED APPROVED, RECOMMENDING AUTHORIZATION

K. O. A. ZITTEL,
By direction.
(Signature of commanding officer)

IND. 2

UNIT _____ DATE _____

RETURNED (AUTHORIZED) (NOT AUTHORIZED) IN VIEW OF _____

_____ _____
(Signature and title)

INSTRUCTIONS

1. This report, properly executed, shall be prepared in each case of examination for advancement or change to or in a petty officer rating, or recommendation therefor.

   (a) Marks, on a scale of 4.0, shall be assigned for each subject.

   (b) If required, stenographic notes, transcription of same, and text used in dictation shall be attached to the report of examination.

   (c) In the event that the unit to which the person is attached is also the unit authorized to effect the specific advancement or change in rating, the completed and signed report of examination shall be securely attached to Headquarters' copy of Form 2599 reporting the change.

   (d) In the event that the unit to which the person is attached is not authorized to effect the advancement or change in rating, the report of examination shall be forwarded, without letter of transmittal to the authorizing unit. The authorizing unit will indicate in space provided whether or not the advancement or change is authorized and will return the form to the forwarding unit. The form will then be attached to Headquarters' copy of Form 2599 reporting the change, if authorized. In the case of advancements specifically authorized by the Commandant, the form will be retained at Headquarters and therefore need not be attached to Form NAVCG 2599 reporting the change.

2. Examinations will be based upon the specific requirements for the specific rating desired, as indicated in current instructions, and not on other or additional duties performed.

16—40409-1 U. S. GOVERNMENT PRINTING OFFICE

26 January, 1949
PE-PR-15 CG-73

From: Commandant
To: Commanding Officer, SASSAFRAS (WAGL-401)
Via: Commander, 3rd CG District (pmp)

Subj: PAYNE, Shelbert R. (224-016) BM1; changes in service record, authority

As requested in your letter dated 23 December, 1948, you are authorized to make the required changes in subject man's service record. Headquarters records have been completed.

B. A. SHAW
By direction

DREW:RB
CSD

1-26-49

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Commanding Officer
CGC SASSAFRAS (WAGL 401)
~~REFER TO FILE~~
CG Moorings
Cape May, N. J.

23 December, 1948
File: 73

From: CO SASSAFRAS (WAGL 401)
To: COMMANDANT (PE-PR)
Via: Commander, 3rd CG District (p)

Subj: PAYNE, Shelbert R. (224-016) BM1, changes in records.

1. It is requested that PAYNE'S records be changed in that the words "1217 Washington Street" be added to the address of Cape May, New Jersey shown on the Enlistment Contract and Designation of Beneficiaries for Death Gratuity.

2. At time of reenlistment, on 21 December, 1948, PAYNE was moving his family to Cape May but did not know what the street address would be.

3. It is further requested that this unit be authorized to make the above changes in the service record.

James L. Harrison
JAMES L. HARRISON
Executive Officer

PEA-E
15

PEA-E
15

NOTICE OF SEPARATION FROM THE U.S. NAVAL SERVICE—COAST GUARD

NAVCG-553 (Rev. 10-45)

3-11

3-13

1. C. G. SERVICE NO. 2. NAME (LAST) (FIRST) (MIDDLE) 3. RATE OR RANK 4. PERMANENT ADDRESS FOR MAILING PURPOSES.

224-016 PAYNE, SHELBERT RUEL BM1

913 Boissevain Ave.
Norfolk, Va.

5. PLACE OF SEPARATION

Gloucester, N.J.

6. CHARACTER OF SEPARATION

Honorable discharge

7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT

Virginia

8. RACE	9. SEX	10. MARITAL STATUS	11. U. S. CITIZEN (YES OR NO)	12. DATE AND PLACE OF BIRTH
white	male	married	yes	2-6-21, Elizabeth City, N.C.

RECORD OF U.S.C.G. SERVICE

SEL. SER. DATA — 13. REGISTERED: ☐ YES ☒ NO — 14. SELECTIVE SERVICE BOARD OF REGISTRATION: ----- — 15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE: 58 E. Union St., Bay Shore, N.Y.

16. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX)

☒ ENLISTED DATE 9-25-39 ☐ INDUCTED DATE ☐ COMMISSIONED DATE

17. DATE OF ENTRY INTO ACTIVE SERVICE: 25 September, 1939

18. NET SERVICE (FOR PAY PURPOSES) (YRS. MOS. DAYS): 9 yrs, 2 mos, 25 days

19. PLACE OF ENTRY INTO ACTIVE SERVICE: New York, N.Y.

20. QUALIFICATIONS, CERTIFICATES HELD, ETC.: none

21. RATINGS HELD: BM1

22 FOREIGN AND/OR SEA SERVICE WORLD WAR II: ☐ YES ☒ NO

23. SERVICE SCHOOLS COMPLETED: none — WEEKS:

24. SERVICE (VESSELS AND STATIONS SERVED ON): Fire Island Light Station, N.Y.
USCGC SASSAFRAS

PAY AND INSURANCE DATA

IMPORTANT: 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 U. S. AND FORWARD TO COLLECTIONS SUBDIVISION VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

25. KIND OF INSURANCE: NAT. SERV. LIFE INS.	U. S. GOVT. LIFE INS.	NONE	26. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE	27. MONTH NEXT PREMIUM DUE	28. AMOUNT OF PREMIUM DUE EACH MONTH	29. INTENTION OF VETERAN TO: (A) CONTINUE INS.	(B) CONTINUE ONLY $	(C) DISCONTINUE INS.
		X						

30. TOTAL PAYMENT UPON DISCHARGE	31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	32. INITIAL MUSTERING OUT PAY	33. NAME OF DISBURSING OFFICER
$ $584.45	$6.95	------	HERBERT NEWMAN

34. REMARKS

Reenlisted on day following discharge for a period of three (3) years.

35. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)

James L. Harrison

JAMES L. HARRISON, LTJG, USCG
USCGC SASSAFRAS (WAGL-401)

EMPLOYMENT AND EDUCATIONAL DATA

36. NAME AND ADDRESS OF LAST EMPLOYER: Charles Gulden, Islip, N.Y.

37. DATES OF LAST EMPLOYMENT: FROM: May, ~~1939~~ 1939 TO: Sept. 1939

38. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.: Deck hand on 60' yacht

39. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA): Carpentry, Virginia

40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING): none

41. NON-SERVICE EDUCATION (YEARS SUCCESSFULLY COMPLETED)	42. DEGREES	43. MAJOR COURSE OR FIELD
GRAM.: 8 H. S.: 2 COLL.: 0	---	general

44. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE): none

45. RIGHT INDEX FINGERPRINT

46. OFF DUTY EDUCATIONAL COURSES COMPLETED: CG Institute course for Coxswain.

Shelbert R. Payne

47. DATE OF SEPARATION: 20 December, 1945

48. SIGNATURE OF PERSON BEING SEPARATED

2

TO: COAST GUARD HEADQUARTERS

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

17

No. -3-

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
USCGC SASSAFRAS (WAGL 401)		New York , N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
3rd CG District		4 December, 1948

TIME 2100
DATE 12/4

REPORTED FROM: CO, SHORT BEACH GROUP, Freeport, L.I., N.Y.
FOR ASDU. Ten (10) days leave enroute.

DUTY CODE NO.

AUTH CCGD3/L 10/29 pmp-73-531 & CO, SHORT BEACH GROUP/L 11/19 73-531

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

James L. Harrison
JAMES L. HARRISON
Executive Officer
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		03	3	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
760		401	

Records	
Posting	Coding

Machine Accounting
Punched
Verified

NO. 10

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

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

No. 11-14

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	BM1.
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
SHORT BEACH GROUP	Fire Island Light Station	Bay Shore, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
		19 November, 1948

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1000
DATE 19 Nov. 1948.

TRANSFERRED TO: CGC SASSAFRAS, Cape May, New Jersey.
FOR assignment to duty. Granted one (1) day travel, four (4) days proceed time and ten (10) days leave enroute, to expire prior to 5 December, 1948.

AUTH: C3CGD/L 10/29/48 File: pmp 73-531, DO # 1101-49.

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

J. M. ODIN, CBOSN(L)
(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

File 3-13

(PE-C)

17 June, 1948
CG-73

From: Commandant (PE-C)
To: PAYNE, Shelbert R. (224-016) BM1;
Fire Island Light Station, Bay Shore, N.Y.

Via: 1. Commander, 3rd CG District,(pmp)
2. C.O., CG Group, Freeport, Long Island, N.Y.

Subj: Forwarding of Certificate in Lieu of Discharge.

1. Reference is made to your letter dated 10 June, 1948, with indorsement.

2. In accordance with your request, there is inclosed a certificate in lieu of discharge for your service between 25 September, 1939, and 18 December, 1945.

F. V. HELMER
By direction

Correspondence; gev; amt; Return to 3-13

3511 6-16-48

Fire Island Light Station
Bay Shore, N.Y.

U. S. COAST GUARD
RECEIVED
JUN 15 1948
PERSONNEL OFFICE
NEW YORK, N.Y.

RECEIVED JUN 16 1948
PERSONNEL SECTION

June 10, 1948

To: Commandant (PE), U.S. Coast Guard, Washington, D.C.

From: Payne, Shelbert R. (224-016) BM1

Via: (1) CO, CG Group, Freeport, L.I.,N.Y.

(2) Commander (pmp), Third Coast Guard District

Subj: Discharge certificate, request for

3-13 FILE

It is requested that I be furnished with a copy of my last discharge certificate, which was presented to me December 19,1945. The one given me has been misplaced. I need one in order to apply for the New York State Bonus.

JUN 17 1948
APPLICATION FOR CERTIFICATE IN LIEU OF DISCHARGE MAILED.

Shelbert R. Payne
Shelbert R. Payne, BM1

1-Ind
CG GROUP FREEPORT, N.Y.
14 June, 1948

1948 JUN 16 10 59
PEA-A

To: Commandant.

Via: Commander 3rd CG District.

1. Forwarded.

J. M. Odin
J.M.ODIN

Ind-2
Off. Comdr. 3rd CGD (pmp)
New York, New York

15 June, 1948

From: Commander, Third Coast Guard District
To: Commandant (PE)

Forwarded.

E. H. Lane
E. H. LANE,
By direction.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 4-24

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert, R.	224-016	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, FREEPORT, N.Y.	FIRE ISLAND LIGHT STATION	BAY SHORE, N.Y.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
		2 April, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {~~RANK~~ / RATING} FROM BM1c TO BM1 EFFECTIVE 2 April, 1948

DUTY CODE NO. AUTH: Personnel Circular 36-47

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

Byron M. Wineke
Byron M. Wineke, Lt. (jg)
(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
FEB 15	NOTED

Machine Accounting
Punched
Verified

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

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U.S. COAST GUARD
CG-2927 (6-47)

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS AND/OR WORLD WAR II VICTORY MEDAL

INSTRUCTIONS

Return this form to Commandant (PMM), U. S. Coast Guard, Washington 25, D.C. Typewrite or print in ink. Give home address in Section A only if separated from the Service.

A. GENERAL DATA

NAME (Last)	(First)	(Middle)
PAYNE	Shelbert	R.

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
224-016	B.M.1c.	Fire Island Light Station

HOME ADDRESS (Give Number, Street, City, Zone No., and State)

INDICATE STATUS BY CHECK MARK

- ☐ 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)

B. STATEMENT OF ELIGIBILITY

Do not fill in this statement unless 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.
- ☐ 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.

- ☒ American Defense Service Medal
  - ☐ Fleet Clasp
  - ☐ Sea Clasp
  - ☐ Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- ☒ World War II Victory Medal (No Clasp)

Shelbert R. Payne
Shelbert R. Payne, B.M.1c.
(Recipient sign here)

(Do not sign unless awards are actually received)

A-1164

3-285

UNITED STATES COAST GUARD

(PE-C)
CG-73

18 March, 1947

From: Commandant
To: Commander, 3rd CG District (pmp)

Subj: Personnel; designator (L)

1. In accordance with the requests contained in letters from the below-named men of various dates with your indorsements thereon, you are authorized to affix the designator (L) to their ratings, effective upon receipt hereof.

Davis, Harvey R. (100-374) CBM
Farrow, Linville G. (211-109) BMlc
Jennett, Carl R. (211-021) BMlc
Kuhne, Frank (106-427) CBM
Parsons, Lee R. (115-688) CBM
Penny, Everett L. (121-120) BMlc

2. Report action on Form 2599.

3. Designator (L) in the case of Payne, Shelbert R. (224-016) BMlc is disapproved inasmuch as he has never held either the rating of surfman or and (L) rating in the past.

W. C. CAPRON
By direction

BMAREE:jhc
Return to 3-13

UNITED STATES COAST GUARD

42 BROADWAY

NEW YORK 4, N. Y.



ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
REFER TO FILE: 73
Fire Island Light Sta.
Bayshore, L.I.N.Y.

1947 MAR 4 16 07

PEA-A

21 Febuary 1947.

U. S. COAST GUARD
RECEIVED
FEB 26 1947
PERSONNEL OFFICE
NEW YORK 4, N. Y.

From: Payne, Shelbert, R. (224-016). BM1c.
To: Commandant.
Via CO, CG Group, Freeport, New York.

Subj: Designator letter /L./; Request for.

1. Having served in the U.S. Coast Guard, as a surfman from 16th. November 1939 to 22 Febuary 1947. It is requested that I be awarded the designator letter (L) in accordance with ALCOAST 16-1947.

Shelbert R. Payne
Shelbert R. Payne BM1c.

Ind-1
CG GROUP, FREEPORT, N.Y.
24 February, 1947

1. Forwarded, approved.

Byron M. Wineke
BYRON M. WINEKE

Ind-2
Comdr. 3rd CG District (pmp)
28 February, 1947

From: Commander, 3rd CG District
To: Commandant (PE)

Forwarded, approved.

C. C. PADEN
By direction

No reverse

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

PAYNE, Shelbert R.	BM.1/c.	224-016
(Name—Surname to left)	(Rank or rating 31 Aug. 1946)	(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:

	Elinor Frances Payne	Wife
(If none, so state)	(Name of dependent)	(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.

Shelbert R. Payne
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Ray Village, Ky. this 9th day of December 1946

(SEAL)

Franklin R. Dorsey
(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.

J. M. Odin

J.M. ODIN, Ch.Bos'n.(L) CG GROUP FREEPORT, NY

(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:

148.50 _____ _____

(Monthly pay (base and longevity)) *(Officer monthly rental allowance)* *(Officer daily subsistence allowance)*

W. G. Schaefer

W. G. SCHAEFER, LIEUT. (JG) USCG-ASS'T. DO.

(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.
U.S.C.G.

NAVCG-9762

ENLISTED PERSONNEL
CODE SHEET

MAR 11 1946

DATE _____

NEW CHANGE

Name Payne, Shelbert R.

I Service Number 224-016

CARD NO. 1

II	Rate	BM1c 201
III	Regular or Prov.	X
IV	Character	2
V	Branch of Service	1
VI	Place this Enlist.	475
VII	Date this Enlistment	12:5
VIII	Term of Enlistment	2
IX	Dependents	03
X	Expiration of Enlist.	12:8
XI	Expiration Ext. Enl.	XX:X
XII	Term of Extension	X
XIII	(Special Training)	
XIV	Pay Grade	2
XV	Pay Period	02
XVI	Next Pay Period	09:8
XVII	District	03
XVIII	(Unit)	
XIX	Race	1
XX	Foreign or Domestic	2
XXI	Type Duty Assigned	29
XXII	Total Service	06:03
XXIII	Termination	X
XXIV	Date of Termination	X:X

CARD NO. 2

II	Date Original Entry	09:35:37
III	Place Original Entry	489
IV	Original Rating	701
V	Citizenship	2
VI	(Race)	
VII	Date of Birth	0224
VIII	Place of Birth	033
IX	Legal Residence	31
X	Prior Service:	
	Navy	
	Marine Corps	
	Army	
	Lighthouse Service	
	Life Saving Service	
	All other	
XI	Education	04
XII	Trade	147
XIV	Casualty	X
XV	Awards:	
	Mexican	
	National Defense	
	Victory	
	Good Conduct	
	Dis. Flying	
	Gold Life Saving	
	Silver Life Saving	
	Foreign Decoration	
	Other U. S. Dec.	
	Number of Awards	
XVI	Congressional District	310
XVII	Degrees	X

For Machine Accounting Use Only

Punched _____

Verified _____

3675

CODED
NO. 6

Punched _____

Verified _____

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PAYNE, Shelbert R.	224-016	B.M.1c.	CO CG GROUP BAY SHORE, N. Y.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

FILED G.M.

Place US MARINE HOSPITAL, STAPLETON, SI NY Date 29 March G, 1946

To: COMMANDING OFFICER
CG GROUP (Coast Guard unit)
BAY SHORE, N.Y.
(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
Gastric neurosis		3-6-46	3-6-46
Hypoglycemia			

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.}

MILTON B. ROSS
Medical Doctor
U. S. Public Health Service.
S.A. Surg.

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

Med

PAYNE, Shelbert R. (Name, surname first) | 224-016 (Service number) | B.M.1c. (Rank or rating) | CG GROUP BAY SHORE, N. Y. (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 Bay Shore, N. Y., Date 6 March, 1946, 19

To: Medical Officer in Charge, USMH.
Stapleton, 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 CO CG GROUP, BAY SHORE, N. Y.

Shelbert R. Payne
Shelbert R. Payne, B.M.1c.
(Signature of patient)

John W. Midgett
JOHN W. MIDGETT, CBM.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place US MARINE HOSPITAL, STAPLETON, S.I.N.Y., Date 29 March, 1946

I CERTIFY that I have examined the above-named person and find him suffering from
Gastric neurosis and Hypoglycemia
(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 US MARINE {*hospital / *~~clinic~~} on 6 March, 1946

MILTON S. ROSS
Medical Doctor
~~S.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

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

03 File 3/14 NO. 12/15

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
COAST GUARD GROUP	Fire Island Light Station	Bay Shore, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	03-130	19 December, 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)

DECEMBER, 1945: Reenlisted 19th in the Regular Establishment for a period of three (3) years.

EXAMINED PEA-130

DUTY CODE NO. 30-D
AUTH: Hq 3rd Ind. on Form 2525 B, dated 7 December, 1945.

A. BURRUS, Jr., Lt. (jg).
(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 PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

file 3-14

No. 12/14

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	Fire Island Light Station	Bay Shore, N. Y.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
	03-130	DEC 19 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)

December, 1945: Received Honorable Discharge No. A62745, dated 18th., by reason of expiration of full term of enlistment and extensions thereof.

EXAMINED AND FILED

DUTY CODE NO.
AUTH: PB 103-44.

A. BURRUS, Jr., Lieut. (jg).
(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 PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 11/28

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, SHELBERT R.	224-016	B.M.1c.
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP, BAY SHORE, N. Y.	FIRE ISLAND LIGHT STATION	BAY SHORE, N.Y.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	03-130	10 November, 1945.

TIME REPORTED FROM:

DATE FOR

DUTY CODE NO. AUTH:

TIME TRANSFERRED TO:

DATE FOR

AUTH:

EXAMINED PEA-E-33

CHANGED IN {RANK / RATING} FROM TO EFFECTIVE

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

3 November, 1945: Rating of B.M.1c.(Pro) dated 11/11/42, made permanent.

Man is deemed fully qualified for rating held.

DUTY CODE NO. 30-D AUTH: ALCOAST #143, Nov., 1945.

JOHN W. MIDGETT, CBM.
(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
PEA-E	

Machine Accounting
Punched
Verified

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

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

9/42

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	FIRE ISLAND LIGHT STATION	BAY SHORE, LI, N.Y.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT: 03-130

DATE: 25 September, 1945

EXAMINED PEA-1-35

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)

25 September, 1945: Enlistment of subject man involuntarily extended this date in accordance with act approved 13 December, 1941. Subject man completed (3) three years extension of enlistment(voluntarily) on 24 September, 1945 and did not agree to reenlist in the USCG.

DUTY CODE NO. 30.D. AUTH: ALCOAST 83-41

A. BURRUS, JR., Lieut.(jg)
(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

FILE
E. P. H

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT: COAST GUARD GROUP ADDRESS: BAY SHORE, N.Y. DATE: 25 September, 1945

PAYNE, Shelbert R.	224-016	B.M.1c.
SURNAME, FIRST NAME, INITIAL	SERVICE NUMBER	RATING

has completed a continuous period of three years' active service on the 24 September, 1945, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate star in lieu of issue of actual award.

A. BURRUS, JR., Lieut.(jg)
Commanding Officer

5/5

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	Fire Is. Light Station.	Bay Shore, New York.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-130	3 May, 1945.

TIME 1730
DATE 5/3/45

REPORTED FROM: CG GROUP, Hampton Bays, N.Y.

FOR resumption of regular duties, inpatient treatment at CG Infirmary, Westhampton, N.Y., since 1330 4/23/45, having been completed.

DUTY CODE NO. 30 D.

AUTH: DCGO,3rdND/SL-44/62.

TIME
DATE

TRANSFERRED TO:

FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

G. E. ANDERSON, Lieut.
(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
NO POSTING REQUIRED PEA-E-33	

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

2599

REPORT OF CHANGE IN PERSONNEL

PAYNE	Shelbert	R.	224-016	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

(CG Infirmary, W'hampton Bch, NY)

GROUP	HAMPTON BAYS, N. Y.	3 May, 1945
(Unit) 03-116	(Place)	(Date)

1500 3 May, 1945: Departed CG GROUP, HAMPTON BAYS, N.Y. for CG GROUP, BAY SHORE, NY; inpatient treatment completed.

09(D)
AUTHORITY:
Dist Staff L/44-62

Joseph Slovick Jr.

JOSEPH SLOVICK JR., Lt. (jg) USCG
(Commanding)

EXECUTIVE OFFICER
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

NO POSTING REQUIRED PEA-E-3

U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	BM 1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Hampton Bays, NY	CG Infirmary,	Westhampton Beach, NY

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-116	23 April, 1945

TIME 1330
DATE 23 April, 1945

REPORTED FROM: CG GROUP, Bayshore, NY (Fire Isl. Light Station)
FOR hospitalization, inpatient treatment.

09 (D)
DUTY CODE NO.

AUTH: Dist. SL/ 44-62

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

STATUS: Not due to own misconduct.

09 (D)
DUTY CODE NO.

AUTH: Dist. SL/ 44-62

JOSEPH SLOVICK JR. Lt. (jg) USCG
~~H. L. CARTER, Lieut. Comdr.~~
(Commanding)
EXECUTIVE OFFICER

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
NO POSTING REQUIRED PEA-E-3	

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	Fire Island Light Station.	Bay Shore, N.Y.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-130	23 April, 1945.

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 0900

DATE 4/23/45

TRANSFERRED TO: Coast Guard Group, Hampton Bays, New York.

FOR Recheck & Inpatient treatment at CG INFIRMARY, Westhampton, N.Y. Upon completion to return to unit and resume regular status.

AUTH: DCGO, 3rdND/SL-44/62.

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 30 D.

AUTH:

G. E. ANDERSON, Lieut.
(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
NO POSTING REQUIRED PEA-E-33	

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)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	FIRE ISLAND LIGHT STATION	BAY SHORE, LI, N.Y.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-130	7 April, 1945

TIME 1430
DATE 7 April, 1945

REPORTED FROM: CG FIRING DETACHMENT, Sea Girt, N.J.
FOR resumption of regular duties, having completed a one weeks course of instruction in small arms.

DUTY CODE NO. 30. AUTH: SCGO/LI Sec/Dispatch-301715, March, 1945.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

John W. Midgett
JOHN W. MIDGETT, C.B.M.
By direction (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
NO POSTING REQUIRED PEA E 39	

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)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG SMALL ARMS UNIT,		Sea Girt, NJ

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 7 April, 1945

TIME 1245
DATE 4-1-45

REPORTED FROM: CGG, Bay Shore, NY
FOR one (1) week course of instruction in small arms.

DUTY CODE NO.

AUTH: CO CGG, Bay Shore, NY/L 3-31-45 (73-783-531)

TIME 1215
DATE 4-7-45

TRANSFERRED TO: CGG, Bay Shore, NY
FOR upon completion of temporary duty.

AUTH: same

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

W. B. Powell Lieut., USCGR
W. B. POWELL (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
NO POSTING REQUIRED PEA-E-33	

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)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	FIRE ISLAND LIGHT STATION	BAY SHORE, LI, N.Y.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-130	31 March, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1400
DATE 31 March, 1945

TRANSFERRED TO: CG FIRING DETACHMENT, Sea Girt, N.J.
FOR assignment to a 1 weeks course of instruction in small arms. Upon completion of this instruction and when so directed will return to this unit for resumption of regular duties.

AUTH: SCGO/LI Sec/Dispatch-301715, Mar.,1945

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

G. E. ANDERSON, Lieutenant, 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
NO POSTING REQUIRED PER E-33	

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

NCG 2599
U. S. COAST GUARD
(Jan. 1943)

COAST GUARD GROUP
RECEIVED
NOV 27 1944
[illegible] N. Y.

REPORT OF CHANGE IN PERSONNEL

PAYNE,	Shelbert		224-016	B.M.1c, USCG
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

C. G. GROUP, HAMPTON BAYS, NY (C.G.Infirmary, W.Hampton Bch, NY 03-116) Westhampton Beach, New York 27 November, 1944.

(Unit) (Place) (Date)

0700, 27 November, 1944: Departed C.G.Group, Hampton Bays, NY (C.G.Infirmary, W'Hampton Bch, NY) for C.G.Group, Bayshore, N.Y. (Fire Island Light Station; inpatient treatment completed.

STATUS - Not due to own misconduct.

09(D)

AUTHORITY:

District Staff Letter 44-62

H. L. Carter

H. L. CARTER, Lieut. Comdr., USCG
(Commanding)

Commanding Officer.
(Title)

NO POSTING REQUIRED PEAE-65

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

No Posting Necessary

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	Fire Island Lighthouse	Bay Shore, N.Y.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-130	27 November, 1944.

TIME 1100
DATE this date:

REPORTED FROM: CG GROUP, HAMPTON BAYS, N.Y.
FOR resumption of regular duties on completion of hospitalization at the CG Infirmary, Westhampton, N.Y.

DUTY CODE NO. 30 AUTH: DCGO SL/44-62.

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. D. DAISEY,
Executive Officer. (Commanding)

EXAMINED BY

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
41	

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

PAYNE,	Shelbert	R.	224-016	B.M.1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

C. G. GROUP, HAMPTON BAYS, NY
(C.G.Infirmary, W'Hampton Bch, NY 03-116) Westhampton Beach, New York 21 November, 1944

(Unit) (Place) (Date)

1230, 21 November, 1944: Reported C.G. Group, Hampton Bays, NY (C.G. Infirmary W'Hampton Bch, NY) from C.G. Group, Bayshore, N.Y. (Fire Island Light Station, NY) for inpatient treatment and hospitalization.

STATUS - Not due to own misconduct.

09(D)

AUTHORITY:
Staff Letter DCG)O 44-62

H. L. CARTER, Lieut. Comdr., USCG
(Commanding)

Commanding Officer.
(Title)

NO POSTING REQUIRED

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

PAYNE	Shelbert	R.	224-016	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG GROUP,	(03-129)	Bay Shore, N.Y.	20 November, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Fire Island Lighthouse
(Minor unit)

ITEM

0900 21 November, 1944: Departed on transfer to CG GROUP, Hampton Bays, N.Y. for in-patient treatment at the CG Infirmary, Westhampton Beach, N.Y.

DUTY CODE No.: 30.
AUTHORITY:
DCGO/Staff Letter 44-62.

J. D. DAISEY, Lieut.(jg)
(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

NO POSTING REQUIRED PEA-E-33

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

File
EOH

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT: COAST GUARD GROUP ADDRESS: BAY SHORE, LI, N.Y. DATE: 10 OCTOBER, 1944

PAYNE, Shelbert R.	224-016	B.M.1c.
SURNAME, FIRST NAME, INITIAL	SERVICE NUMBER	RATING

has completed a continuous period of three years' active service on the 24 September, 1942, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate ribbon in lieu of issue af actual award.

C. R. PEELE, Commander, USCG
Commanding Officer

N. C. G.-2529
(Rev. 9-2-41)

3-44 File

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

NO. 10

Fire Island Light Station (CG STATION), Bay Shore,LI,N.Y.
(Unit)

Bay Shore,LI,N.Y.
(Place)

10 August, 1944
(Date)

FROM: PAYNE, Shelbert R. (224-016) B.M.1c.

TO: COMMANDANT (via Commanding Officer, CG STATION,) Bay Shore,N.Y.

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:

Elinor Frances Payne (Full name of wife; if not married, so state)	Fire Island Light Station,Bay Shore,N.Y. (Address of wife)
Shelbert John Payne (son - born 11-7-41 (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:

Aileen L. Payne (Full name of relative)	mother (Relationship)	Same as above (Address of relative)

dependent for support
(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:

Carita Payne (Full name of relative)	dependent for support (Relationship)	Same as above (Address of relative)

dependent for support
(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

10th day of August, 19 44

G. E. ANDERSON,
(Signature)

Lieutenant, Executive Officer
(Rank or title)

Shelbert R. Payne
Shelbert R. Payne, B.M.1c.
(Signature)

B.M.1c.
(Rank or rating)

16—25758-1

N. C. G.-2529
(Rev. 9-2-41)

NO. 14

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Light Station. (BAY SHORE STATION) (Unit) — BayShore, N. Y. (Place)

1 November, 1943. (Date)

FROM: PAYNE, Shelbert, R. (224-016) B.M.1c.

To: COMMANDANT (via Executive Officer, BAY SHORE STATION.)

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:

Elinor F. Payne (Full name of wife; if not married, so state)	Saltaire, Fire Island, New York. (Address of wife)
Shelbert J. (son - born 11-7-41) (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:

Aileen L. Payne (Full name of relative)	mother (Relationship)	same as above. (Address of relative)

dependent for support. (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:

Robert Moran Payne (Full name of relative)	father (Relationship)	Same as above. (Address of relative)

dependent for support. (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 November, 1943.

J. J. Barnwell, Jr. (Signature)

J. J. BARNWELL, Jr., Lieut.(j.g.).

By direction. (Rank or title)

Shelbert R. Payne (Signature)

Shelbert R. Payne, 2/

B.M.1c. (Rank or rating)

16—25758-1

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General, U. S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

FIRE ISLAND LIGHT STATION (FIRE ISLAND STATION).
(Unit)

PAYNE, Shelbert R.
(Name in full—surname to the left)

24 September, 1942.
(Date)

224-016
(Service number)

B.M.2c. (Pro).
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 5 years)	1939 (Year)	9 (Month)	25 (Day)			
Date of expiration of enlistment. (Character of discharge)	1942 (Year)	9 (Month)	24 (Day)			
Total time of last enlistment period prior to extension.				5	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		0	Total		0	Total		0

Executed Form 2500-A, Voluntary Agreement to extend enlistment, accepted by District Coast Guard Officer, THIRD NAVAL DISTRICT 25 September, 1942, extending enlistment for a period of THREE YEARS, this extension tobegin on 25 September, 1942, further agreed to the extension of his enlistment by the Secretary of the Navy for such additional time as may be deemed necessary in the public interests in time of war or national emergency declared by the President to exist, such additional time not to extend beyond six months after the date of termination of the war or national emergency.

P. H. Simpson
P. H. SIMPSON, Lieut.U.S.C.G.

Total absence (0 days)

Creditable time served during last enlistment period	5	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.

P. H. Simpson
P. H. SIMPSON,

(Rank) Lieut., U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 2—17962

FORM 2599

REPORT OF CHANGE IN PERSONNEL

PAYNE	Shelbert	R.	224-016	B.M.2c. (Pro).
(Surname)	(First Name)	(Middle Initial)	(Service No)	(Rank or Rate)

(FIRE ISLAND STATION). FIRE ISLAND LIGHT STATION.	Bay Shore, N. Y.	24 September, 1942.
(Unit)	(Place)	(Date)

24 SEPTEMBER, 1942: Regular THREE year enlistment expired this da e. Executed Form 2500-A, Voluntary agreement to extend enlistment. Accepted by District Coast Guard Officer THIRD NAVAL DISTRICT , to begin 25 September, 1942, for a period of THREE YEARS, and to further extension by the Secretary of the Navy for such additional time as may be deemed necessary in the public interests, due to war.
PAFE - New York, N. Y.
Place of expiration of enlistment - Fire Island Station, Bay Shore, N. Y.
Entitled to mileage.
Entitled to enlistment allowance of $150.00.

AUTHORITY
ALCAOST 83,Dec.,1941
ALCOAST 2,Jan.,1942.

P. H. SIMPSON, Lieut.
(Commanding)

Commanding Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Corres.	Records

PAYNE Shelbert R. 224-016 B.M.2c. (Pro).

(FIRE ISLAND STATION).
FIRE ISLAND LIGHT STATION. Bay Shore, N. Y. 24 September, 1942.

24 SEPTEMBER, 1942: Regular THREE year enlistment expired this da e. Executed Form 2500-A, Voluntary agreement to extend enlistment. Accepted by District Coast Guard Officer THIRD NAVAL DISTRICT , to begin 25 September, 1942, for a period of THREE YEARS, and to further extension by the Secretary of the Navy for such additional time as may be deemed necessary in the public interests, due to war.
PAYE - New York, N. Y.
Place of expiration of enlistment - Fire Island Station, Bay Shore, N. Y.
Entitled to mileage.
Entitled to enlistment allowance of $150.00.

ALCAOST 85,Dec.,1941
ALCOAST 2,Jan.,1942.

P. H. SIMPSON, Lieut.

Commanding Officer.

IN REPLYING REFER
TO NO. COX-14780-E

ADDRESS ALL COMMUNICATIONS TO:
DIRECTOR
U. S. COAST GUARD INSTITUTE
NEW LONDON, CONNECTICUT

13

UNITED STATES COAST GUARD INSTITUTE
NEW LONDON, CONNECTICUT

MAR 6 - 1942

5 March, 1942.

From: Director.
To: Commanding Officer, FIRE ISLAND STATION.

Subject: PAYNE, Sholbert R. (224-016) Sea.1c.;
completion of rating course for Cox. (94% - 3.76).

FILE
S.P.M.

Reference: (a) Par. 7(e), Circular No. 112, Regulations.
(b) Par. 7(f), Circular No. 112, Regulations.

Inclosure: (A) Certificate of graduation.

1. The Institute takes pleasure in transmitting herewith inclosure (A) in accordance with reference (a).

2. A copy of this letter should be placed in subject man's file, and proper notations made in his Service Record and Continuous Service Certificate in accordance with reference (b).

J. S. ROSENTHAL,
By direction.

R.B.
Copy to:
Headquarters
File

73-701

73

New York, New York,
2 March, 1942.

U.S. COAST GUARD (20)
RECD MAR 4 - 1942

From: Senior Coast Guard Officer, THIRD NAVAL DISTRICT.
To: Commanding Officer, FIRE ISLAND STATION.

Subject: PAYNE, Shelbert R. (224-016), Cox.(Pro); advancement in rating; authority for.

Reference: (a) Article 561 (2), Regulations.

Inclosure: (A) Report of examination.

1. Upon receipt hereof, you are authorized to advance the subject named man to the rating of Boatswain's Mate Second Class, (provisional), citing this letter as authority therefor.

2. Inclosure (A) is forwarded herewith, for reporting this change to Headquarters.

P. E. SHAW,
By direction.

Headquarters

U. S. COAST GUARD (16)

RECD NOV 28 1941

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

FIRE ISLAND STATION
Unit Fire Is. Lt. Station Place Bay Shore, N. Y. Date 25 November, 1941.

PAYNE, Shelbert R. (Surname, first name, and middle initial) 224-016 (Service number) Cox.(Pro). (Rating)

ENTER CHANGE BELOW

1030 25 NOVEMBER, 1941: Subject man reported (Fire Island Light Station) FIRE ISLAND STATION on transfer from (CGC-520) FIRE ISLAND STATION.

Disciplinary action:

Authority: COMNYDIST/letter, 10-4-40 (020-601).

John W. Midgett
JOHN W. MIDGETT, GBM.
(Signature)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					NOTED W.T.S.

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

U. S. COAST GUARD
RECD NOV 28 1941

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

FIRE ISLAND STATION
Unit (CGC-520) Place Bay Shore, N. Y. Date 25 November, 1941.

PAYNE, Shelbert R. (Surname, first name, and middle initial) 224-016 (Service number) Cox.(Pro). (Rating)

ENTER CHANGE BELOW

1000 25 NOVEMBER, 1941: Subject man departed (CGC-520) FIRE ISLAND STATION on transfer to (Fire Island Light Station) FIRE ISLAND STATION.

Disciplinary action:

Authority: COMNYDIST/letter, 10-4-40 (020-601).

John W. Midgett
JOHN W. MIDGETT, CBM.
(Signature)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					NOTED W.P.S.

U. S. GOVERNMENT PRINTING OFFICE: 1921 2—13272

U. S. COAST GUARD (9)

REC'D AUG 11 1941

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit (BUOY BOAT 520 / FIRE ISLAND STA) Place Bay Shore, N. Y. Date 1 August, 1941.

PAYNE, Shelbert R. (Surname, first name, and middle initial) 224-016 (Service number) Coxswain (Rating) (Pro)

ENTER CHANGE BELOW

1 AUGUST, 1941: Advanced in rating from seaman, first class to Coxswain. (Pro)

020 to 059-6

Disciplinary action:

Authority: DcL. 7-30-41 (73-701).

John W. Midgett

JOHN W. MIDGETT, C.B.M.
(Signature)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					

U. S. GOVERNMENT PRINTING OFFICE: 1941 2—13272

U. S. COAST GUARD (9)
REC'D AUG 11 1941

REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

SHIP OR STATION CG-520 (FIRE ISLAND STATION)

PLACE Bay Shore, New York.

DATE 22 July, 1941.

PAYNE, Shelbert R. (224-016)
(Name)

Sea.1c.
(Rating)

was examined this day for the rating of Coxswain. 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. The candidate will be examined in the prescribed subjects together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, or Chief Yeoman, 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. 6001, (a) to (m), Personnel Instructions.	3.1	Art. 6006 1. (a) to (j) Personnel Instructions.	3.3

Has completed one year and ten months Coast Guard service.
Seven months of the above being sea duty.
Advanced to Sea.1c., 5 May, 1940 (FIRE ISLAND STATION).

Average marks 3.2

P. H. SIMPSON, Chief Boatswain (L).
(Signature and rank of member)

Approved 22 July, 1941.
(Date)

JOHN W. MIDGETT, CBM.
(Signature and rank of member)

P. H. SIMPSON, Chief Boatswain (L).
(Signature and rank of commanding officer)

16—14373 U. S. GOVERNMENT PRINTING OFFICE

73-701

73

FILE
L.D.A.

U. S. COAST GUARD (P)
RECD AUG 1 - 1941

New York, N.Y.
30 July, 1941.

From: Commander, New York District.
To: Commanding Officer, FIRE ISLAND STATION.

Subject: PAYNE, Shelbert R. (224-016) Sea.1c.; advancement in rating; authority.

Reference: (a) Article 561(2), Regulations.

Inclosure: (A) Original Form 2509, in case of subject-named man.

1. Upon receipt hereof, you are authorized to advance subject-named man to coxswain (provisional), citing this letter as authority therefor.

2. Inclosure (A) is attached herewith for your use in reporting this change to Headquarters.

P. E. SHAW,
By direction.

Copy to:
Headquarters.
Personnel.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
RECD JUN 6 1941

PAYNE, Shelbert R. (Name, surname first) | 224-016 (Service number) | Sea.1c. (Rank or rating) | Fire Is. LB Sta. (Unit)

FILE C.M.

*~~REGULAR~~
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Bay Shore, New York, Date 30 May, 1941.

To: Dr. H.R. Barringer,
(Coast Guard unit)
Bay Shore, New York
(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
Indigestion (Gastric)	0823	5-30-41.	5-30-41

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.}

H. R. Barringer
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

...522
...EPARTMENT
...AST GUARD
...March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

..., Shelbert R. (Name, surname first) | 224-016 (Service number) | Sea. 1c. (Rank or rating) | Fire Is. LB Sta. (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 Bay Shore, New York, Date 30 May, 19 41.

To: Dr. H.R. Barringer,
Bay Shore, New York.

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 Fire Island Lifeboat Station, Bay Shore, New York.

Shelbert R. Payne
Shelbert R. Payne
(Signature of patient)

John W. Midgett
John W. Midgett, CBM.
Officer in Charge.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Bay Shore, Ny., Date 30 May, 1941.

I CERTIFY that I have examined the above-named person and find him suffering from 0823
Indigestion (Gastric) Diaphragm Food at night.
(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 Bay Shore, Ny. Patients home {*~~hospital~~ / *office} on 30 May, 1941.

H. R. Barringer
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)

RR _____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

A.B.C. (Dtor Office)

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

U. S. COAST GUARD REC'D MAY 7 1941

File

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Station (Unit) — Bay Shore, N. Y. (Place)

5 May, 1941 (Date)

FROM: PAYNE, Shelbert R. (224-016) Sea. 1c.

TO: COMMANDANT (via Commanding Officer, Fire Island Station.

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:

Elinor Frances Payne (Full name of wife; if not married, so state)	56 Second Ave., Bay Shore, N. Y. (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:

Allen Lee Payne (Full name of relative)	Mother (Relationship)	56 Second Ave., Bay Shore, N. Y. (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:

Robert Moran Payne (Full name of relative)	Father (Relationship)	56 Second Ave., Bay Shore, N. Y. (Address of relative)

Potential
(State briefly wherein dependency exists)

WITNESSED BY: John W. Midgett
JOHN W. MIDGETT,
Rank C.B.M.

SIGNED: Shelbert R. Payne
Shelbert R. Payne
Rank or Rating Sea. 1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

See Smith

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
REC'D NOV 15 1940

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Fire Island Sta. Place Bay Shore, N.Y. Date 12 November, 193x 40

PAYNE Shelbert R. (224-016) Sea.1c.
(Surname, first name, and middle initial) (Service number) (Rating)

ENTER CHANGE BELOW

1300, 12 November, 1940: Assigned to temporary duty on board Buoy boat, CG-520 as relief for man on leave.

Entitled to a subsistance allowance of $1.20 per day while assigned this duty.

Disciplinary action:

Authority: Verbal orders, Commanding Officer Fire Island Station.

P.H. Simpson, Ch. Boat. (L).
(Signature)

Commanding Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

73

U. S. COAST GUARD 3

REC'D AUG 2 - 1940 By

U. S. COAST GUARD
RECEIVED
JUL 31 1940
NEW YORK DISTRICT

73
FILE

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Fire Island Lifeboat
COAST GUARD STATION

New York
DISTRICT

Bay Shore, N. Y.
(POST OFFICE ADDRESS)

29 July, 1940.

From: Officer in Charge, Fire Island Lifeboat Station.
To : Commander, New York District.

Subject: PAYNE, Shelbert R. (224-016) Sea. 1c: swimming test.

Reference: (a) Article 4181 (1), Personnel Instructions.

1. On 29 July, 1940, subject man qualified as a good swimmer by passing the following tests:

(a) Swam 100 yards, dove properly from the surface, and swam 50 yards on his back.
(b) Dove from the surface and brought up a seven pound weight from a depth of at least seven feet.
(c) Carried a supposedly drowning person of at least his own weight 20 yards.
(d) Jumped into the water with shoes, coat, and trousers on and removed these articles without touching bottom.

P. H. SIMPSON.

73
NEW YORK DISTRICT

First Indorsement

New York, N. Y.
1 August, 1940.

From: Commander, New York District.
To : Commandant.

1. Forwarded, for Headquarters' information and record.

P. E. SHAW,
By direction.

Form 2599
TREASURY DEPARTMENT
U. S. Coast Guard

NOV 3 1939

U. S. COAST GUARD
REC'D NOV 4 1939

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Fire Island Sta Place Bay Shore, N. Y. Date 2 November, 1939.

PAYNE, Shelbert R. (Surname, first name, and middle initial) 224-016 (Service number) AS. (Rating)

ENTER CHANGE BELOW

Arrived this unit at 2:15 p.m., this date, on temporary transfer from New York District.

Disciplinary action:

Authority: New York District letter, 2 November, 1939 (73-701).

P. H. Simpson
P. H. Simpson, Boatswain (L).
(Signature)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials				X	GM

PAYNE	Shelbert	R.	224-016	A.S.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

NEW YORK DISTRICT	New York, N.Y.	2 November, 1939
(Unit)	(Place)	(Date)

2200 November 1, 1939, reported from Coast Guard Depot, Curtis Bay, Md. for further assignment to duty.

1110 this date transferred to Rockaway Point Coast Guard Station (Staff Office, Bay Shore, N.Y.) for assignment to duty pending further orders.

AUTHORITY:

Art. 715 (2) Regs.

P. E. SHAW, (Commanding)
by direction

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

Headquarters

U. S. COAST GUARD

REC'D JAN 15 1940

Form 2599
TREASURY DEPARTMENT
U. S. Coast Guard

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Fire Island Sta. Place Bay Shore, N. Y. Date 9 January, 193 40.

PAYNE, Shelbert R. (Surname, first name, and middle initial) 224-016 (Service number) ~~xxxx~~ Sea.2c. (Rating)

ENTER CHANGE BELOW

Advanced to the rating of Seaman, second class, effective this date.

FILE M.B.

Disciplinary action:

Authority: Personnel bulletin 34-39, and New York District letter, 8 January, 1940 (73-701).

P. H. Simpson, Boatswain (L).
(Signature)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					EP

csd

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (2)
REC'D OCT 18 1939 By
AS ANS'D

PAYNE, Shelbert R.	224-016		Depot
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

~~REGULAR~~
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Sick Bay, Depot

Place Curtis Bay, Md., Date 11 October 193 9

FILED

To: Commandant, Depot
(Coast Guard unit)

Curtis Bay, Md.
(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 Inoculation (completed)	0122	9-27-39	10-11-39
Anti-Inoculation (Smallpox)	0119	9-27-39	9-27-39

U. S. COAST GUARD
REC'D OCT 18 1939 BY
MEDICAL SECTION

He {*is / ~~*is not~~} fit for duty. Remarks (Recommendations as to sick leave, further treatment, etc.):

Completed.

CONDUCT REPORT:

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

Harry G. Williams

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—863

730

730

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

RECRUITING OFFICE
NEW YORK

New York, N. Y.,
20 December, 1939.
Date

U. S. COAST GUARD
REC'D DEC 21 1939

From: Recruiting Officer, New York.
To: Commandant.

Subject: PAYNE, Shelbert Ruel (224-016) A.S.; submission of records received subsequent to enlistment.

Reference: (a) Alcoast 40.

Inclosures:
BIRTH CERTIFICATE
1. Report of ~~Previous Employment and Schooling~~ Schooling
2. ~~Two personal reference forms.~~
3. ~~Work reference form.~~
4. ~~Form 2670, Report of Police Record.~~
5. Character reference.

1. The inclosures, received subsequent to enlistment, are forwarded herewith in accordance with reference (a), to support the records previously submitted in this case.

R. W. Butcher.

RWB:PJ

Copy to:
File.

B. V. S. Form 15

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. —In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

1. PLACE OF BIRTH—
County Pasquotank Registration District No. 70-2497 Certificate No. 24
Township ____ or Village ____
City Elizabeth City No. 813 Penn. Ave. Extd. St. 1st Ward
(If birth occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME OF CHILD ____ If child is not yet named, make supplemental report, as directed

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Are parents married?	8. Date of birth (Month, day, year)
Boy					Yes	Feb. 6th 1921

FATHER	MOTHER
9. Full name: Robert M. Payne	18. Full maiden name: Allie Lee Basnight
10. Residence (usual place of abode) (If non-resident, give place and State): Eliz. City, N.C.	19. Residence (usual place of abode) (If non-resident, give place and State): Eliz. City, N.C.
11. Color or race: White; 12. Age at last birthday: 28 (years)	20. Color or race: White; 21. Age at last birthday: 21 (Years)
13. Birthplace (city or place) (State or country): Dare County, N.C.	22. Birthplace (city or place) (State or country): Dare County, N. C.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HWK.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
16. Date (month and year) last engaged in this work: ____, 19__; 17. Total time (years) spent in this work: ____	25. Date (month and year) last engaged in this work: ____, 19__; 26. Total time (years) spent in this work: ____

27. Number of children of this mother (at time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 A m. on the date above stated.

{WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSEHOLDER, ETC., SHOULD MAKE THIS RETURN.}

(Signed) R. L. Kendrick, M. D.
or ____, Midwife
Address Elizabeth City, N. C.

Given name added from a supplemental report ____ (Date of)

Filed ____, 19__ C.B. Williams
REGISTRAR.
Elizabeth City, N. C.

REGISTRAR.

STATE OF NORTH CAROLINA,
COUNTY OF PASQUOTANK. } OFFICE OF THE REGISTER OF DEEDS

I, J. C. Spence, Register of Deeds of Pasquotank County, North Carolina, do hereby certify that the Records of Vital Statistics of aforesaid County are kept in my said Office and that I am the legal Custodian of the same; that the foregoing (or annexed) instrument is a true and correct copy of the certificate of Birth of Son of Robert M. Payne and Allie Lee Basnight Payne as the same appears of record and on file in my Office on Page 293, Volume #8, of Births in Elizabeth City Township, Pasquotank County, N. C.

Witness my hand and Official Seal, this the 25th day of September, 1939.

J. C. Spence
Register of Deeds,
Pasquotank County,
North Carolina.

REPORT OF PREVIOUS EMPLOYMENT AND SCHOOLING

U.S. COAST GUARD RECEIVED OCT 9 - 1939 RECRUITING OFFICE, NEW YORK, N. Y.

Coast Guard Recruiting Station _____ (Place)

_____ (Date)

From: U. S. Recruiting Officer at
To: (Name) **Public School** (Address) **Stumpy Point, N.C.**

_____ (place) _____

(as)
(in grade) _____

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information accurately.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly confidential. A franked envelope is inclosed for your reply so that you may give thematter immediate attention.

R.W. Butcher
R.W. Butcher, Ch. Boatswain, U.S.C.G.
(Recruiting Officer)

Name of applicant **PAINE, Shelbert, R. Elizabeth City, N.C.**
(Filled in by Recruiting Officer)

Are you related to the applicant? no

Was the applicant ever in your (~~employ~~) (charge)			
	Yes		from 1937 to 1938 as pupil

What was his (~~weekly wage~~)
(scholastic record) Good

Why did he (leave)
(quit) Moved

CHECK ONE

How do you rate his:	Good	Average	Poor
Trustworthiness.....			
General Intelligence.....			
Ability.....			
His skill as a.....			

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so state particulars..... no .....

.....

.....

(Over)

What was his reputation and standing when in your (employ)
(charge)

Good

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars no

The above statement and answers are in my own handwriting. (~~have been dictated, ndcarefully read by me~~).

NOTE:- If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

A. L. Mercer
(SIGNATURE OF REFERENCE)

Oct. 3, 1939
(DATE)

Stumpy Point, N. C.
(ADDRESS)

I can't find any record of this applicant.

Edgar E. Bundy
Superintendent Elizabeth City High School

Mr. Bundy,

I do not have any record on this applicant. Since he is from Elizabeth City perhaps he attended your school.

Atkinson

REPORT OF PREVIOUS EMPLOYMENT AND SCHOOLING

U.S. COAST GUARD RECEIVED OCT 9 - 1939 RECRUITING OFFICE NEW YORK, N. Y.

Coast Guard Recruiting Station NEW YORK, N.Y.
(Place)

not at address given

27. Sept. 1939
(Date)

From: U. S. Recruiting Officer at New York City, N.Y.
To: (Name) Public School (Address) Monteo, N.C.

(place)

(as)
(in grade)

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information accurately.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly confidential. A franked envelope is inclosed for your reply so that you may give thematter immediate attention.

R. W. Butcher, Ch. Boatswain, U.S.C.G.
(Recruiting Officer)

Name of applicant PAYNE, Sherbert R. Elizabeth City, N.C.
(Filled in by Recruiting Officer)

Are you related to the applicant?

Was the applicant ever in your (~~employ~~) (charge)

		from	to
		as	

What was his (~~weekly wage~~) (scholastic record)

Why did he (leave) (quit)

CHECK ONE

How do you rate his:	Good	Average	Poor
Trustworthiness.....			
General Intelligence.....			
Ability.....			
His skill as a.....			

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so state particulars.....

.....

....

(Over)

U.S. COAST GUARD
RECEIVED
OCT 3 - 1939
RECRUITING OFFICE,
NEW YORK, N. Y.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

NEW YORK, N.Y.

PAYNE, Shelbert R. has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

R. W. Butcher, Ch. Boatswain, U.S.C.G.
Recruiting Officer.

1. How long have you known the applicant? Since birth
2. What is his general reputation in the community. Good
3. Is he industrious? Yes
4. Is he trustworthy? Yes
5. Is he married? No
6. What are his usual habits as regards to sticking to his job? good
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? No.
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? Never
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member?
10. Are you related to the applicant? No.

I believe he is one of the finest boys and will be worthy of any position he asks.

George M. Rice
(SIGNATURE)

(STREET OR BOX NUMBER)

Stumpy Point N.C.
(CITY) (STATE)

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

U. S. COAST GUARD (9)
REC'D SEP 27 1939 By
ANS.

REPORT OF CHANGE IN PERSONNEL

PAYNE (Surname)	Shelbert (First name)	R. (Middle initial)	221-016 (Service No.)	A.S. (Rank or rating)
DEPOT (Unit)	Curtis Bay, Maryland (Place)	25 September, 1939 (Date)		

1800 this date reported from New York District for assignmen t to duty

AUTHORITY: HI 9/19/39 (P701-702).
HD 7021-1516, Sept., 1939

C. R. MacLean
C. R. MacLEAN
(Commanding)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
		X	EP

U. S. GOVERNMENT PRINTING OFFICE 0 10935

U. S. COAST GUARD (2)
REC'D SEP 27 1939 By
ANS'D

REPORT OF CHANGE IN PERSONNEL

PAYNE	SHELBERT	RUEL	224-016	A.S.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

RECRUITING OFFICE NEW YORK	NEW YORK, N.Y.	25 September, 1939
(Unit)	(Place)	(Date)

Enl. this date for three (3) yrs S.T.E. and tr 1245 to DEPOT for assignment.

Not carried for pay.

Entitled to clothing bounty $108.40.

PAFE - New York, N.Y.

No previous service.

AUTHORITY: H/L 19 Sept. 1939 (P-701-702)
NYD/L 22 Sept. 1939 (73-701-531)

R.W. Butcher, Chief Bos'n
R.W. BUTCHER, (Commanding)

Recruiting Officer, New York.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
		X	X

U. S. GOVERNMENT PRINTING OFFICE 10935

E.P.

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

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

Name PAYNE, Shelbert R. Service Number
(Surname first)

Age: Years 18 Months 7 Color White.

For: Special Temporary Enlistement.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating A.S.

Place New York, N.Y. Date 9-21-39

Personal Medical History NEG.

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

Color blind? NO. Test used I.P.

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

Eyes, eyelids, and reflexes OK.

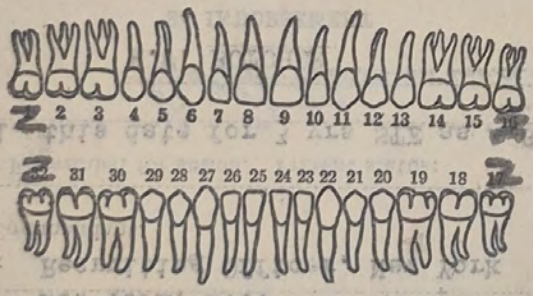
Ears: Right OK. Left OK.
(Condition of drum, discharge, etc.)

Head, face, and neck OK.

Mouth, nose, and throat OK.

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

(Right Side)



Gums OK. Temperature 37°

Height 70 inches. Weight (stripped) 156 Lbs. Obesity NONE

Skin OK.

Lymph. glands OK.

Chest: Inspiration 39 Expiration 34

Heart and blood vessels OK.

Blood pressure: Systolic 130 Diastolic 70

Pulse before exercise 84, after exercise 120, after 2 min. 84

Lungs OK.

Abdomen and pelvis OK.

Genito-urinary organs OK.

Spine and extremities OK.

Nervous and mental conditions OK.

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia 0 Sp. Gr. 1.027

Blood cells 0 Pus cells 0 Casts 0

Blood (if indicated) Hb 0 %. Reds 0 Whites 0

Wassermann or Kahn test: Date 9-21-39 Result NEG.

2—16141

NOTED
W.P.S.

REMARKS: .....

.....

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that PAYNE, Shelbert R.

He is physically qualified for ..... S.E.E. .....
(Enlistment, appointment, promotion)

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

~~He is not physically qualified for~~ .....

~~account of~~ .....

.....

F. D. Sheurn
Surgeon, U.S. Public Health Service.

A.A.

1st INDORSEMENT

25 September, 1939
(Date)

Place New York, N.Y.

From: Recruiting Officer, New York

To: Commandant.

.....

1. Forwarded for action. Present status:

Enl. this date for 3 yrs STE as A.S.

.....

Commanding—Dist. Comdr.-Off. in Chg.
R.W. BUTCHER

2d INDORSEMENT

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

SEP 27 1939
(Date)

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

.....

.....

.....

By direction of the Surgeon General:

.....
Medical Director, U.S. Public Health Serv

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

.....
(Date)

From: Commandant.

To:

1.

.....

Insert this copy in health record.

By direction.

EDUCATION AND SPECIAL QUALIFICATIONS

NOTE: This form to be filled out by enlisted men upon original entry into the Coast Guard and forwarded to Headquarters with enlistment papers.

PAYNE, Shelbert Ruel — Name
224-016 — Service No.
A.S. — Rating

EDUCATION (a) Grammar School: Graduate
Indicate here highest grade completed

(b) High School: 5 Mo.
Indicate number of years attended

(c) College:
Indicate years attended - name and address of college

Degress, if any attained, and special or scientific course pursued and completed.

EXPERIENCE: Indicate in parenthesis after each of the following the number of years served at each.

Aviation rigger	( )	Aviation mechanic	( )
Accountant	( )	Book-keeper	( )
Carpenter	( )	Cabinet Maker	( )
Drafting	( )	Dentist	( )
Electrician (general)	(XX)	Electrician (telephone)	( )
Engraver	( )	Engineer (Steam)	( )
Engineer (Diesel)	( )	Lathe Operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (General)	( )
Photographer (aviation)	( )	Pattern Maker	( )
Plumber and Fitter	( )	Secretary	( )
Sign-Painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone Linesman	( )	Telegrapher	( )
Welder	( )		

Set forth briefly, yet succinctly, any previous experience or training not covered above. Also set forth such remarks as will indicate more fully the experience you have had in trades which you have folllwed as well as such remarks you desire to make regarding education and courses pursued:

Charles Goulden (Yacht) as Seaman for 3 Mo. Approx.

REVERSE SIDE OF FORM MAY BE USED IF REQUIRED

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. Coast Guard

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, New York, N.Y.
(Place)

19 September, 1939.
(Date)

To ~~Chief of~~ State Police, Bay Shore, New York.

Dear Sir:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard, and it is requested that you fill in the following from the records of your office:

Sherbert Ruel Payne
Sherbert Ruel Payne. ?
(Name of applicant)

18 yrs. 7 mo.	70 "	159	White.
(Age)	(Height)	(Weight)	(Color)

Has the above-named man, from the records of your office, been in: (1) Reform school? No (2) Jail? No (3) Penitentiary? No

(4) Convicted of crime? No (5) Arrested for any offense? No

To your knowledge is he married or single? Unknown

P. W. Butcher, Ch. Boatswain, U.S.C.G.
Recruiting Officer.

(Date)

To Recruiting Officer,

The above information is submitted from the records of this office.

Unable to check further without home address of subject.

Sgt E. L. Tappey
N.Y. State ~~Chief of~~ Police.

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

LEFT HAND

Plain impression of the four fingers taken simultaneously and of the thumb.



RIGHT HAND

Plain impression of the four fingers taken simultaneously and of the thumb.



INSTRUCTIONS

is side of the service record is for all official and unofficial correspondence concerning the individual, such Transfer Orders, official requests, personal documents, i. e., Discharge Certificates, Training Course rtificates, original of Citations or Commendations, etc.

oon separation from the Coast Guard, all personal documents should be removed and returned to the dividual concerned. Obtain a receipt for papers so delivered and file with the remaining correspondence in e service record.

liminate correspondence which has served its purpose and arrange remaining papers in chronological der, latest dated papers on top. Forward with closed-out service record to Commandant (PE).

dentification Card No. 186092 Blood Type - "O" pos.

CONTENTS CHECKED FOR ACCURACY

(REQUIRED: 1. WHEN REPORTING ABOARD. 2. WHEN TRANSFERRED. 3. ON DISCHARGE OR RETIREMENT)

DATE	STATION	BY (NAME AND GRADE)	INITIALS
			W.[illegible]

ENLISTED PERSONNEL DATA CARD

1. NAME: LAST PAYNE, FIRST Shelbert INITIAL R.
2. SERVICE NO. 224-016
3. RATE DCC
4. PRESENT UNIT CG Base 3 NY
5. DATE ENLISTED 20 DEC 57
6. TERM ENL/EXT. Three
7. DATE EXP. ENL/EXT. 19 DEC 60
8. ACTIVE DUTY DATE
9. TERM REQ. ACT. DUTY Reenlisted
10. EXPECTED RELEASE DATE
11. DATE PREPARED 20 DEC 57
12. DATE OF BIRTH 2-6-[illegible]
13. RACE Cau
14. NO. DEPENDENTS four
15. LOCATION OF DEPENDENTS Bay Shore, LINY
16. HOME OF RECORD Bay Shore
17. PFWOAD
18. LEGAL RES. LINY
19. CIVILIAN EDUCATION HS2
20. LANGUAGE QUALIFICATIONS None
21. CIVILIAN OCCUPATION
22. SPECIAL SKILLS, LICENSES, ETC. None
23. TEST SCORES
GCT 49 MA 71 EK 69 CA 53
AR 52 READ 49 MK 61 SP 46 PI UNK
24. EXPERIENCE (*Months*)
WITHIN CLUS: ASHORE _____ AFLOAT _____
OUTSIDE CLUS: ASHORE _____ AFLOAT _____
25. SERVICE PRIOR TO THIS ENLISTMENT
a. BRANCH USCG
b. ACTIVE SERVICE 18 YRS. 02 MOS. 25 DAYS
c. OTHER SERVICE 00 YRS. 00 MOS. 00 DAYS
d. TOTAL NET SERVICE FOR PAY 18 YRS. 02 MOS. 25 DAYS
26. SERVICE FOR BASIC PAY 18 COMP. 18 YRS. ON 24 SEP 57
27. SERVICE FOR RETIREMENT COMP. 18 YRS. ON 24 SEP 57
28. OFF DUTY TRAINING None
29. SERVICE SCHOOLS COMPLETED None
30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
DCC	PERM.	12-1-53

31. REMARKS None
32. RPTD DIST. 4 NR
33. RPTD UNIT 9-2-58

CG-3291 (3-52)

1. NAME: LAST PAYNE, FIRST Shelbert INITIAL R. 2. SERVICE NO. 224-016 3. RATE DCC 4. PRESENT UNIT CG Base 3 NY

GPO 10-66506-1

REMINGTON RAND INC., U U S 391-14036—'52

PAYNE, Shelbert Ruel
(NAME)

224-016
(SERVICE NUMBER)

MARITAL STATUS M
NUMBER OF DEPENDENTS 5

Pt-82

Other creditable service— YRS. MOS. DAYS

Birth, date of 6 February, 1921
Birth, place of Elizabeth City, N. C.
Citizenship N

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
SASSAFRAS (03)	5-26-49	DC1				CR
CGC SASSAFRAS (03)	12-20-51	DC1				HD, EE
CGC SASSAFRAS (03)	12-21-51	DC1				REENL FOR PRD OF 6 YEARS.
CGC SASSAFRAS (03)	2-16-52	DCC(P)				CR
CGC SASSAFRAS (03)	11-1-49	DCC(P)				TR
BASE, ST. GEORGE (03)	12-1-53	DCC				CR
BASE, ST. GEO (03)						
CGC SASSAFRAS (03)	11-1-49	DC1				TR
BASE ST. GEORGE (03)	2-16-52	DCC(P)				CR
BASE ST. GEORGE (03)	12-1-53	DCC				Rate made perm
BASE ST. GEORGE (03)	1-24-55	DCC				TR
CGC MACKINAC (03)	9-2-56	DCC				TR
BASE ST GEORGE([redacted])(03)	10-1-59	DCC				PLACED ON 20YR RETIRED LSTT

ABSTRACT OF SERVICE—ENLISTED PERSONNEL GPO 16—50524-1 TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2996 (8-48)

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commandant
U. S. Coast Guard
Headquarters
Washington, D. C.

PTP-2
P11-1/AC
10 April 1959

From: Commandant
To:
Via:

Subj:

1. Subject man participated in the United States Coast Guard Academy entrance examination on 24 and 25 February 1959.

2. It is requested that the enclosed letter be delivered to him.

M. A. McAGHON
By direction

Encl: (1)

Treasury Department
U. S. Coast Guard
X C. G. 9545
Revised Sept. 1941

(2)

PAYNE, Shelbert Ruel
(NAME)

224-016
(SERVICE NUMBER)

SINGLE
MARRIED X
WIDOWED
DIVORCED

Other creditable service— YRS. MOS. DAYS

Birth, date of 6 February, 1921
Birth, place of Elizabeth City, N.C.
Citizenship N

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
Transport Div (05)	11-4-46	BMic				To Fireboat Kate
Transport Div (03)	4-2-48	BMi				CK PC 36-47
Sassafras (03)	12-4-48	BMi				To HD Exp of Enl
C&GC SASSAFRAS (03)	12-20-48	BMi				Re 3yrs Regular
C&GC SASSAFRAS (03)	12-21-48	BMi				

DIEBOLD 2116-787 16—11203

...DEPARTMENT
COAST GUARD
Revised April 1938

REGISTER ENLISTED FORCE

Other creditable service—

YRS.	MOS.	DAYS

9—8095

PAYNE, Shelbert Ruel - 224-016

DUE FOR INOCULATION
DUE FOR VACCINATION

SINGLE X
MARRIED
WIDOWED
DIVORCED

Birth, date of February 6, 1921.
Birth, place of Elizabeth City, N. C.
Citizenship N.

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
...CGRO: NEW YORK						
...ACCEPTED: NEW YORK	9-25-39	A.S.			11	SPECIAL TEMPORARY ORIG ENL THREE YRS ALTD
...DEPOT	9-25-39	A.S.				Tr. HL. 9-19-39
...ISLAND (NYD)(T)	11-2-39	A.S.				Tr. HL 10-27-39
...ISLAND (NYD)(T)	1-9-40	Sea.2c.				Cr. Pers. Bulletin 34-39
...ISLAND (NYD)(T)	5-17-40	Sea.1c.				Cr. Pers. Bulletin 2-40
...ISLAND (NYD)(T)	8-1-41	Cox.(Pro)				CR
...ISLAND STA(NYD)	3-3-42	B.M.2c.(Pro)				CR Conf. Ltr.
...SHORE STA(NYD)		B.M.2c(Pro)				Re-organization.
...SHORE STA(NYD)	11-11-42	B.M.1c(Pro) Note Made Perm ALCOAST 143-43				CR — Fire Det. Lt. Sta.
...STHAMPTON INF 03	4-23-45	B.M.1c.				TR.
...y Shore Pr (2)	5-8-45	B.M.1c				TR. Fire Det. Light Sta.
...Base Shore Pty (23)	9-25-45	B.M.1c				Ext. Old Dom
...Base Shore Group (2)	12-18-45	B.M.1c	6	2	24	HD
...Base Shore Group	12-19-45	B.M.1c (1MP)		1	1946	Re. 3 yrs. Reg. 12-2-45
...Support Group (23)	10-1-46	B.M.1c				Dis. to 6 OOAP

ENLISTED PERSONNEL DATA CARD

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
PAYNE	Shelbert	R.	224-016	DCC(P)	CG Base, SINY

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
12-21-51	(6)	~~12-20-57~~ 12-19-60				6-9-52

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
2-6-21	CAU	W3DCM	Bay Shore, N.Y.	Bay Shore, N.Y.		New York

19. CIVILIAN EDUCATION: HS2½

20. LANGUAGE QUALIFICATIONS: NONE

21. CIVILIAN OCCUPATION: NONE

22. SPECIAL SKILLS, LICENSES, ETC.: NONE

CODING SPACE

23. TEST SCORES: CA 53; GCT 49; MA 71; EK 69; SP 46; AR 45; READ 49; MK 61; PI

24. EXPERIENCE (*Months*): WITHIN CLUS: ASHORE ~~133~~ 133; AFLOAT 38; OUTSIDE CLUS: ASHORE; AFLOAT

25. SERVICE PRIOR TO THIS ENLISTMENT

a. BRANCH USCG

b. ACTIVE SERVICE: 12 YRS. 2 MOS. 25 DAYS

c. OTHER SERVICE: 0 YRS. 0 MOS. 0 DAYS

d. TOTAL NET SERVICE FOR PAY: 12 YRS. 2 MOS. 25 DAYS

28. OFF DUTY TRAINING

29. SERVICE SCHOOLS COMPLETED

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
DCC	PERM.	12-1-53

31. REMARKS: NONE

26. SERVICE FOR BASIC PAY: COMP. 12 YRS. ON 9-22-57 (20 9-24-39)

27. SERVICE FOR RETIREMENT: COMP. 12 YRS. ON 9-22-57 (19)

32. RPTD DIST. 12-21-51

33. RPTD UNIT 4-9-57

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
PAYNE	Shelbert	R.	224-016	DCC(P)	MACO SINY

GPO 16—66506-1

L16-6
19 November 1957

Commanding Officer
CG BASE, St. George
Staten Island, New York

From: PAYNE, Shelbert R. (22h-016) DCC, USCG
To: Commandant (PS)

Via: (1) Commanding Officer, CG BASE, St. George, SINY
(2) Commander, THIRD Coast Guard District (p)

Subj: Change of allotment BAQ; request for

Ref: (a) 2B01034 (2) (b) (3) Comptroller Manual

1. Under the provisions of reference (a), it is requested that my allotment of basic allowance for quarters be made payable to Allie Grick, my mother in lieu of Elinor F. Payne, wife.

2. It is requested Commandant (PS) give consideration to waiving the requirements for support of wife, Elinor F. Payne, who was residing at 100 New Hampshire Avenue, Bay Shore, New York, deserted her home and children, without cause, on 7 November 1957, and hasn't returned or contacted home since that date. Her address is unknown at present.

3. My mother, Allie L. Grick, now has temporary custody of my three children, Shelbert J. Payne (age 16), Robert L. Payne (age 12) and Ronald M. Payne (age 6) and is presently residing at my home 100 New Hampshire Avenue, Bay Shore, New York.

4. I am now in the process of instituting legal proceedings to obtain a divorce from Elinor F. Payne.

5. Enclosed herewith is an affidavit executed by members of my family who know the facts involved in this case.

Shelbert R. Payne

Encl: (1) Affidavit dtd Nov 16, 1957

L16-6
20 November 1957

FIRST ENDORSEMENT on PAYNE's L16-6 letter of 19 November 1957

From: Commanding Officer, CG BASE, St. George, SINY
To: Commandant (PS)
Via: Commander, THIRD Coast Guard District (p)

Subj: Change of allotment BAQ; request for

1. Forwarded, recommending approval.

2. Inquiry into the matter by this unit indicates that the statements made in basic letter are correct.

A. C. UNGER

CG-2511A
Form approved by
Comptroller General, U.S.
January 31, 1941

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG BASE, ST.GEORGE, STATEN ISLAND, NEW YORK
(Unit)

PAYNE, Shelbert Ryel
(Name in full—surname to the left)

20 December, 1951
(Date)

224-016
(Service number)

DC1
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	48	12	21			
Enlistment extended (for ____ years from)						
Date of discharge (HONORABLE) (Character of discharge)	51	12	20			
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		

Paid $ 360- Reen. ~~Allow.~~ BONUS on 12/21/51 by PAUL D. BANNING, CDO, Symbol No. 1375 on Vo. No. 403-2442, Pay Roll No. 03-PR-285

H. T. DOHERTY
AUTHORIZED CERTIFYING OFFICER

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.

W. E. EHRMAN

Date 20 December, 1951 (Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

REENLISTMENT OR ~~EXTENSION OF ENLISTMENT~~

Date 21 December, 1951

CG BASE, ST. GEORGE, STATEN ISLAND, N.Y.
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or ~~voluntarily extended his enlistment~~)

a period of SIX (6) years from this date.

W. E. EHRMAN

(Rank) Lieutenant Commander, U. S. C. G.
Executive *Commanding officer.*

GPO DSO 3-271

Service Record B

CG-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 BASE

10 March, 1950

From: Commandant. CO, CG. BASE, St. George, SINY

To: Pay Officer, 3rd CG District.

SUBJECT: PAYNE, Shelbert R. (224-016) DC1 DCC

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—
U. S. C. G.							
9-25-39							
Enl. Ext. 3 years from							
9-25-42	12-18-45 HD	None		None		None	
12-19-45	12-20-48 HD	None		None		None	
12-21-48	12-20-51 HD	NONE		NONE		NONE	
12-21-51 Now serving							

Completed ten (10) years service for longevity on of 9-24-49.

W. H. Moulton
W. H. MOULTON, ICDR
By direction.

CG-2511 (Revised)
Form approved by Comptroller General, U.S.
February 25, 1938

U.S. COAST GUARD
RECEIVED
MAR - 9 1950
PERSONNEL OFFICE
NEW YORK, N. Y.

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-10)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS
WASHINGTON

6 March, 1950

RECEIVED
MAR 9 1950
COMMANDER
THIRD C. G. DISTRICT

From: Commandant.

To: Commanding Officer, CG Base, St.George, Staten Island, N.Y.
Via: Commander, Third Coast Guard District (pmp)
SUBJECT: PAYNE, Shelbert R (224-016) DCl
Ref: CGC SASSAFRAS letter dated 19 October, 1949
Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

RECEIVED
MAR 10 9 08 AM
N.Y. COAST GUARD
DISTRICT CENTER
ST GEORGE, S.I.

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—
9-25-39							
Enl Ext 3	years from						
9-25-42	12-18-45 H D	None		None		None	
12-19-45	12-20-48 H D	None		None		None	
12-21-48							
Now serving							

B. A. Shaw
B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

U. S. COAST GUARD BASE
St. George, Staten Island, N. Y.

Date: 20 December 1957

I, the undersigned, hereby acknowledge that Articles 2, 3, 7 thru 15, 25, 27, 31, 37, 38, 55, 77 thru 134, 137, 138 and 139 of the UNIFORM CODE OF MILITARY JUSTICE have been fully explained to me in accordance with Article 137, UCMJ, under one of the following conditions (Check which one):

(a) Original enlistment in USCG

(b) Re-enlistment in USCG

(c) Recall to active duty from a reserve component

(d) Completion of six (6) months active duty

Shelbert R. Payne
SHELBERT RUEL PAYNE
Signature

224-016
Serial Number

DCC
Rating

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: PAYNE, Shelbert Ruel
2. SERVICE NUMBER: 224-016
3a. GRADE, RATE OR RANK: DCC
b. DATE OF RANK (Day, Month, Year): 1 DECEMBER 1953
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: TREASURY - USCG
5. PLACE OF BIRTH (City and State or Country): Elizabeth City, North Carolina
6. DATE OF BIRTH: DAY 6 MONTH FEB YEAR 1921
7a. RACE: Caucasian
b. SEX: Male
c. COLOR HAIR: Brown
d. COLOR EYES: Blue
e. HEIGHT: 6'0"
f. WEIGHT: 195
8. U.S. CITIZEN: [X] YES [ ] NO
9. MARITAL STATUS: Married
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: High School - 2 Years
b. MAJOR COURSE OR FIELD: Academic

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: Discharge
b. STATION OR INSTALLATION AT WHICH EFFECTED: USCG BASE, St. George, Staten Island, New York
c. REASON AND AUTHORITY: Code - 202, Expiration of term of enlistment. Section 12-3-42 Coast Guard Regulations.
d. EFFECTIVE DATE: DAY 19 MONTH DEC YEAR 1957
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: USCG BASE, St. George, Staten Island, N.Y.
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: DD-256-CG

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: Not Available
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: Not Available
16. DATE INDUCTED: DAY -- MONTH --- YEAR --
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: Not Applicable

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY / MONTH / YEAR: Not Applicable
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [X] REENLISTED [ ] OTHER:
b. TERM OF SERVICE (Years): Six
c. DATE OF ENTRY: DAY 21 MONTH DEC YEAR 1951
20. PRIOR REGULAR ENLISTMENTS: Four
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: DC1
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Staten Island, New York
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): 68 West Union Street, Bay Shore Nassau, New York
24. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	05	11	29
	(2) OTHER SERVICE	12	02	26
	(3) TOTAL (Line (1) + line (2))	18	02	25
b. TOTAL ACTIVE SERVICE		18	02	25
c. FOREIGN AND/OR SEA SERVICE		01	07	09

25a. SPECIALTY NUMBER AND TITLE: ---
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: ---
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: National Defense Service Medal.
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): None
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE (a)	DATES (From - To) (b)	MAJOR COURSES (c)
---NONE---	---NONE---	---NONE---

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NONE

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE: [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: Not Applicable
c. MONTH ALLOTMENT DISCONTINUED: Not Applicable
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type): "Education and Training"
c. 16 625 282

AUTHENTICATION

32. Entitled to receive $100.00 MOP under the MOP act of 1952. Previously paid $200.00 under the MOP Act of 1952. Reenlisted in the U. S. Coast Guard 20 December 1957 at USCG BASE, St. George, Staten Island, New York.
33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): 199 New Hampshire Ave, Bay Shore, New York
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Shelbert L. Payne
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: W. A. EVANS, SCLK, Yn1, USCG, PO
b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: W. A. Evans

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 DEC 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
PAYNE, Shelbert Ruel	224-016	DCC	1 DECEMBER 1953

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
TREASURY - USCG	Elizabeth City, North Carolina		6	FEB	1921

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
Caucasian	Male	Brown	Blue	6'0"	195	[X] YES [ ] NO	Married

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
High School - 2 Years	Academic

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
Discharge	USCG BASE, St. George, Staten Island, New York

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
Code - 202, Expiration of term of enlistment. Section 12-3-42 Coast Guard Regulations.		19	DEC	1957

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
USCG BASE, St. George, Staten Island, N.Y.	HONORABLE	DD-256-CG

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
Not Available	Not Available	- -	- - -	- -

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

Not Applicable

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION DAY	MONTH	YEAR	19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY DAY	MONTH	YEAR
Not Applicable			[ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [X] REENLISTED [ ] OTHER:	Six	21	DEC	1951

20. PRIOR REGULAR ENLISTMENTS	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
Four	DC1	Staten Island, New York

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)

68 West Union Street, Bay Shore
Nassau, New York

24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	05	11	29
	(2) OTHER SERVICE	12	02	26
	(3) TOTAL (Line (1) + line (2))	18	02	25
b. TOTAL ACTIVE SERVICE		18	02	25
c. FOREIGN AND/OR SEA SERVICE		01	07	09

25a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
- - - - - - - - - -	- - - - - - - - - - - - -

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

National Defense Service Medal.

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

None

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
- - - -NONE- - - - - - -	- - - - - - - - - - - - - - -	- - - -NONE- - - - - - -

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

NONE

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
[ ] YES [X] NO	Not Applicable	Not Applicable

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
"Education and Training"	C. 16 625 282

AUTHENTICATION

32. REMARKS

Entitled to receive $100.00 MOP under the MOP act of 1952. Previously paid $200.00 under the MOP Act of 1952. Reenlisted in the U. S. Coast Guard 20 December 1957 at USCG BASE, St. George, Staten Island, New York. X X X

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

4-016	PAYNE,	Shelbert	R.	CCC, USCG
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

19 DEC 1957	CG BASE, St. George, Staten Island, N.Y.	60 days or more
(Date discharged or released from active duty)	(Activity from which discharged)	(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 /since 6-26-50/

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. 52

(Sign original only)

W. A. EVANS, SCLK, W-1, USCG

(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

By direction of CO

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. 52

Have you served outside the continental limits of United States or in Alaska? Yes /since 6-26-50/

(Enter Yes or No)

Shelbert R. Payne

(Signature of applicant)

Shelbert R. Payne

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

100 New Hampshire Ave.

(Number) *(Street)*

Bay Shore, Long Island, New York

(City) *(Zone)* *(State)*

INSERT IN SERVICE RECORD

DISBURSING OFFICER'S PAYMENT DATA

FINAL PAYMENT

Paid $100.00 on BU.SCH.NO. 370-213-56 CASH PAYMENT 12/20/57

(Public voucher) *(Check number)* *(Date)*

J. F. CANNON, CDO, DIV OF DISB

TREASURY DEPARTMENT, SYMBOL 5340

(Type name and symbol No. of disbursing officer making initial payment)

MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

TRIPLICATE

ALLOTMENT AUTHORIZATION

NAVS AND A. 545 (4M) (REV. 2-54)

REF: HQ/Speed letter dtd 11/27/57, file PS-2 P7

D.O. WILL NOT FILL IN

RECEIVED

DATE AND BLOCK NO.

FILE/SERVICE NO.	NAME OF GRANTOR (Last)	(First)	(Initial)	RANK/RATE	COMPUTED BY	REVIEWED BY
224-016	PAYNE	SHELBERT	R.	DCC		

NEW ALLOTMENTS

No.	PURPOSE	MONTH FIRST PAY	MOS.	EXPIRES	AMOUNT	NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE	BPC / CC	B / P	ACT. CODE	FT	P #	NO. MOS.	RETRO AMOUNT
1.	Q	11/57			176.90	ALLIE L. GRIEK 100 NEW HAMPSHIRE AVE., BAY SHORE, NEW YORK (FOR SUPPORT OF SHELBERT, ROBERT, AND RONALD PAYNE)							
2.													
	B B					NAME OF OWNER							

BOND

- ☐ CO-OWNER
- ☐ BENEFICIARY — NAME
- ☐ SAFEKEEPING — NAME AND
- ☐ FORWARD TO → ADDRESS

PAPER CHECK INFORMATION

NOTE: If serviceman is to be discharged or released to inactive duty indicate date. DATE

DISCONTINUANCES

No.	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	NAME OF ALLOTTEE	REAS. CODE	HOLD CARD INFORMATION	BPC / CC	BP	ACT. CODE	DATE LAST PAYMENT	P #	F T	MOS. OVPD.
1.	Q	10/57	8/52	176.90	ELINOR F. PAYNE (FOUR) 100 NEW HAMPSHIRE AVE., BAY SHORE, NY 13									
2.														
3.														

INSERT IN SERVICE RECORD

STATEMENT OF EXISTING ALLOTS.

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

Q 176.90

I certify that the prescribed entry (*entries*), including charge entry (*entries*) for the month (*months*) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

1. GRANTOR'S REQUEST	7. GCM PRISONER
2. NEW ALLOT. REG.	8. CHANGE TO NSI OR GI
3. DISC., R.I.D.	10. WAIVER OF PREMIUM
4. TRAN. F. R., RET.	12. CHANGE IN INS. PLAN
5. ABSENTEE, DESERTER	13. Desertion: HQ/ltr PS-2 P7 dtd 11/27/57
6. DEATH OF GRANTOR	

SHIP OR STATION AT WHICH PREPARED

U. S. COAST GUARD BASE
ST. GEORGE, STATEN ISLAND, NEW YORK

POWER OF ATTORNEY (TO REGISTER ALLOTMENTS)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments;" do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

PREPARED BY (Initials)	SIGNATURE OF DISBURSING OFFICER	SYMBOL NO.	DATE
Jan	A. B. MEYER, SPCK, USCG	5340	12/6/57

SIGNATURE OF SERVICE MEMBER: SHELBERT R. PAYNE

FILE/SERV. NO. (Write in): 224-016

PREPARATION CHECK OFF LIST

- ☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ DISBURSING OFFICER'S SIGNATURE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3019 (4M) (Rev. 6-53)

RECEIPT FOR CLOTHING AND SMALL STORES

DATE

NAME | SERVICE NO. | RATE

ARTICLE	SIZE REQUESTED	SIZE SUBSTITUTED	QUANTITY	UNIT PRICE	VALUE	ARTICLE	SIZE REQUESTED	SIZE SUBSTITUTED	QUANTITY	UNIT PRICE	VALUE
APRONS, COOK						SHIRTS, KHAKI					
BAGS, CLOTHES						SHOES, G/P					
BELTS, WOVEN						SHOES, LOW					
						SHOES, GYM					
BLANKETS, WL			(2)	8.10	16 20						
BUTTONS						SOCKS, COTT, BLK					
						SOCKS, COTT, KH					
CAPS, CLOTH, BLUE						SOCKS, COTT, WH					
CAPS, COOK/BKR						SOCKS, WL					
CAPS, WATCH											
CLOTHES STOPS						STRIPES, NON-RATED					
COVERS, CAP						TAPE, COTT					
COVERS, MATTRESS											
COVERS, PILLOW						TOWELS, TURK, LG					
DEVICES, CAP						TOWELS, TURK, SM					
DRAWERS, HEAVY						TROUSERS, BLUE					
DRAWERS, NAINSOOK						TROUSERS, DUNG					
GLOVES, BLK, LTHR						TROUSERS, KH					
GLOVES, BLUE, WL						TROUSERS, WH					
HANDKERCHIEFS						TRUNKS, SWIM					
HATS, WHITE						UNDERSHIRTS, COTT					
JACKETS, STD						UNDERSHIRTS, HV					
JERSEYS											
JUMPERS, BL, DR											
JUMPERS, BL, UNDR											
JUMPERS, DUNG											
JUMPERS, WHITE											
MARKS, SHIELDS, BL											
MARKS, SHIELDS, WH											
MARKS, ALL OTHERS											
NECKERCHIEFS											
NECKTIES											
OVERCOATS											
OVERSHOES											
PILLOWS			(1)		54						
RAINCOATS, E/M											
RATING BADGES											
RIBBONS, CAP											
SERVICE STRIPES											
SHIRTS, B/C											
SHIRTS, FLANNEL											

INSERT IN SERVICE RECORD

UNIT

☐ CASH SALE
☐ CHARGE TO PAY

TOTAL $ 16.74

I ACKNOWLEDGE RECEIPT OF THE ABOVE ARTICLES IN THE TOTAL VALUE INDICATED.

Joseph V Collins
SIGNATURE OF PURCHASER

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

☆ U. S. GOVERNMENT PRINTING OFFICE: 335817

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3019 (4M) (Rev. 6-53)

RECEIPT FOR CLOTHING AND SMALL STORES

DATE

NAME | SERVICE NO. | RATE

ARTICLE	SIZE REQUESTED	SIZE SUBSTITUTED	QUANTITY	UNIT PRICE	VALUE	ARTICLE	SIZE REQUESTED	SIZE SUBSTITUTED	QUANTITY	UNIT PRICE	VALUE
APRONS, COOK						SHIRTS, KHAKI					
BAGS, CLOTHES						SHOES, G/P					
BELTS, WOVEN						SHOES, LOW					
						SHOES, GYM					
BLANKETS, WL											
BUTTONS			(2)	8.10	16 20	SOCKS, COTT, BLK					
						SOCKS, COTT, KH					
CAPS, CLOTH, BLUE						SOCKS, COTT, WH					
CAPS, COOK/BKR						SOCKS, WL					
CAPS, WATCH											
CLOTHES STOPS						STRIPES, NON-RATED					
COVERS, CAP						TAPE, COTT					
COVERS, MATTRESS											
COVERS, PILLOW						TOWELS, TURK, LG					
DEVICES, CAP						TOWELS, TURK, SM					
DRAWERS, HEAVY						TROUSERS, BLUE					
DRAWERS, NAINSOOK						TROUSERS, DUNG					
GLOVES, BLK, LTHR						TROUSERS, KH					
GLOVES, BLUE, WL						TROUSERS, WH					
HANDKERCHIEFS						TRUNKS, SWIM					
HATS, WHITE						UNDERSHIRTS, COTT					
JACKETS, STD						UNDERSHIRTS, HV					
JERSEYS											
JUMPERS, BL, DR											
JUMPERS, BL, UNDR											
JUMPERS, DUNG											
JUMPERS, WHITE											
MARKS, SHIELDS, BL											
MARKS, SHIELDS, WH											
MARKS, ALL OTHERS											
NECKERCHIEFS											
NECKTIES											
OVERCOATS											
OVERSHOES											
PILLOWS											
RAINCOATS, E/M			(1)		54						
RATING BADGES											
RIBBONS, CAP											
SERVICE STRIPES											
SHIRTS, B/C											
SHIRTS, FLANNEL											

INSERT IN SERVICE RECORD

UNIT

☐ CASH SALE
☐ CHARGE TO PAY

TOTAL $ 16.74

I ACKNOWLEDGE RECEIPT OF THE ABOVE ARTICLES IN THE TOTAL VALUE INDICATED.

Arthur R. [illegible]
SIGNATURE OF PURCHASER

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

☆ U. S. GOVERNMENT PRINTING OFFICE: 335817

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3019 (4M) (Rev. 6-53)

RECEIPT FOR CLOTHING AND SMALL STORES

DATE

NAME: PAYNE Shelbert R.

SERVICE NO.: 224-016

RATE: DCC

ARTICLE	SIZE REQUESTED	SIZE SUBSTITUTED	QUANTITY	UNIT PRICE	VALUE	ARTICLE	SIZE REQUESTED	SIZE SUBSTITUTED	QUANTITY	UNIT PRICE	VALUE
APRONS, COOK						SHIRTS, KHAKI					
BAGS, CLOTHES						SHOES, G/P					
BELTS, WOVEN						SHOES, LOW					
						SHOES, GYM					
BLANKETS, WL			(2)	8.10	16 20						
BUTTONS						SOCKS, COTT, BLK					
						SOCKS, COTT, KH					
CAPS, CLOTH, BLUE						SOCKS, COTT, WH					
CAPS, COOK/BKR						SOCKS, WL					
CAPS, WATCH											
CLOTHES STOPS						STRIPES, NON-RATED					
COVERS, CAP						TAPE, COTT					
COVERS, MATTRESS											
COVERS, PILLOW						TOWELS, TURK, LG					
DEVICES, CAP						TOWELS, TURK, SM					
DRAWERS, HEAVY						TROUSERS, BLUE					
DRAWERS, NAINSOOK						TROUSERS, DUNG					
GLOVES, BLK, LTHR						TROUSERS, KH					
GLOVES, BLUE, WL						TROUSERS, WH					
HANDKERCHIEFS						TRUNKS, SWIM					
HATS, WHITE						UNDERSHIRTS, COTT					
JACKETS, STD						UNDERSHIRTS, HV					
JERSEYS											
JUMPERS, BL, DR											
JUMPERS, BL, UNDR											
JUMPERS, DUNG											
JUMPERS, WHITE											
MARKS, SHIELDS, BL											
MARKS, SHIELDS, WH											
MARKS, ALL OTHERS											
NECKERCHIEFS											
NECKTIES											
OVERCOATS											
OVERSHOES											
PILLOWS											
RAINCOATS, E/M											
RATING BADGES											
RIBBONS, CAP											
SERVICE STRIPES											
SHIRTS, B/C											
SHIRTS, FLANNEL											

INSERT IN SERVICE RECORD

UNIT

☐ CASH SALE
☐ CHARGE TO PAY

TOTAL $ 16.20

I ACKNOWLEDGE RECEIPT OF THE ABOVE ARTICLES IN THE TOTAL VALUE INDICATED.

SIGNATURE OF PURCHASER

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

☆ U. S. GOVERNMENT PRINTING OFFICE: 335817

Date 6 December 1957
Unit: COAST GUARD BASE
Location: STATEN ISLAND, N.Y.

From: PAYNE, SHELBERT R. (224-016) BOC, USCG
To: Commandant (PS)
Via: Authorized Certifying Officer, CG Base, Staten Island, N.Y.

Subj: Notification of change in dependency status for Basic Allowance for Quarter

1. You are hereby notified of the following change in dependency status which reduces or terminates entitlement to Basic Allowance for Quarters for my dependent

Name and Address of dependents	Relationship	Date and nature of change (use reverse side if necessary for additional remarks)
ELINOR F. PAYNE 100 NEW HAMPSHIRE AVE BAY SHORE, NEW YORK	WIFE	DESERTION 11/7/57: NEF HQ/ltr dtd 11/27/57, file PS-2 P7

NOTE: If divorced, attach two copies of divorce degree (certified by clerk of cou

2. The following allotment stop action is requested (if newer allot. in lower amount)

Allotee:	Month of last payment	Amount
PAYEE ON Q ALLOTMENT CHANGED FROM ELINOR F. PAYNE TO ALLIE L. GREEK AMOUNT OF ALLOTMENT CONTINUES AT THE AMOUNT OF $176.90 BAQ(LC-3) $96.90 WITH Q ALLOTMENT IN THE AMOUNT OF $176.90 CONTINUES		

NOTE: Where entitlement to basic allowance for quarters is reduced, to effect a change in allotment stoppage and an allotment start will be required in the allotment amount. The member may desire to retain his allotment in the present amount without reducing it, and would therefore indicate "no change" under allotment start or stop request.

Shelbert R. Payne
SHELBERT R. PAYNE
(Signature)

FIRST ENDORSEMENT
CG BASE, Staten Island, New York

INSERT IN SERVICE RECORD

From: Authorized Certifying Officer, CG Base, Staten Island, New York
To: Commandant (PS)

1. (BAQ) last credited on pay record to and including NO CHANGE IN ALLOTMENT

2. Q Allotment in the amount of $ _____ stopped, last payment _____

3. Q Allotment in the amount of $ _____ started, first payment _____

A. B. Meyer
A. B. MEYER

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS - 668 (REV. 2-51)

(Check one) ☐ START ☒ CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
224-016	PAYNE	SHELBERT	R.	DCC

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? ☒ YES ☐ NO

SHIP OR STATION PREPARING THIS APPLICATION

U. S. COAST GUARD BASE
ST. GEORGE, STATEN ISLAND, NY

DATE OF THIS APPLICATION
6 December 1957

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY *(whichever is later)*
20 December 1951

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY
19 December 1951

	NAME OF DEPENDENT *(Include full given names)*	COMPLETE ADDRESS	RELATIONSHIP *(Indicate if step or adopted child)*	DATE OF BIRTH *(Day, Mo, Year)*	DATE ALLOWANCE CLAIMED FROM
1.	ELINOR F. PAYNE	100 NEW HAMPSHIRE AVE. BAY SHORE, NEW YORK	WIFE	8/2/17	PREVIOUSLY CLAIMED
2.	SHELBERT J. PAYNE	DO	SON	11/7/41	PREVIOUSLY CLAIMED
3.	ROBERT L. PAYNE	DO	SON	6/22/45	PREVIOUSLY CLAIMED
4.	RONALD M. PAYNE	DO	SON	8/9/51	8/9/51
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP
NONE	NOT APPLICABLE		

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE
3/29/40 BAY SHORE, NEW YORK

Have you been previously married? ☐ YES ☒ NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE
NOT APPLICABLE

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? ☐ *YES ☐ NO

* If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT
NOT APPLICABLE

Has your wife been previously married? ☐ *YES ☒ NO

* If yes, GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

DEPENDENCY STATEMENT—*(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)*

I certify that _____, *named above, has been dependent upon me for more than one-half of his or her support since* _____: *that during such period I have contributed to his or her support an average of* $_____ *per month in cash or its equivalent without any consideration in return; that is his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged* $_____ *per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged* $_____ *per month.*
(Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

INSERT IN SERVICE RECORD

PHOTOSTATIC COPY OF BIRTH CERTIFICATE ATTACHED

REQUEST FOR "Q" ALLOTMENTS—*Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.*

	PAYEE *(Use given Name in full and middle initial)*	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	ELINOR F. PAYNE	100 NEW HAMPSHIRE AVENUE BAY SHORE, NEW YORK	176.90			1,2,3,4
2.						
3.						

Subscribed and sworn to before me this 6th *day of* December 19 57

W. A. EVANS, SCIX, USCG
(Signature and Title of Attesting Officer)

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowance paid on account of any person later determined not to be dependent as defined in existing laws and regulations.

I also certify that none of the above named dependents is a member of the uniformed services on active duty.

I will immediately notify my Disbursing Officer and the Family Allowance Unit, Bureau of Naval Personnel, Cleveland, Ohio, of any change in the above stated dependency.

SHELBERT R. PAYNE
(Signature of Enlisted Member)

DCC *(Rate)*

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number _____ (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number _____ (insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS

Q ALLOTMENT IN THE AMOUNT OF $176.90 CONTINUES

A. B. MEYER, SPCX, USCG
(D. O. Signature)

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

FOR NAVAL PERSONNEL—Forward to Family Allowance Unit, BuPers, Cleveland 14, Ohio, via D. O.
FOR COAST GUARD PERSONNEL—Forward to Commandant, USCG, Via D. O. carrying pay account.
FOR MARINE PERSONNEL—Forward, Commandant, USMC, Via D. O.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1956-372620

QUADRUPLICATE

Commanding Officer
CG BASE, St. George
Staten Island, New York

P15
28 May 1958

TO WHOM IT MAY CONCERN

This is to certify that Shelbert R. Payne (224-016) Chief Damage Controlman, U. S. Coast Guard, has served under my command and supervision during the period July 1955 through May 1958.

During this period PAYNE has performed all duties assigned him in an expeditious and outstanding manner. He is a thoroughly reliable and energetic chief petty officer who is well versed in all phases of his rating. He possesses above-average leadership qualities and has the ability to plan his work well and direct its execution. He is thoroughly familiar with all types of tools and equipment and their use as required in the carpentry field and related construction work including welding, both electric and acetylene, and the operation of bulldozers and cranes.

In all my dealings with PAYNE I have found him to be a man whose character is beyond reproach. He is thoroughly honest and is the type of man who will keep his word under all circumstances.

I would be very glad to have PAYNE serve with me as Chief Damage Controlman on any future assignment and highly recommend him for any position which requires the skills and knowledge of a well qualified construction foreman or supervisory carpenter.

A. C. UNGER
Captain, U. S. Coast Guard
Commanding Officer

SUsquehanna 7-1200

Office Hours: Mon. Wed. Fri. 9 AM to 5 PM
Tues. Thurs. 9 AM to 7 PM

P/3-6

Retail Recovery Service, Inc.

201 West 72nd St. • New York 23, N. Y.

Suite 216

U..S. Coast Guard
Base St. George
1 Bay St.
Staten Island, N. Y.
Att: Personnel

Date: 8/1/58

Re: Hearns Dept. Store
Shelbert Payne

v.

Gentlemen:

A claim for $ 18.48 has been referred to this company for collection on the above captioned matter.

In order to adjust this we would appreciate your cooperation in requesting this employee to appear at our offices before Thursday of this week.

Immediate compliance will result in a substantial saving of time and expense.

Very truly yours,

E. Miller

E. Miller
Office Manager.

EM/ph

P19-2
15 October 1959

Commanding Officer
USCG BASE, St. George
Staten Island, New York

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PE)
Via: (1) Commanding Officer, USCG BASE, St. George
(2) Commander, Third Coast Guard District (p)

Subj: Twenty Year Enlisted Retirement; request for

Ref: (a) Personnel Instruction No. 8-57

1. It is requested that I be retired on the first day of October 1959, or as soon as possible thereafter.

2. I understand that I will enter my last pay period on 26 September 1959.

SHELBERT R. PAYNE

- -

P19-2
15 October 1959

FIRST ENDORSEMENT on PAYNE's ltr P19-2 of 15 OCT 59

From: Commanding Officer, USCG BASE, St. George
To: Commandant (PE)
Via: Commander, Third Coast Guard District (p)

1. Forwarded for consideration.

2. PAYNE completes twenty (20) years active military service on 26 September 1959.

J. T. STANLEY

P16-3/MM
15 October 1958

Commanding Officer
USCG BASE, St. George
Staten Island, New York

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PE)
Via: (1) Commanding Officer, USCG BASE, St. George
(2) Commander, Third Coast Guard District (p)

Subj: Transfer out of District; request for

1. It is requested that I be considered for transfer to the Seventh Coast Guard District.

2. The reasons for this request is that I now have nineteen (19) years in the Third Coast Guard District. I have requested retirement for 1 October 1959. I intend to make my permanent home in Florida. I have three boys to take care of, their mother deserted them last November 8, 1957. It would be a great help to me if I could serve my last year in the Seventh District so I could start my home while I am drawing full pay.

SHELBERT R. PAYNE

USCG BASE, St. George
Staten Island, New York

P16-3/MM
16 October 1958

FIRST ENDORSEMENT on PAYNE's ltr P16-3/MM of 15 October 1958

From: Commanding Officer, USCG BASE, St. George
To: Commandant (PE)
Via: Commander, Third Coast Guard District (p)

1. Forwarded, recommending approval. PAYNE has performed his duties with a diligence that warrants consideration of his request. Because of his difficult home situation and long years in this District he should be made available for transfer at such time as orders are received for a Damage Controlman, Chief to the Seventh District.

2. PAYNE has served aboard this unit for a period of twenty-five (25) months. His average marks for this enlistment are as follows: PIR 3.9 ALDM 3.9 and CONDUCT 4.0. If PAYNE is selected for this transfer it is requested that a competent replacement be furnished.

J. T. STANLEY

~~I~~ I intend to make my permanent home in Florida. I have three boys to take care of. Their mother deserted them last Nov. 8 1957. It would be a great help to me if I could serve my last year in the 7th Dist. so I could start my home while I am drawing full pay.

Recommend approval. Chief Payne has performed his duties with a diligence that warrants consideration of his request. Because of his difficult home situation and long years in this District he should be made available for transfer at such time as orders are received for a D.C.C. to the 7th District.

JWL

U. S. COAST GUARD BASE
ST. GEORGE, STATEN ISLAND, N. Y.

SPECIAL REQUEST

SECTION: _____ DATE 10-15-58

NAME: Payne, Shelbert R. SERVICE NO 224-016 RATE: Dec
(Last, First, Middle)

Letter to be typed

1. It is requested that I be granted:

☐ SPECIAL LIBERTY From: _____ To: _____
(Time & Date) (Time & Date)

☐ EARLY LIBERTY, To Depart: _____
(Time & Date)

☐ LEAVE From: _____ To: _____
(Time & Date) (Time & Date)

☐ Travel Beyond the 100- mile Radius in accordance with District Personnel Instruction No. 34-56

☐ OTHER: Request transfere to 7th Dist.

REASON: I have 19 years in the 3rd Dist.
I have requested retirement on Oct. 1- 1959

STANDBY: _____ (Over) _____ SECTION: _____
(Signature)

ADDRESS: _____ _____ _____ TELEPHONE: _____
(Street) (City) (State)

2. I certify that I have sufficient funds to execute travel to my destination and return, a distance of _____ miles. Mode of Travel: ( ) Air; ( ) Train; ( ) Bus; ( ) Privately-owned conveyance. Sufficient time is allowed in the above requested leave or liberty to travel not in excess of 300 miles per day.

Shelbert R. Payne
(Signature)

3. (Filled out by Personnel Office in the case of Leave)
Accrued Leave: _____ days. Leave used during present Accounting period: _____ Days. Expiration of Enlistment: _____

LEAVE YEOMAN: _____
(Signature)

4. SECTION HEAD: EXECUTIVE OFFICER:
APPROVED APPROVED
DISAPPROVED _____ DISAPPROVED _____
(Signature) (Signature)

REMARKS:

see other side

USCG BASE, St. George
Staten Island, New York

P19-2/MM
3 November 1958

SECOND ENDORSEMENT on COMDT (PE-1) ltr of 29 October 1958

From: Commanding Officer, USCG BASE, St. George
To: PAYNE, Shelbert R. (224-016) DCC, USCG

Subj: Request for retirement; information concerning

1. Delivered.

J. T. STANLEY

ADDRESS REPLY TO
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

UNITED STATES COAST GUARD

PE-1
29 October 1958

From: Commandant
To: PAYNE, Shelbert R. (224-016) DCC, USCG
Via: (1) Commander, Third Coast Guard District (p)
(2) Commanding Officer, CG BASE, St. George

Subj: Request for retirement; information concerning

Ref: (a) Your letter dated 15 October 1958
(b) Personnel Instruction No. 35-58

RECEIVED
Nov 3 8 12 AM
U.S. COAST GUARD
BASE
ST. GEORGE, S.I.

1. Receipt of reference (a) is hereby acknowledged. Your request for retirement has been placed on file and you will be considered for retirement in accordance with reference (b). Service for retirement as of 31 March 1958 is 18 years 6 months 6 days.

J. H. WAGLINE
By direction

Encl: Your New Career, NAVPERS 15895-A

p
P19-2/MM
31 October 1958

FIRST ENDORSEMENT on COMDT (PE-1),ltr of 29 October 1958

From: Commander, Third Coast Guard District
To: PAYNE, Shelbert R. (224-016) DCC, USCG
Via: Commanding Officer, CG BASE, St. George

1. Forwarded.

H. M. SELECTOR
By direction

ALLOTMENT AUTHORIZATION

NAV S. AND A. 545 (4M) (REV. 2-54)

RETROACTIVE

DATE

COMPUTED BY

FILE/SERVICE NO.	NAME OF GRANTOR (Last)	(First)	(Initial)	RANK/RATE
224-016	PAYNE	SHELBERT	R.	DCC

NEW ALLOTMENTS

No.	PURPOSE	MONTH FIRST PAY	MOS.	EXPIRES	AMOUNT	NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE
1.	Q	12/58			157.10	ALLIE L. GRIEK (CUSTODIAN) 100 NEW HAMPSHIRE AVE., BAYSHORE, NEW YORK FOR SUPPORT OF: ROBERT E. PAYNE (DEPENDENT SON) RONALD M. PAYNE (DEPENDENT SON)
2.						
3.						NAME OF OWNER
4.	B B					

BOND

- ☐ CO-OWNER
- ☐ BENEFICIARY — NAME
- ☐ SAFEKEEPING — NAME AND
- ☐ FORWARD TO → ADDRESS

DATE

BPC / CC	BP	ACT. CODE	FT	P #	NO. MOS.	RETRO AMOUNT

PAPER CHECK INFORMATION

NOTE: If serviceman is to be discharged or released to inactive duty indicate date.

DISCONTINUANCES

No.	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	NAME OF ALLOTTEE	REAS. CODE	HOLD CARD INFORMATION	BPC / CC	BP	ACT. CODE	DATE LAST PAYMENT	P #	F T	MOS. OVPD.
1.	Q	11/58	11/57	176.90	ALLIE L. GRIEK (CUSTODIAN)	2								
2.														
3.														
4.														

INSERT IN SERVICE RECORD

STATEMENT OF EXISTING ALLOTMENTS

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

Q 157.10

I certify that the prescribed entry (*entries*), including charge entry (*entries*) for the month (*months*) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

1. GRANTOR'S REQUEST	7. GCM PRISONER
2. NEW ALLOT. REG.	8. CHANGE TO NSI OR GI
3. DISC., R.I.D.	10. WAIVER OF PREMIUM
4. TRAN. F. R., RET.	12. CHANGE IN INS. PLAN
5. ABSENTEE, DESERTER	
6. DEATH OF GRANTOR	

SHIP OR STATION AT WHICH PREPARED

U. S. COAST GUARD BASE
ST. GEORGE, STATEN ISLAND, NY

POWER OF ATTORNEY (TO REGISTER ALLOTMENTS)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments;" do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

PREPARED BY (Initials)	SIGNATURE OF DISBURSING OFFICER	SYMBOL NO.	DATE
Jan	A. B. MEYER, SPCK, USCG	5310	12/30/58

SIGNATURE OF SERVICE MEMBER: SHELBERT R. PAYNE

FILE/SERV. NO. (Write in)

PREPARATION CHECK OFF LIST

- ☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ DISBURSING OFFICER'S SIGNATURE

Date 12/30/58
Unit: COAST GUARD BASE
Location: STATEN ISLAND, N.Y.

RECEIVED
JAN 26 8 46 AM '59
U.S. COAST GUARD
BASE
ST. GEORGE, S.I.

From: PAYNE, Shelbert R. (224-016) DCC
To: Commandant (PS)
Via: Authorized Certifying Officer, CG Base, Staten Island, N.Y.

Subj: Notification of change in dependency status for Basic Allowance for Quarter

1. You are hereby notified of the following change in dependency status which reduces or terminates entitlement to Basic Allowance for Quarters for my dependent

Name and Address of dependents	Relationship	Date and nature of change (use reverse side if necessary for additional remarks)
Shelbert J. Payne 100 New Hampshire Ave. Bayshore, New York	Son	ENTERED U.S. AIR FORCE 11/21/58

NOTE: If divorced, attach two copies of divorce degree (certified by clerk of cou

2. The following allotment stop action is requested (if newer allot. in lower amount)

Allotee:	Month of last payment	Amount
Allie L. Griek	November 1958	$176.90
Allotee:	Month of first payment	Amount
Allie L. Griek	December 1958	157.10

NOTE: Where entitlement to basic allowance for quarters is reduced, to effect a change in allotment stoppage and an allotment start will be required in the allotment amount. The member may desire to retain his allotment in the present amount without reducing it, and would therefore indicate "no change" under allotment start or stop request.

INSERT IN SERVICE RECORD

Shelbert R. Payne
(Signature)

FIRST ENDORSEMENT
CG BASE, Staten Island, New York 30 December 1958

From: Authorized Certifying Officer, CG Base, Staten Island, New York
To: Commandant (PS)

1. (BAQ) (LC-3) last credited on pay record to and including 21 November 1958

2. Q Allotment in the amount of $176.90 stopped, last payment November 1958

3. Q Allotment in the amount of $157.10 started, first payment December 1958

A. B. MEYER

RECEIVED
UNITED STATES COAST GUARD
OCT 30 8 52 AM '58
U S COAST GUARD
B A
ST. GEOR

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-2
24 October 1958
MM

RECEIVED
CGAS PERSONNEL OFFICE
OCT 27 1958

From: Commandant
To: PAYNE, Shelbert R. (224-016) DCC, USCG
Via: (1) Commander, Third Coast Guard District (p)
(2) Commanding Officer, Coast Guard Base, St. George, Staten Island, New York

USCG AIR STATION
BROOKLYN 34, N.Y.

Subj: Transfer; request for; acknowledgement

1. Your letter of 15 October 1958, file P16-3/MM, requesting transfer to the Seventh Coast Guard District has been received and placed in the six year rotation file.

2. Your request will, if not sooner granted, be filed without action after six (6) months. If you so desire your request may be resubmitted at that time.

J. N. WAGLINE
By direction

p
27 October 1958

FIRST ENDORSEMENT on Commandant PE-2 MM ltr of 24 October 1958

From: Commander, Third Coast Guard District
To: PAYNE, Shelbert R. (224-016) DCC, USCG
Via: Commanding Officer, CG Base, St. George, SINY

1. Forwarded.

M. M. SPECTOR
By direction

USCG BASE, St. George
Staten Island, New York

P16-3/MM
30 October 1958

SECOND ENDORSEMENT on Commandant (PE-2) MM ltr of 24 October 1958

From: Commanding Officer, USCG BASE, St. George
To: PAYNE, Shelbert R. (224-016) DCC, USCG

1. Delivered.

W. A. EVANS
By direction

COMPUTATION AND VERIFICATION OF
UNUSED LEAVE

Name PAYNE, SHELBERT R. Serv. No. 224-016 Date 9/30/59

1. ACO's computation of leave credited and taken during current enlistment using applications for leave and leave orders and other information found in member's service redord (CG-3305).

Fiscal Year	a Balance Brt. Fwd. Beg. FY.	b. Credited	c. Taken	d. Lost
B.F. Prev. enlistment	X		X	X
12/20/57 to 6/30/58		16	13	
7/1 to 6/30/59	3	30	12	
7/1 to 9/30/59	21	8	0	
7/1 to 6/30/				
7/1 to 6/30/				
7/1 to 6/30/				
7/1 to				
Totals		54	25	

2. Total leave credited	54
3. Less: total leave taken & total leave lost (c & d)	25
4. Unused balance	29
5. Leave Rats credited per Military Pay Record	25
6. Leave taken (col. c. above)	25
7. Difference	-0-
8. Unused leave per CG-3309	29
9. Unused leave ACO computation (line 4)	29
10. Difference	-0-
11. Unused leave bal (line 4)	29
12. Unused leave carried forward to new enlistment	
13. Unused leave to be compensated for in Cash	29

14. Remarks:

15. Pay ISL for 29 days.
16. ACO Exception _____ days

Transcript of leave ration credits requested ~~Yes~~ No

ACO's signature A. B. MEYER, SPCK, USCG Serv. No. 27697

"The records indicate that PAYNE, Shelbert R. (224-016) DCC reenlisted in the United States Coast Guard on 20 December 1957 for THREE (03) yrs. and was paid a reenlistment bonus in the amount of $357.72 and is to be retired 1 October 1959 after 20 yrs. service.

W. A. EVANS,
(Signature of Responsible Officer)

SCLK, W-1, USCG, Personnel Officer
(Rank and Title)

P19-2/MM
13 July 1959

FIRST ENDORSEMENT on COMDT (PE-1) ltr of 10 July 1959, TONO: 50364/99201X

From: Commander, Third Coast Guard District
To: PAYNE, Shelbert R. (224-016) DCC, USCG
Via: Commanding Officer, CG BASE, St. George

Subj: Retirement; travel

1. Forwarded. Your attention is invited to Art. 12-B-22, CG PersMan, which requires a physical examination prior to retirement.

H. C. WADEY
By dir.

P19-2/MM
15 July 1959

SECOND ENDORSEMENT on COMDT (PE-1) ltr of 10 July 1959, TONO: 50364/99201X

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shelbert R. (224-016) DCC, USCG

1. Delivered.

J. T. STANLEY

CG BASE, St. George
Staten Island, N.Y.

P19-2/MM
15 July 1959

THIRD ENDORSEMENT on COMDT (PE-1) ltr of 10 July 1959, TONO: 50364/99201X

1. Received at 1300, this date and place.

SHELBERT R. PAYNE
DCC (224-016)

P19-2
30 September 1959

FOURTH ENDORSEMENT on COMDT (PE-1) ltr of 10 July 1959, TONO: 50364/99201X

From: Commanding Officer, CG BASE, St. George
To: PAYNE, Shelbert R. (224-016) DCC, USCG

1. Delivered and departed 0915 this date and place. Your records indicate your last permanent station to be: USCG BASE, St. George, SINY.

W. A. EVANS
By direction

FORM W-4 (Rev. Aug. 1954)
U. S. Treasury Department
Internal Revenue Service

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name Shelbert Ruel PAYNE Social Security No. 244 16 6565

Print home address 5 Division St., City Groton State Conn.

EMPLOYEE:

File this form with your employer. Otherwise, he must withhold U. S. income tax from your wages without exemption.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim an exemption, write the figure "1" . . . . . .

2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
   - (a) If you claim both of these exemptions, write the figure "2"
   - (b) If you claim one of these exemptions, write the figure "1"
   - (c) If you claim neither of these exemptions, write "0"

   1

3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
   - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older, and you claim both of these exemptions, write the figure "2" . . . . . .
   - (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2" . . . . . .

4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 3 on other side.) 2

5. Add the number of exemptions which you have claimed above and write the total 3

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) 1 October 1959, 19.....

16—70611-1

(Signed) Shelbert R Payne

FORM W-4 (Rev. Aug. 1954)
U. S. Treasury Department
Internal Revenue Service

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name Shelbert Ruel PAYNE

Print home address 5 Division St., City Groton State Conn.

Social Security No. 244 16 6565

EMPLOYEE:

File this form with your employer. Otherwise, he must withhold U. S. income tax from your wages without exemption.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim an exemption, write the figure "1" . . . . . .

2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
   (a) If you claim both of these exemptions, write the figure "2"
   (b) If you claim one of these exemptions, write the figure "1"
   (c) If you claim neither of these exemptions, write "0" } 1

3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
   (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older, and you claim both of these exemptions, write the figure "2" . . . . . .
   (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2" . . . . . .

4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 3 on other side.) 2

5. Add the number of exemptions which you have claimed above and write the total 3

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) 1 October 1959, 19.....

16—70611-1

(Signed) Shelbert R. Payne

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
224-016	PAYNE	Shelbert	Ruel	DCC	HS-2

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Elizabeth City,	North Carolania	6	FEB	21	Protestant	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	100 New Hampshire Avenue	Bay Shore	Suffolk	Long Island, New York

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
20	DEC	57	[ ] FIRST ENLISTMENT [X] REENLISTMENT	THREE(3) YRS.	- - - - -	[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Staten Island,	New York	USCG BASE, St. George,	Staten Island,	New York

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.
- - - - -

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by 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 understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: 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 Enlistment: I, SHELBERT RUEL PAYNE do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; 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 and regulations governing the Coast Guard including the Uniform Code of Military Justice.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Signature in own handwriting (surname to right) Shelbert R. Payne SHELBERT RUEL PAYNE

Subscribed and sworn to before me this 20th day of December, A. D. 19 57. Citizenship substantiated and contract perfected.

Signature and Grade R. C. Unger R. C. UNGER, CAPTAIN, USCG Official Title COMMANDING OFFICER

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-1

REMARKS (Continued)

CERTIFICATION

In regard to any part of this questionnaire concerning which I have had any question as to the meaning, I have requested and have obtained a complete explanation. I certify that the statements made by me under Part IV above and on any supplemental pages hereto attached, are full, true, and correct.

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NUMBER (If any)	SIGNATURE OF PERSON MAKING CERTIFICATION
SHELBERT RUEL PAYNE	224-016	Shelbert R. Payne
TYPED NAME OF WITNESS	**DATE**	**SIGNATURE OF WITNESS**
W. A. EVANS, SCLK, W-1, USCG	20 December 1957	

☆U. S. GOVERNMENT PRINTING OFFICE: 1956 O-F—397976

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
PAYNE, Shelbert Ruel	224-016	DCC	2/6/21	Prot.

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
100 New Hampshire Avenue Bay Shore, (Suffolk County, Long Is., New York	☐ Yes ☒ No (DATE LAST ENTRY)	9. SOCIAL SECURITY NO. 244-16-6565

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Elinor Frances Payne	UNKNOWN

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Shelbert John Payne	Same as #6		X	M	11/7/41
Robert LeRoy Payne	Same as #6		X	M	6/22/45
Ronald Moran Payne	Same as #6		X	M	8/9/51

12. FATHER	ADDRESS
Robert Moran Payne	DECEASED
13. MOTHER	ADDRESS
Allie Lee Payne Grick	Same as #6
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM	ADDRESS
Alma Lee Lencmeyer	Kodiak, Alaska

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
NONE			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
NONE	

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Allie Lee Payne Grick	Same as #6	Mother
		Alma Lee Lencmeyer	Same as #14	Sister
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Allie Lee Payne Grick	Same as #6	Mother
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100	Allie Lee Payne Grick	Same as #6	Mother

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
NONE		

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
U. S. Coast Guard Base, St. George, Staten Island, New York	10 April 1958

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
M. S. BASKIN, LTJG, USCGR, Personnel Officer	Shelbert R. Payne Shelbert Ruel Payne

DD FORM 1 Dec 56 **93-1** Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit
12-1-53	DCC			AUTH: (a) H/L (PE-1) dtd 11/20/53, file MM.	P. Parrett G. GARRETT, LT., XO	CGB ST GEO SINY

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER
49	61	52	71	49	69	53	46	UNK	

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
PAYNE	Shelbert	Ruel		224-016		DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

Reenlisted:
20 December 1957

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING GRADUATED ____ IN CLASS OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING GRADUATED ____ IN CLASS OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING GRADUATED ____ IN CLASS OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
PAYNE	Shelbert	Ruel		224-016		DCC

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
PAYNE	Shelbert	Ruel		224-016		DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (Rev. 1-57)

LEAVE RECORD

DATE Reenlisted 20 December 1957 | CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD - - - - - - - - - - - - - | DAYS 00 | AUTHENTICATED BY W.A.EVANS,SCLK,W-1,USCG,PO,Bydirection

LEAVE TAKEN (Inclusive dates) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	BALANCE DAYS	SHIP OR STATION	SIGNATURE
Paid $725.40 cash compensation for 60 days lv-subs;qtrs on 12/20/57 at CG BASE, ST. GEORGE, SINY by J.F.CANNON,Chief Disbursing Officer, Symbol 5340 Pay Roll No.370-PR-50:								
				A. B. MEYER, SPCK W-1, USCG Authorized Certifying Officer				
21 DEC 57	2 JAN 58	(13)	A			-13	CG BASE, ST. GEO., SINY	W.A.EVANS,SCLK,W-1,USCG
				ANCR 30 JUN 58	16	03	CG BASE, SINY	W. A. EVANS, SCLK, W-1, USCG
4 OCT 58	9 OCG 58	(06)	A			-03	CG BASE, ST. GEORGE, SINY	W.A.EVANS,SCLK,W-1,USCG,PO
23 DEC 58	28 DEC 58	(06)	A			-09	CG BASE, ST. GEORGE, SINY	W.A.EVANS,SCLK,W-1,USCG,PO
				ANCR 30 JUN 59	30	21	CG BASE, SINY	W. A. EVANS, SCLK, W-1, USCG
				DISCH 9-30-59	07½	28½	CG BASE,SINY	W.A.EVANS,SCLK,W-1,PO
ENTITLED TO CASH COMPENSATION FOR BALANCE OF 29 DAYS UNUSED ACCRUED LEAVE.								
W. A. EVANS, SCLK, W-1, USCG Personnel Officer				Paid $394.88 cash compensation for 29 days lv-subs;qtrs on 9/30/59 at CG BASE, ST. GEORGE, SINY by J.F.CANNON,Chief Disbursing Officer, Symbol 5340 Pay Roll No. 370-PR-				
				A. B. MEYER, SPCK W-1, USCG Authorized Certifying Officer				

DEDUCTIBLE TIME (Inclusive dates)

PERIOD (Inclusive dates) FROM	TO	REASON (AOL, AOM, etc.)	TIME LOST BASIC PAY AND LEAVE MONTHS	BASIC PAY AND LEAVE DAYS	EXTENSION OF ENLISTMENT DAYS	SHIP OR STATION	SIGNATURE
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.						CG BASE,SINY	W.A.EVANS,SCLK,W-1,PO

NORMAL DATE OF EXPIRATION OF ENLISTMENT - - - 19 December 1960 - -

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE	Shelbert	Ruel	224-016

GPO 920974

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. Date Mark Effective	2. Reason	3. Rate	4. Proficiency	5. Leadership	6. Conduct	7. Ship or Station	8. Signature
*1-31-59	EOM	DCC	3.8	3.7	4.0	BASE, ST. GEO.	J. L. STANLEY, CAPT, USCG, CO
JUL 31 1959	P	DCC	3.7	3.5	4.0	CG BASE, ST. GEORGE, SINY	J. L. STANLEY, CAPT, USCG, CO
		FINAL TRAIT AVERAGE	3.75	3.6			
9-30-59					4.0 ✓	CG BASE, SINY	W. A. EVANS, SCPO, USCG, PO

NAME (Last) PAYNE (First) Shelbert (Middle) Ruel SERVICE NO. 224-016

MARKS

16-66653-2

						7. Ship or Station	8. Signature
*1-31-58	EQM	DCC	3.9	3.9	4.0	CG BASE, SINY	A. C. UNGER, CAPT, CO
*4-30-58	EQM	DCC	AFWG 3.9	AFWG 3.8	4.0	CG BASE, ST. GEORGE,	A.C. UNGER, CAPT, USCG, CO
6-4-58	~~Det~~ CO	DCC	AFWG 3.9	AFWG 3.8	4.0	CG BASE, ST. GEORGE,	A.C. UNGER, CAPT, USCG, CO
*7-31-58	EQM	DCC	3.9	3.9	4.0	CGBASE, ST. GEOL, SINY	J. T. STANLEY, CAPT., CO
7-31-58	FINAL AVERG	DCC	3.9	3.9	4.0	CG BASE, ST. GEO., SINY	J. T. STANLEY, CAPT., CO
7-31-58	Qualifies for honorable discharge for period up to and including this date.						

NAME (Last) PAYNE (First) Shelbert (Middle) Ruel SERVICE NO. 224-016

MARKS

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

U. S. COAST GUARD BASE, ST. GEORGE, STATEN ISLAND, NEW YORK

20 December 1957: REENLISTED in the Regular Coast Guard for a period of THREE (03) full years in the rating DCC (Permanent) date of rank from 12-1-53, within 24 hours of discharge from the Regular Coast Guard. AUTH: Art. 1-G-57(a), Personnel Manual.

Entitled to the National Defense Service Medal and the Coast Guard Good Conduct Bar.

Subject man has received training in the "Code of Conduct for Members of the Armed Forces of the United States" in accordance with Commandant's Instruction No. 2-5 6 dated 11 January 1956.

2 September 1956: Reported to current assignment of board the CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK.

W. E. EVANS, SCLK, W-1, USCG
Personnel Officer, By direction

20 December 1957: Code of Conduct for Memebers of the Armed Forces of the United States, printed on a small card was issued to me on 12-20-57.

SHELBERT RUEL PAYNE

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE	Shelbert	Ruel	224-016

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

U. S. COAST GUARD BASE, ST. GEORGE, STATEN ISLAND, NEW YORK

11 March 1959 Recommended for advancement to pay grade E-8 in accordance with Personnel Instruction No. 17-59

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE	Shelbert	Ruel	221-016

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

U. S. COAST GUARD BASE, ST. GEORGE, STATEN ISLAND, NEW YORK

THE FOLLOWING IS A TRANSCRIPT OF MAN'S MARKS EQMs ONLY.

DATE	PIR	CONDUCT
12-31-51	3.6	4.0
3-31-52	3.6	4.0
6-30-52	3.6	4.0
9-30-52	3.6	4.0
12-31-52	3.6	4.0
3-31-53	3.6	4.0
6-30-53	3.6	4.0
9-30-53	3.8	4.0
12-31-53	3.8	4.0
3-31-54	3.8	4.0
6-30-54	3.8	4.0
9-30-54	3.8	4.0
12-31-54	3.8	4.0
3-31-55	3.71	4.0
6-30-55	3.7	4.0
9-30-55	3.7	4.0
12-31-55	3.7	4.0
3-31-56	3.8	4.0
6-30-56	3.8	4.0
9-30-56	3.8	4.0
12-31-56	3.8	4.0
3-31-57	3.9	4.0
6-30-57	3.9	4.0
9-30-57	3.9	4.0

W. A. EVANS, SCIK, W-1, USCG
Personnel Officer

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE,	Shelbert	Ruel	224-016

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

U. S. COAST GUARD BASE, ST. GEORGE, STATEN ISLAND, NEW YORK

11 March 1959 Recommended for advancement to pay grade E-8 in accordance with Personnel Instruction No. 17-59

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE	Shelbert	Ruel	224-016

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCG BASE, St. George, Staten Island, New York

1 October 1959 - RETIREMENT AFTER 20 BUT LESS THAN 30 YEARS effective this date. Comd't ltr PE-1 dtd 7-10-59.

NOT ENTITLED TO MOP.

Issued DD-214-CG & DD-217-CG.

ID Card #186092 destroyed.

Comp. 20 yrs., 00 mos., and 06 das active duty this period. 00 das deductible time.

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE	Shelbert	Ruel	224-016

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCG BASE, St. George, Staten Island, New York

1 October 1959 - RETIREMENT AFTER 20 BUT LESS THAN 30 YEARS effective this date. Comd't ltr PE-1 dtd 7-10-59.

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Comp. 20 yrs., 00 mos., and 06 das active duty this period.
00 das deductible time.

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE	Shelbert	Ruel	224-016

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1800	20 DEC 1957
LEAVE OR LIBERTY EXPIRED	0730	3 JAN 1958
RETURNED TO COAST GUARD JURISDICTION	0700	3 JAN 1958

NUMBER DAYS CHARGED TO LEAVE RECORD thirteen (13)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

**Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*) to _____ (*Date of discharge*) as a result of his own:

- [ ] INTEMPERATE USE OF DRUGS
- [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	W. A. EVANS	SCLK, W-1, USCG, PO	276-58

SHIP OR STATION	NAME OF A. C. O.
CG BASE, St. George, Staten Island, New York (03-210373.0)	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	0945	3 OCT 58
LEAVE OR LIBERTY EXPIRED	0900	10 OCT 58
RETURNED TO COAST GUARD JURISDICTION	0740	10 OCT 58

NUMBER DAYS CHARGED TO LEAVE RECORD SIX (06)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

** Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own:

- [ ] INTEMPERATE USE OF DRUGS
- [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (*Number*) ONLY	SIGNATURE W. A. EVANS	GRADE AND TITLE SCLK, W-1, USCG, P.O.	C. O. ORDER NO. 248-59
SHIP OR STATION USCG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK (03-210373.1)		NAME OF A. C. O.	
NAME (*Last*) PAYNE	(*First*) Shelbert	(*Middle*) Ruel	SERVICE NO. 224-016 / RATE DCC

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 2

REVERSE for (CG-3313)

I, SHELBERT RUEL PAYNE (224-016) DCC , U. S. Coast Guard, having reenlisted in the Regular Coast Guard on 20 December 1957 for a period of THREE (03)- - - years, being eligible to receive a reenlistment bonus under the provisions of Section 207 of the Career Compensation Act, of 1949, as amended, do hereby elect to receive a reenlistment bonus under Section 208 of the Career Compensation Act of 1949, as amended.

Shelbert R. Payne
SHELBERT RUEL PAYNE

It has been determined from the records available at this unit, that this is the SECOND reenlistment or extension of enlistment, in the case of subject named man, for which the reenlistment bonus is payable under the provisions of Section 208 of the Career Compensation Act of 1949, as amended; that he has 18 years, 02 months and 25 days active federal service to date of this reenlistment or extension of enlistment, as distinguished from creditable service for basic pay; that he has received previous payments of reenlistment bonuses on the dates and in the amounts as indicated below:

DATE OF ENTITLEMENT	AMOUNT OF ENTITLEMENT
Reenlistment Bonus 12-21-51	$360.00

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer, By direction

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1630	22 DEC 58
LEAVE OR LIBERTY EXPIRED	0900	29 DEC 58
RETURNED TO COAST GUARD JURISDICTION	0745	29 DEC 58

NUMBER DAYS CHARGED TO LEAVE RECORD: SIX (6) days

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1. (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	W. A. EVANS	SCLK, W-1, USCG, PO	366-59

SHIP OR STATION: USCG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK (03-210373.1)

NAME OF A. C. O.:

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
PAYNE,	Shelbert	R.	224-016	DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3313 (Rev. 2-54)
Form approved by
Comp. Gen., U. S.
March 5, 1954

ORDER TO ENTER ACCOUNT

INSTRUCTIONS

1. To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (*Chapter V, Section A*). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

2. Section I will be completed for commencement of pay in the following cases:

a. Upon enlistment, induction, or reenlistment.

b. For enlisted members of the Reserve or retired enlisted members reporting for active duty or for training duty with pay.

3. Section II will be completed, in addition to Section I, when the enlisted person is eligible for reenlistment bonus or enlistment allowance upon reenlistment. (*Page 1b, of the service record [Form CG-3301B], is used for payment of reenlistment bonus upon extension of enlistment.*)

4. Section III will be completed upon the surrender, apprehension, or delivery of a deserter by the first Coast Guard unit taking custody of the deserter. Return of an absentee will be entered in Item 1 of page 12, of the service record (*Form CG-3312*), not on this page.

SECTION I — ACCEPTANCE

ACCEPTED FOR (Check appropriate box)				DATE OF ENLISTMENT, INDUCTION OR REENLISTMENT
ENLISTMENT		INDUCTION	X	REENLISTMENT	20 December 1957
LOCATION (City and state)				PERIOD OF ENLISTMENT OR REENLISTMENT
St. George, Staten Island, New York				Three (03) years

FILL IN THE FOLLOWING INFORMATION REGARDING ACTIVE DUTY IN CASES OF RESERVISTS AND RETIRED ENLISTED MEN

ORDERED TO ACTIVE DUTY FROM (City and state)	DATE OF ENTRY TO PAY STATUS	DATE REPORTED FOR ACTIVE DUTY

SECTION II — LAST PREVIOUS ENLISTMENT (For reenlistment bonus or enlistment allowance)

DATE OF DISCHARGE	TYPE OF DISCHARGE	REASON FOR DISCHARGE
19 December 1957	HONORABLE	EXPIRATION OF ENLISTMENT

NET ACTIVE SERVICE DURING THIS ENLISTMENT			NET ACTIVE SERVICE TO DATE OF DISCHARGE			NUMBER OF DAYS TIME LOST AWOL, AOM, NPDI
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
05	11	29	18	02	25	NONE (00)

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (If none paid, so state)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
NONE	ONE (01)

SECTION III — RETURN OF A DESERTER

DESERTED FROM		TAKE UP ACCOUNT (Enter date following day of return to Coast Guard jurisdiction)
SHIP OR STATION	DATE	

SECTION IV — REMARKS (Refer to section number and item in question in each instance)

Section II

CG BASE, SINY 20 December 1957
Paid $357.72 REEN BONUS this date under CCA of 1949
Sec 208 as amended and settled in the accounts of
J. F. Cannon, CDO, Bymbol 5340, basis 2nd reenl.

A. B. MEYER, SPCK, USCG, ACO

SECTION V — CERTIFICATION

THE AUTHORIZED CERTIFYING OFFICER IS AUTHORIZED AND DIRECTED TO ENTER ACCOUNT OF THE INDIVIDUAL NAMED BELOW AND TO CREDIT PAY AND ALLOWANCES AS PROVIDED BY LAW AND REGULATIONS.

SHIP OR STATION		NAME OF A.C.O.	
USCG BASE, St. George, Staten Island, New York			
C. O. ORDER NO.	TYPED NAME, GRADE AND TITLE	SIGNATURE	
225-58	W.A.EVANS,SCLK,W-1,USCG,PO,Bydir.	W A Evans	
NAME (Last, first, middle)		SERVICE NO.	RATE
PAYNE, Shelbert Ruel		224-016	DCC

NOTE: ALL ITEMS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1954—J-261732

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

1 April 1959 - Change cost accounting number from 210373.1 to 210372.

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM -8- (*Number*) ONLY	SIGNATURE W. A. EVANS	GRADE AND TITLE SCIK,W-1,USCG,Pers.Off.	C. O. ORDER NO. 68-59
SHIP OR STATION U. S. COAST GUARD BASE, St. George, Staten Island, N.Y. (03-210372)		NAME OF A. C. O.	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECO[illegible]

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

☒ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable

☐ WITHOUT LEAVE, not excused as unavoidable

☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1500	1 May 1959
LEAVE OR LIBERTY EXPIRED	0900	16 May 1959
RETURNED TO COAST GUARD JURISDICTION	0800	16 May 1959

NOT AWOL

NUMBER DAYS CHARGED TO LEAVE RECORD NA

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

CREDIT LEAVE RATIONS (14) days

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM _____ (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	M. A. EVANS	SCLK, W-1, USCG, PO	81-59

SHIP OR STATION	NAME OF A. C. O.
USCG BASE ST GEORGE SINY (03-210372)	A. B. MEYER SPCK W-1 USCG

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
(2-16-50)

CERTIFICATE

I have read the attached list of organizations, associations, movements, groups, and combinations of persons, and of those listed I am or have been a member of; am or have been employed by; have attended or been present at formal or informal meetings or gatherings of; have attended, been present at, or engaged in organizational or social activities ofor sponsored by; have sold, given away, or distributed written, printed, or otherwise recorded matter published by; or have in any other manner been identified or associated with; the following:

(For each name stated, set forth a detailed account of nature and extent of association with and activities in connection with the organization, association, movement, group, or combination indicated, including dates, places, precise description of credentials now or formerly held, and, to the greatest extent recollected, names and addresses of others similarly associated or acting. Attach as many extra sheets as necessary for this purpose. If Federal constitutional privilege is claimed as respects the association in question or as to all or any part of activities with any of the names set forth, the applicant may state either, "Federal constitutional privilege is claimed", or "Federal constitutional privilege is claimed as to ----" (describing the specific portions or association or activities as to which the claim is made).

I have further read or had explained to me, and fully understand the matter copied above, constituting a description of present or past conduct or association deemed by the Commandant of the Coast Guard to constitute sufficient grounds for rejecting applicants for membership in the Coast Guard. I have engaged in conduct or association of or similar to the nature of those set forth only to the following extent:

(Attach additional sheets as necessary to a full detailed statement, If Federal constitutional privilege is claimed, state such claim, as described above.)

I understand that false representation concdrning, or failure fully to disclose (in the absence of an express claim or privilege), any detail of association with, or activities in connection with, any of the organizations, associations, movements, groups, or combinations listed on the attached sheets which I have initialed, or any detail or present or past conduct or association of or similar to the character of those copied above shall constitute grounds for bringing me to trial before a general court-martial with possible consequent conviction and imprisonment, or for subsequently separating me from the Coast Guard under

A.R.C.

TREASURY DEPARTMENT
U. S. COAST GUARD
(2-16-50)

conditions other than honorable with or without precedent court-martial procedure. I further understand that even though I am not accepted for enlistment or appointment in the Coast Guard, I may be subject to civil prosecution for false certification in any of the foregoing respects. Fully appreciating the foregoing, I hereby certify that the statements shown above constitute a correct and full disclosure (to the extent that privilege has not been expressly claimed) of all my present and past connections of any nature with one or more of the groups named on the attached list, and any and all conduct or associations of or similar to the character of those set forth in paragraph 2 of reference (a), copied above, in which I am now engaging or have at any time engaged.

Given under my hand this 21st day of DECEMBER, 1951

Shelbert Ruel Payne
SHELBERT RUEL PAYNE

Witnessed this day

W. E. EHRMAN
W. E. EHRMAN, LCDR., U.S.C.G.
Executive Officer

CONSOLIDATED LIST OF ORGANIZATIONS PREVIOUSLY DESIGNATED AS WITHIN EXECUTIVE ORDER NO. 9835 BY LETTERS OF 24 NOVEMBER, 1947, 27 MAY, 1948, AND 21 APRIL, 1949 ACCORDING TO THE CLASSIFICATIONS OF SECTION 3, PART III OF THE EXECUTIVE ORDER

Totalitarian

Black Dragon Society
Central Japanese Association (Beikoku Chuo Nipponjia Kai)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (Military Virtur Society of Japan or Military Art Society of Japan)
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibei Nihonjin, Heiyaku Gimusha Kai, and Zaibei Heimusha Kai (Japanese Residing in America Military Conscripts Association)
Hinode Kai (Imperial Japanese Reservists)
Hinomaru Kai (Rising Sun Flag Society - a group of Japanese War Veterans)
Hokubei Zaigo Shoke Dan (North American Reserve Officers Association)
Japanese Association of America
Japanese Overseas Central Society (Kaigai Dobo Chuno Kai)
Japanes Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (Recruiting Organization)
Jikyoku Lin Kai (Current Affairs Association)
Kibei Seinen Kai (Association of U. S. Citizens of Japanese ancestry, who have returned to America after studying in Japan.
Nanka Teikoku Gunyudan (Imperial Military Friends Group of Southern California War Veterans)
Nichibei Kogyo Kaisha (The Great Fujii Theatre)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (Patriotic Society, or Cherry Association - composed of veterans of Russo-Japanese War.)
Shinto Temples
Sokoku Kai (Fatherland Society)
Suiko Sha (Reserve Officers Association of Los Angeles)

Fascist

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (Reichadeutsche Vereinigung)
Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U.S.A., Inc. (Associazione Nazionals Combattenti Italiani, Federazione degli Stati Unitied America)
Friends of New Germany (Freunde des Neuen Deutschlands)
German-American Bund (Amerikadeutscher Volksbund)
German-American Republican League

Vocational League (Deutsche-Amerikanische Berufsgemein-
Kyffhasuser, also knownas Kyffhasuser League (Kyffhseunser Bund)
Kyffhauser Fellowship (Kyffhaeuser-Kemeradschaft)
Kyffnasuser War Relief (Kyffhasuser Kriegshiffswerk)
Licter Society (Italian Black Sirts)
Mario Morgantini Circle
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincol School, Chicago, Illinois
Action Committee for Free Spain Now
American Leagur Against War and Fascism
American Association for Reconstruction in Yogoslavia, Inc.
American Committee fof European Workers' Relief
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Committee for Protection of Foreign Born
American Council for a Democratic Greece.
American Council on Soviet Relations
American Jewish Labor Council
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Russian Institute, New York
American Russian Institute, Philadelphia, Pa.
American Russian Institute (of San Francisco)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
California Labor School, Inc. 216 Market Street, San Francisco, Calif.
Council or American Croatian Women, National of Council of Croatian Women
Citizens Committee fo Free Earl Browder
Citizens Committee for Harry Bridges
Citizens Committee of the Upper West Side (New York City)
Civil Rights Congress and its affiliates
Comite Coordinador Pro Rupublica Espanola
Committee to Aid the Fighting South
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Arkansas
Communist Party, U.S.A.
Communist Political Association
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council of African Affairs

A.R.B.

an-American Democracy
Defense Committee
Detroit Youth Assembly
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
International Labor Defense
International Workers Order, Including People's Radio Foundation, Inc.
Jefferson School of Social Science, New York City.
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Labor Research Association Inc.
League of American Writers
Macedonian-American Peoples League
Michigan Civil Rights Federation
Michigan School Of Social Science
National Committee to Win the Peace
National Committee for the Defense of Political Prisoners
National Council of Americans of Creation Descent
National Council of Soviet-American Friendship
National Federation of Constitutional Liberties
National Negro Congress
Nature Friends of America (since 1935)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Peoples Educational Association
Peoples Institute of Applied Religion
People's Radio Foundation, Inc.
Philadelphia School of social Science and Art
Photo League (new York City)
Progressive German-Americans, aka Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Massachusetts
Schappes Defense Committee
Schneiderman-Darch Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Washington
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers Relief
Socialist Youth League
Southern Negro Youth Congress
Tom Paine School Science, Philadelphia, Pennsylvania.

New York
Slavic Americans
Tenants and Consumers Organization
May Day Committee
United Negro and Allied Veterans of America
United Spanish Aid Committee
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Sciense, Newark, New Jersey
Washington Bookshop Association
Wahington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Party, Including Socialist Youth League **
Young Comminist League

Subversive:

Communist Party, U.S.A.
Communist Political Association
German-American Bund
Socialist Vorkers Party
Workers Party **
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and vilance to deny others their rights under the Constitution of the United States."

American Christian Nationalist Party
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by uncinstitutional means."

Communist Party, U.S.A.
Communist Political Association
industrial Workers of the World
Nationalist Party of Puerto Rico
Socialist Workers Party
Workers Pafty **
Young Communist League

** Name changed to "Independent Socialist League" announced by organization in April, 1949. Similar designation under the new name, " Independant Socialist League." announced by Attorney General under date of 26 September, 1949.

A.R.G.

OATH OF ALLEGIANCE

I SHELBERT RUEL PAYNE, 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, the regulations governing the Coast Guard and the Uniform Code of Military Justice.

Shelbert R. Payne

SHELBERT RUEL PAYNE

Subscribed and sworn to before me this 21st day of DECEMBER, AD. 19 51.

W. E. EHRMAN, LCDR., USCG

Executive Officer

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
PAYNE, Shelbert Ruel	224-016	DC1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Person with permanent address is advisable) — RELATIONSHIP (If friend, so state)

ELINOR FRANCIS PAYNE — WIFE

ADDRESS (Number, street, city, zone, and State)

68 West Union Ave., Bay Shore, L.I., N.Y.

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (First name, middle name, last name) (If none, or if deceased or divorced, so state) — ADDRESS (Number, street, city, zone, and State)

ELINOR F. PAYNE Age 32 — 68 West Union Ave., Bay Shore, L.I., N.Y.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (Number, street, city, zone, and State)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Shelbert John Payne	Same as No. 5 and 6		X	X		9 yrs.
Robert Leroy Payne	Ditto		X	X		6 yrs.
Ronald Moran Payne	Ditto		X	X		2 mo.

(Continue on reverse side)

8. NAME OF FATHER (or male guardian) (First name, middle name, last name) — ADDRESS (Number, street, city, zone, and State)

DECEASED

9. NAME OF MOTHER (or female guardian) (First name, middle name, last name) — ADDRESS (Number, street, city, zone, and State)

Alleen Lee Payne Age 52 — 68 West Union Ave. Bay Shore, L.I., N.Y.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (See instruction 4 on reverse side of form)

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

ADDRESS (Number, street, city, zone, and State)

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (Other than spouse or child)

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

ADDRESS (Number, street, city, zone, and State)

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

ELINOR FRANCES PAYNE — WIFE

ADDRESS (Number, street, city, zone, and State) — RECEIVE EACH MONTH

68 West Union Ave., Bay Shore, L.I., N.Y. — 100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK	12-20-51	Shelbert R. Payne SHELBERT RUEL PAYNE

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised 1938

Service Record

NOT ELIGIBLE FOR MUSTERING OUT PAY

PAYNE

PAYNE
(Surname)

Shelbert Ruel | 224-016 | NB
(Christian names) | (Service No.) | (Citizenship)

BM1 | 21 December, 1948 | three (3)
(Enlisted as) | (Date) | (Term of years)

USCGC SASSAFRAS (WAGL-401) | Cape May, New Jersey
(Ship or station) | (Place)

16—9677

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (Supplement) (11-47)

Name	Service No.	Rating
PAYNE, Shelbert Ruel	224-016	DC1
Unit	**Location**	**Date reported**
CG Base, St. George	Staten Island, New York	11-1-49
FINAL AVERAGE EFFICIENCY MARKS	**Proficiency in Rating**	**Conduct**
	3.6	4.0

Deductible time while attached: None

[ ] Entered in absence from duty article of record

Disposition of identification credentials: OLD TYPE C.G. I.D. CARD

Surrendered [Yes] / Not Surrendered (Explanation below)

STATEMENTS OF DISCHARGE

Explanation of non-surrender of identification credentials

DISCHARGE

Date	Type of discharge
12-20-51	HONORABLE

Reason: EXPIRATION OF ENLISTMENT

Authority: Art. 581(1) CG Regs.

Place to which travel allowance is elected
PAFE: Cape May, New Jersey
POD: St. Geo., S.I., N.Y.

Receipt of the following is acknowledged

[XXX] Honorable Discharge Button, USCG

[ ] Honorable Service Button

[ ] Honorable Service Emblems

[XXX] Satisfactory Service Card No.

[ ] Information relative to rights and benefits as a veteran

MUSTERING OUT PAY
MUS

[ ] Entitled [XXXX] Not Entitled

Amt. paid	Voucher no.	Check no.

TRAVEL ALLOWANCE AND PAY

Paid TA from	To
New York, NY	Cape May, NJ
Total TA	**Total TA & pay (in full to date of disch.**
$10.32	$546.12
Check No.	Name of pay officer
	HERBERT NEWMAN

CREDITABLE SERVICE THIS ENLISTMENT

Years	Months	Days
THREE	-0-	-0-

Address subsequent to discharge
68 West Union St.
Bay Shore, L.I., N.Y.

REENLISTMENT RECOMMENDATION

[XXXXX] Recommended [ ] Not Recommended

Signature of dischargee
Shelbert Ruel Payne
SHELBERT RUEL PAYNE

Certified to be correct upon termination of service

W. E. EHRMAN, LCDR., USCG
Executive XXXXXXXXXX Officer

Remarks

Reenlisted in the U.S.C.G. for a period of six (6) years on 21 December, 1951.

REPORT SYMBOL. (N) BB-1

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: [redacted] S. COAST G

SEPARATION DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: PAYNE, Shalbert Ruel
2. SERVICE NUMBER: 224-016
3. GRADE, RATE - RANK AND DATE OF APPOINTMENT: USCG DCl 5-16-49
5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL: - | RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: -
6. EFFECTIVE DATE OF SEPARATION: DAY 20 | MONTH December | YEAR 51
7. TYPE OF SEPARATION: DISCHARGE
8. REASON AND AUTHORITY FOR SEPARATION: EXPIRATION OF ENLISTMENT Art. 581(1)
9. PLACE OF SEPARATION: CG BASE, ST. GEORGE, S.I., NEW YORK
10. DATE OF BIRTH: DAY 6 | MONTH Feb. | YEAR 21
11. PLACE OF BIRTH (City and State): Elizabeth City, N. C.
12. DESCRIPTION: SEX Male | RACE Caucasian | COLOR HAIR Brown | COLOR EYES Blue | HEIGHT 5'10" | WEIGHT 175

SELECTIVE SERVICE DATA

13. REGISTERED: YES | NO X | SELECTIVE SERVICE NUMBER -
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State): -
15. INDUCTED: DAY - | MONTH - | YEAR -
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES | NO X | COMPONENT AND BRANCH OR CLASS - | COGNIZANT DISTRICT OR AREA COMMAND -

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: SR1
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 21 | MONTH Dec. | YEAR 48 | PLACE (City and State) Cape May, New Jersey
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State): 1217 Wash. St. Cape May (Cape May) New Jersey

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (U.S.C.G.) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	9	2	25
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	0
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES			
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	12	2	25

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY - | MONTH - | YEAR - | AMOUNT -
26. FOREIGN AND/OR SEA SERVICE: YEARS -0- | MONTHS 10 | DAYS 11
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Entitled to receive Good Conduct Medal for the period fm 21 December, 1948 to 20 December, 1951.
28. MOST SIGNIFICANT DUTY ASSIGNMENT: CG Base, St. Geo., S.I., N.Y.
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST. GRAD. COURSES SUCCESSFULLY COMPLETED: NONE | DATES (From—To): - | MAJOR COURSE: -
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NONE

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 NUMBER(S) 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: -
35. TOTAL PAYMENT UPON SEPARATION: $546.12
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: $10.32
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: HERBERT NEWMAN, POLK, USCG

AUTHENTICATION

38. REMARKS (Continue on reverse): Reenlisted in the U.S.C.G. for a period of six (6) ye ars on 21 December, 1951.
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: W. E. NEWMAN
NAME, GRADE AND TITLE (Typed): Lieutenant Commander, U. S. Coast Guard Executive Officer

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED 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: -
44. UNITED STATES CITIZEN: X YES | ☐ NO
45. MARITAL STATUS: Married
46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR 8 | HIGH SCHOOL 2 | COLLEGE 0 | DEGREE(S) None | MAJOR COURSE OR FIELD None
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): 68 West Union Street Bay Shore, L.I., N.Y.
48. SIGNATURE OF PERSON BEING SEPARATED: Shalbert Ruel Payne
SHELBERT RUEL PAYNE

DD FORM-214

☆ G.P.O.: 1950-917007

VETERANS ADMINISTRATION CENTRAL OFFICE COPY
(ALL SERVICES: To Veterans Administration Headquarters, Washington 25, D. C.)

REPORT SYMBOL. (N) BB-1

CHARACTER OF SEPARATION: HONORABLE

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: PAYNE, Shelbert Ruel
2. SERVICE NUMBER: 224-016
3. GRADE - RATE - RANK AND DATE OF APPOINTMENT: USCG DCl 5-16-49
4. COMPONENT AND BRANCH OR CLASS: U.S.C.G.
5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL: - | RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: -
6. EFFECTIVE DATE OF SEPARATION: DAY 20 | MONTH December | YEAR 51
7. TYPE OF SEPARATION: DISCHARGE
8. REASON AND AUTHORITY FOR SEPARATION: EXPIRATION OF ENLISTMENT Art. 581(1)
9. PLACE OF SEPARATION: CG BASE, ST. GEORGE, S.I., NEW YORK
10. DATE OF BIRTH — DAY 6 | MONTH Feb. | YEAR 21
11. PLACE OF BIRTH (City and State): Elizabeth City, N. C.
12. DESCRIPTION — SEX: Male | RACE: Caucasian | COLOR HAIR: Brown | COLOR EYES: Blue | HEIGHT: 5'7½" | WEIGHT: 175

SELECTIVE SERVICE DATA

13. REGISTERED — YES | NO: X | SELECTIVE SERVICE NUMBER: -
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State): -
15. INDUCTED — DAY: - | MONTH: - | YEAR: -
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT — YES | NO: X | COMPONENT AND BRANCH OR CLASS: - | COGNIZANT DISTRICT OR AREA COMMAND: -

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: SN
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE — DAY 21 | MONTH Dec. | YEAR 28 | PLACE (City and State): Cape May, New Jersey
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State): 1217 Wash. St. Cape May (Cape May) New Jersey

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (U.S.C.G.) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	9	2	25
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	0
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES			
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	12	2	25

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY — DAY | MONTH | YEAR | AMOUNT
26. FOREIGN AND/OR SEA SERVICE — YEARS -0- | MONTHS 10 | DAYS 11
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Entitled to receive Good Conduct Medal for the period fm 21 December, 1948 to 20 December, 1951.
28. MOST SIGNIFICANT DUTY ASSIGNMENT: CG Base, St. Geo., S.I., N.Y.
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST. GRAD. COURSES SUCCESSFULLY COMPLETED: NONE — DATES (From—To): - — MAJOR COURSE: -
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NONE

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 NUMBER(S) 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
35. TOTAL PAYMENT UPON SEPARATION: $546.12
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: $10.32
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: HERMAN, PCLK, USCG

AUTHENTICATION

38. REMARKS (Continue on reverse): Reenlisted in the U.S.C.G. for a period of six (6) years on 21 December, 1951.
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: H. E. HERMAN
NAME, GRADE AND TITLE (Typed): Lieutenant Commander, U. S. Coast Guard Executive Officer

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED 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: -
44. UNITED STATES CITIZEN — [X] YES [ ] NO
45. MARITAL STATUS: Married
46. NON-SERVICE EDUCATION (Years successfully completed) — GRAMMAR: 6 | HIGH SCHOOL: 2 | COLLEGE: 0 | DEGREE(S): None | MAJOR COURSE OR FIELD: None
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): 68 West Union Street, Bay Shore, L.I., N.Y.
48. SIGNATURE OF PERSON BEING SEPARATED: Shelbert Ruel Payne
SHELBERT RUEL PAYNE

DD FORM-214

ALL SERVICES: Affix To Service Record Book

☆ G.P.O.: 1950-917007

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

No. 266

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert Ruel	244-016	DC1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG BASE, ST. GEORGE		S.I., N.Y.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
03-210373		12-20-51

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)

12-20-51: Discharged from the U.S.C.G. with an HONORABLE DISCHARGE by reason of EXPIRATION OF ENLISTMENT.

Auth: Art. 581(1) CG Regs.

12-21-51: REENLISTED in the U.S.C.G. for a period of six (6) years this date.

Auth: Art. 1-G-57 Pers. Man.

DUTY CODE NO.
AUTH:

W. E. EHRMAN, LCDR., 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

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
70¼	170½	Sandy	Blue	☐ ☒ ☐ ☐	98.2°

57. BLOOD PRESSURE (*Arm at heart level*)

	SYS.	DIAS.
SITTING	114	66
RECUMBENT	110	68
STANDING (3 min.)	112	74

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
84	120	88	80	90

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. NFA CX	CORR. TO NFA BY
LEFT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. NFA PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	P.I. PLATES NORMAL	NFA	UNCORRECTED / CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT W/V 15 /15 S/V 30/30⁵
LEFT W/V 15 /15 S/V 30/30⁵

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT					NFA			
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No serious illness since last physical examination.

CG BASE, ST. GEO. SINY
21 December, 1951.

Reenlisted in the U.S.C.G. this date for a period of six (6) years.

W. E. EHRMAN
LCDR., USCG
Executive Officer

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#34- Left varicocele.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR REENLISTMENT IN USCG

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
JAMES P. SHORTAL, S.A.S., USPHS(R)
SIGNATURE James P. Shortal S.A. Surg.

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
F.A. CASTALDI, S.A.D.S., USPHS(R)
SIGNATURE F A Castaldi

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
SIGNATURE
NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PAYNE, Shelbert Ruel	DC1	224-016
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
68 W. Union St., Bayshore, LI, NY	REENLISTMENT IN USCG	11-26-51

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	12	USCG	CG BASE, ST. GEORGE, SI, NY

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
6 Feb. 1921	North Carolina	Eleanor F. Payne (wife) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO, 80 LAFAYETTE St. New York, NY	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
	X	34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 78*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

#34- Left varicocele.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT																LEFT
	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	X	31	30	29	28	27	26	25	24	23	22	21	20	19	18	X

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.024			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG.	NEG.	NFA	NEGATIVE	KAHN-NEGATIVE
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
NFA	NFA			

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
70½	170½	Sandy	Blue		98.2°

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		114	66
RECUMBENT		110	68
STANDING (3 min.)		112	74

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
84	120	88	80	90

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. NFA CX	CORR. TO NFA BY
LEFT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM CONV. NFA PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT NFA LEFT	P.I. PLATES NORMAL	NFA	

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30/30
LEFT WV 15 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT					NFA			
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No serious illness since last physical examination.

CG BASE, ST. GEO. SINY
21 December, 1951.

Reenlisted in the U.S.C.G. this date for a period of six (6) years.

W. E. EHRMAN
LCDR., USCG
Executive Officer

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#34- Left varicocele.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR REENLISTMENT IN USCG

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
JAMES P. SHORTAL, S.A.S., USPHS(R)
SIGNATURE James P. Shortal S.A. Surg.

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
F.A. CASTALDI, S.A.D.S., USPHS(R)
SIGNATURE F A Castaldi

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
SIGNATURE
NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PAYNE, Shelbert Ruel	DC1	224-016
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
68 W. Union St., Bayshore, LI, NY	REENLISTMENT IN USCG	11-26-51

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	12		USCG	CG BASE, ST. GEORGE, SI, NY

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
6 Feb. 1921	North Carolina	Eleanor F. Payne (wife) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO, 80 LAFAYETTE St. New York, NY	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*) *
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
	X	34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)*

#34- Left varicocele.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X/XXX.—*Missing teeth / Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT																LEFT
	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	X
	X	31	30	29	28	27	26	25	24	23	22	21	20	19	18	X

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.024			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG.	NEG.	NFA	NEGATIVE	KAHN-NEGATIVE
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
NFA	NFA			

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SR

PAYNE, Shelbert Ruel 244-016 DC1

CG BASE, ST. GEORGE S.I., N.Y.

03-210373 12-20-51

12-20-51: Discharged from the U.S.C.G. with an HONORABLE DISCHARGE by reason of EXPIRATION OF ENLISTMENT.

Auth: Art. 581(1) CG Regs.

12-21-51: REENLISTED in the U.S.C.G. for a period of six (6) years this date.

Auth: Art. 1-C-57 Pers. Man.

W. E. EHRMAN, LCDR., USCG
By direction

CG-2511A
Form approved by
Comptroller General, U.S.
January 31, 1941

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK
(Unit)

PAYNE, Shelbert Ruel
(Name in full—surname to the left)

20 December, 1951
(Date)

224-016
(Service number)

DC1
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	48	12	21
Enlistment extended (for ____ years from)			
Date of discharge (HONORABLE) (Character of discharge)	51	12	20
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		

Paid $ 360- Reen. BONUS Allow. on 12/21/51 by
PAUL D. BANNING, CDO, Symbol No. 1375 on
Vo. No. 403-2447, Pay Roll No. 03-PR-285

H. T. DOHERTY
AUTHORIZED CERTIFYING OFFICER

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.

W. E. EHRMAN

Date 20 December, 19 51

(Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

REENLISTMENT OR [redacted]

Date 21 December, 19 51

CG BASE, ST. GEORGE, STATEN ISLAND, N.Y.
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or [redacted])

a period of SIX (6) years from this date.

W. E. EHRMAN

(Rank) Lieutenant Commander, U. S. C. G.
Executive [redacted] *officer.*

GPO DSO 3-271

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

ENLISTMENT OF PAYNE, Shelbert Ruel (Full name, surname to left); 224-016 (Service number); $155.25 (Pay per month)

Accepted for enlistment at Cape May, New Jersey; BM1 (Rating in which enlisted)

Enlisted at USCGC SASSAFRAS (WAGL-401), Cape May, New Jersey; 21 December, 1948 (Date of enlistment)

Transferred to

Occupation Coast Guard Citizenship* NB If naturalized, place and date of naturalization Certificate No.

Date of birth 6 February, 1921 Place of birth Elizabeth City, North Carolina

Home address 1219 WASHINGTON STREET (Street and number) Cape May (Town) Cape May (County) New Jersey (State)

Married or single Married Name and address of next of kin or legal guardian Elinor Frances Payne, wife, (Relationship) Cape May, N.J. (Address)

Continuous Service Certificate (Number) Previous service { Coast Guard / ~~Reserve~~ } 9 (Years) 2 (Months) 25 (Days)

First enlisted 25 September, 1939 (Date) at New York, N.Y. (Place) and was last discharged 20 December, 1948 (Date) from USCGC SASSAFRAS (WAGL-401) (Unit) with Honorable (Character) discharge as BM1 (Rate) No. -----

Previous Navy service none (Years) (Months) (Days) Previous Marine Corps service none (Years) (Months) (Days)

Previous Army service none (Years) (Months) (Days) Age 27 years 10 months.

Height 5 feet 10 inches. Weight 174 pounds.

Eyes blue Sex male Hair lt. brown Complexion ruddy Color white

Personal characteristics none marks, etc.

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 LT B. R. HENRY 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 (3) years from 21 December, 1948 / 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, SHELBERT RUEL PAYNE, 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.

Shelbert R. Payne

SHELBERT RUEL PAYNE

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 21st day of December, A. D. 1948

B. R. HENRY, LT, USCG

(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding, USCGC SASSAFRAS

(Title)

Citizenship substantiated and contract perfected.

B. R. HENRY

LT., *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

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF PAYNE, Shelbert Ruel (Full name, surname to the left) 224-016 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
SASSAFRAS	NOV 1 1949	M J Seibert CO	REEN CGC SASSAFRAS	12-21-48	J H Hanson XO By dir.
			CGB, ST. GEO. SINY	NOV 6 1949	W H MOULTON, LCDR By direction

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
CGC SASSAFRAS	CR fm BM1 to DC1. Auth: H/L 4-29-49 PE-C-73).	5/16/49	M. J. SEIBERT, LTJG, USCG, XO, By dir

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
Previously paid $200.00 Mustering Out Pay at time of last discharge 12-18-45.				CO SASSAFRAS

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF PAYNE, Shelbert Ruel (Full name, surname to the left) 224-016 (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
6-30-51	DC1	3.6	3.6	3.6	3.6	4.0	P.O. SIMPSON,CDR,CO CGB,ST.GEO.SINY
9-30-51	DC1	3.6	36	3.6	3.6	4.0	W.E. EHRMAN,LCDR.,USCG XO,CG BASE,SINY
12-20-51	DC1	3.6	3.6	3.6	3.6	4.0	W.E.EHRMAN, LCDR., USCG XO,CG BASE,SINY
AVERAGE	X X X X	3.6				4.0	W.E.EHRMAN, LCDR., XO,CGB,ST.GEO.SINY

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
CGGR, FREEPORT, N.Y.	9-1-47	Issued American Defense Service Medal /s/ Byron M. Wineke Lt(jg)
CGGR, FREEPORT, N.Y.	9-1-47	Issued World War II Victory Medal /s/ Byron M. Wineke Lt(jg)
SASSAFRAS	12-20-48	Issued Honorable Discharge Button and Honorable Service Lapel Button /s/ B. R. HENRY CO
SASSAFRAS	12-20-48	Issued Satisfactory ServiceCard /s/ B. R. HENRY CO
USCGC SASSAFRAS	6/15/49	Issued American Campaign Medal. CO

16—9676-2

2. CHANGES IN RATING

Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date	Signature

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	
12-31-48	BM1	LESS	THAN	ONE	MONTH	4.0	CO
3-31-49	BM1	3.7	3.5	3.7	3.7	4.0	CO
6-30-49	DC1	3.7	3.5	3.7	3.7	4.0	CO
9-30-49	DC1	3.7		3.7	3.7	4.0	CO
11-1-49	DC1	3.7		3.7	3.7	4.0	CO
12-31-49	DC1	3.5		3.6	3.6	4.0	CGB.ST.GEO.SINY,W.H.MOULTON,XO,By dir.
3-31-50	DC1	3.5	3.5	3.6	3.6	4.0	W. H. MOULTON, By dir. CGB, ST. GEO. SINY
6-30-50	DC1	3.5	3.5	3.6	3.6	4.0	W. H. MOULTON, XO CGB, ST. GEO. SINY
9-30-50	DC1	3.5	3.6	3.6	3.6	4.0	W. H. MOULTON, LCDR CGB, ST. GEO. SINY By direction
12-31-50	DC1	3.6	3.6	3.6	3.6	4.0	W. H. MOULTON, LCDR, XO CG BASE, St. George, SINY
3-31-51	DC1	3.6	3.6	3.6	3.6	4.0	P. J. SMENTON, CDR, USCG CO CGBASE, ST GEO.SINY
AVERAGE	X X X X						

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
CGGR, FREEPORT, N.Y.	9-1-47	Issued American Defense Service Medal /s/ Byron M. Wineke Lt(jg)
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SASSAFRAS	12-20-48	Issued Honorable Discharge Button and Honorable Service Lapel Button /s/ B. R. HENRY CO
SASSAFRAS	12-20-48	Issued Satisfactory ServiceCard /s/ B. R. HENRY CO
USCGC SASSAFRAS	6/15/49	Issued American Campaign Medal.

16—9676-2

CG 2500-C
(Rev. 4-49)

RECORD OF PAYNE, Shelbert R. 224-016
(Full name, surname to the left) (Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason and Date	Creditable service for leave purposes		Number of days earned	Departed		Returned		Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
	Months	Days		Hour	Date	Hour	Date				
ANCR 6-30-51	12	0	30							51	W. E. EHRMAN, LCDR
BBF 7-1-51			51							51	W. E. EHRMAN, LCDR XO, (acting)
				0810	12-13-51	0830	12-20-51	REGACC	6	45	W.E.EHRMAN, LCDR. XO, CGB, ST. GEO. SINY
HD 12-20-51	5	20	15							60	

ENTITLED TO RECEIVE CASH COMPENSATION FOR UNUSED LEAVE IN THE AMOUNT OF SIXTY (60) DAYS SHOWN ON LEAVE ACCOUNT ON DATE OF DISCHARGE.

W. E. EHRMAN, LCDR.,
Executive Officer
CG Base, St.Geo. SINY

Paid $528.60 cash compensation for 60 days lv; subs; qtrs on 12/24/51 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 403-1447 Pay Roll No. 03-PR-285

H. T. DOHERTY
AUTHORIZED CERTIFYING OFFICER

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

16—9676-3

PAYNE, Shelbert Ruel 224-016

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN				BAL. DUE	CO'S SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM	TO	REAS	NO. DAYS	NO. DAYS	
IC (REEN)	12-21-48	-0-	- - - -	- - - -	- - - -	- - -	-0-	XO By dir SASSAFRAS

Entitled to cash compensation for sixty (60) days unused leave remaining to credit on discharge 12-20-48.

XO By dir SASSAFRAS

Paid $427.50 cash compensation for 60 days lv; subs; qtrs on 12/31/48 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 8531; Pay Roll No. 341

W. G. SCHAEFER,
Authorized Certifying Officer

ANCR	6-30-49	16					16	XO
BBF	7-1-49	16					16	SASSAFRAS
	7/25/49		7/14/49	7/23/49	RegAcc	10	6	XO
(ADV FTA IN AMT OF $316.25 CERTIFIED FOR PAYMENT ON 22 DEC.1949 - SEE REVERSE)								By dir.
			12-23-49	1-6-50	Reenl	15	-9	W.H.MOULTON, XO, by dir.
ANCR:	6-30-50	30					21	W. H. MOULTON, XO
BBF:	7-1-50	21					21	W.H. MOULTON, XO

See new leave Sheet

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO. DAYS	CO'S SIGN. & UNIT

Ind-1
Comdr., 3rd CGD (f)
New York, N. Y.
(ADV.)

DEC 22 1949
[Date]

FURLOUGH TRAVEL ALLOWANCE from New York, NY to Westport, Washington thence to St.George, SINY, 6464 miles @ 5¢ per mile, amount of $ 323.20; less $ 6.95 TA paid on discharge; for a NET amount of $ 316.25, certified this date for payment in the accounts of PAUL D. BANNING, C.D.O., Symbol No. 1375.

B. S. KOFFLER
AUTHORIZED CERTIFYING OFFICER

Ind-2
Comdr., 3rd CGD (f)
New York, N. Y.
(ADV.)

DEC 23 1949
[Date]

FURLOUGH TRAVEL ALLOWANCE from NEW YORK, NY to WESTPORT, WASHINGTON thence to ST.GEORGE, SINY, 6464 miles @ 5¢ per mile, amount of $ 323.20; less $ 6.95 TA paid on discharge; for a NET amount of $ 316.25, paid this date in the accts. of PAUL D. BANNING, CDO, Symbol No. 1375, on DOV # 403 8733.

Herbert Newman
Assistant Disbursing Officer

RECORD OF PAYNE, Shelbert Ruel (Full name, surname to the left) 224-016 (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
SASSAFRAS	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT				W J Seibert CO

10. TRIALS BY COURTS MARTIAL

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority

RECORD OF PAYNE, Shelbert Ruel (Full name, surname to the left) 224- (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 _____ 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.

16—9676-2

Date 12 October, 1950
Unit Electronic Repair Shop, (Gen)
Location Bay Shore, LI. N.Y.

From: PAYNE, Shelbert R.(224-016) DC1, USCG
To : Commandant (PMM).
Via : 1. Commanding Officer,
2. Authorized Certifying Officer, 3rd CGD.

RECEIVED
Oct 16 8 16 AM '50
N.Y. COAST GUARD DISTRICT
ST. GEORGE, S.I.

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief.

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & Place of marriage; divorce, etc; date birth of children, custodianship: other data.
Elinor Frances Payne 68 West Union St. Bay Shore, N.Y.	Wife	Married:29 March, 1941 at Bay Shore, LI. N.Y.
Shelbert John Payne (same as above)	Son	Birth: 7 Nov. 1941 at Bay Shore, LI. N.Y.
Robert LeRoy Payne (same as above)	Son	Birth; 21 June, 1945 at Staten Island, N.Y.

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents are not (insert "are" or "are not") in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full names and addresses of each allottee, amount to be allotted to each, and month of first payment:

ALLOTTEES	Month, 1st Payment	Amount
Elinor F. Payne 68 West Union St. Bay Shore, N.Y.	November, 1950	$ 165.00
		$
*		$
	Total allotments. . .	$

Date on or after 1 Aug, 1950, from which Basic Allowance for Quarters claimed for each dependent 1 August, 1950

Shelbert R. Payne
(Name of Member)

Address 68 West Union St. Bay Shore, N.Y.

Shelbert R. Payne
(Signature of member) (ALL COPIES)

Ind-1
From: Commanding Officer, ERS. (Gen) Bay Shore, LI. N.Y.
To : Commandant (PMM)(via Authorized Certifying Officer, 3rd CGD).

Forwarded.

ANTHONY F. GLAZA, Jr. ELEC.
(Signature of Comdg. Officer). OinC

Ind-2 Date:

From: Authorized Certifying Officer, 3rd CGD.
To : Commandant (PMM).

NAVCG 2702-A
U. S. COAST GUARD
Form approved by
Comptroller General, U. S.
August 7, 1948

VOUCHER FOR INCREASED QUARTERS ALLOWANCES

July 1, 1950
*(Date)

PAYNE, (Surname) Shelbert (First name) R. (Initial)

DC1 (Rank) CG BASE, ST. GEORGE, STAT (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 Elinor (First name) Frances (Middle name) Payne (Surname) March 29, 1941 (Date of marriage)

Trailer Park, Bay Shore, N. Y. (Address)

Legitimate child (under 21) Shelbert J. Payne. (First name) (Initial) (Surname)

Same as above (Address) Dec. 2, 1942 (Date of birth)

Certificate required by articles 209, 211, 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 (Insert are or are not) in occupancy of public quarters without charge (except for brief visits in quarters assigned to another officer).

3. There has been no change in the above-stated dependency since Jan. 1, 1950 (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.

Shelbert R. Payne, DC1 (Signature and rank)

(D. O. symbol number)

*—1/1 or 7/1 except for first or change voucher.

U. S. GOVERNMENT PRINTING OFFICE 16—37013-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG BASE, ST. GEORGE, SIDNY (Unit) — ST. GEORGE, STATEN ISLAND, NEW YORK (Place)

1 May [illegible], 1950 (Date)

FROM: PAYNE, Shelbert R. (224-016) DC1

TO: COMMANDANT (via Comdr, 3rd CG 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:

Date of Marriage: 29 March, 1941

Elinor Frances Payne (Full name of wife; if not married, so state)	1217 Washington St., Cape May, N.J. (Address of wife)
Shelbert John Payne (Full name of child; if none, se state)	Same as above (Address of child)
Robert LeRoy Payne (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:

Aileen L. Payne (Full name of relative)	MOTHER (Relationship)	(Address of relative)

dependent for support (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

1st day of May, 19 50

W. H. MOULTON, LCDR, USCG (Signature)

Executive Officer (Rank or title)

Shelbert R. Payne (Signature)

DC1 (Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☐ USCG
PAYNE, Shelbert Paul	(224-016)	DC 1	

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*)

Elinor Frances Payne — wife

ADDRESS (*Number, street, city, zone, and State*)

68 West Union Ave. BayShore, N.Y.

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Elinor F. Payne (age 32)	68 West Union Ave. Bay Shore, N.Y.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Shelbert John Payne	68 West Union Ave. Bay Shore N.Y.		x	x		8 yrs
Robert Leroy Payne	same as above		x	x		5 yrs.

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Deceased	

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Aileen Lee Payne (age 49)	68 West Union Ave. Bay Shore, N.Y.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

ADDRESS (*Number, street, city, zone, and State*)

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

ADDRESS (*Number, street, city, zone, and State*)

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

(*Continue on reverse side*)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP	RECEIVE EACH MONTH % OF MY PAY.
Elinor Frances Payne	wife	100

ADDRESS (*Number, street, city, zone, and State*)

68 West Union Ave. Bay Shore, N.Y.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
U.S. COAST GUARD BASE St. Geo. Staten Island, N.Y.	8-10-50	Shelbert R. Payne Shelbert R. Payne

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

STATEMENT AND RECEIPT FOR MEI
TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2927 (Rev. 4-48)

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS
WORLD WAR II VICTORY MEDAL
AND
AREA CAMPAIGN MEDALS

DISTRIBUTION UNIT
Name: _____
Address: _____
_____

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)
PAYNE	Shelbert	R.

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
224-016	DC1	USCGC SASSAFRAS (WAGL-401)

HOME ADDRESS *(Give Number, Street, City, Zone No., and State only if separated from the service)*
Cape May, N.J.

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.
- [ ] World War II Victory Medal (No Clasp)
- [X] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

Shelbert R. Payne
SHELBERT R. PAYNE
(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.

- [ ] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [ ] World War II Victory Medal (No Clasp)
- [ ] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

SERVICE RECORD

_____
(Recipient sign here)
(Do not sign unless awards are actually received)

A 8555

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-10)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

6 March,1950

From: Commandant.

To: Commanding Officer, CG Base, St.George,Staten Island,N.Y.
Via: Commander, Third Coast Guard District (pmp)
SUBJECT: PAYNE, Shelbert R (224-016) DC1
Ref: CGC SASSAFRAS letter dated 19 October,1949
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—
9-25-39							
Enl Ext 3 years from							
9-25-42	12-18-45 H D	None		None		None	
12-19-45	12-20-48 H D	None		None		None	
12-21-48							
Now serving							

B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 20

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	XXX BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
USCGC SASSAFRAS (WAGL-401)		Cape May, N.J.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
3rd CG District		21 December, 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)

21 December, 1948: Reenlisted for a period of three (3) years in the Regular Establishment in the rating of BM1.

PAFE: Cape May, New Jersey

Entitled to $150.00 reenlistment allowance having been discharged 20 December, 1948 on expiration of a 3 year enlistment.

DUTY CODE NO.
AUTH: Art. 556, CG Regs

JAMES L. HARRISON
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

Machine Accounting
Punched _____
Verified _____

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

N. C. G. No. 2668
Form approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
PAY NO. .....

REPORT OF CHANGE IN PAY STATUS

PAYNE	SHELBERT	R.	224-016	BM1
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

USCGC SASSAFRAS (WAGL-401)	Cape May, N.J.	21 December, 1948
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

STATEMENT OF SERVICE

ENTERED SERVICE	SERVICE TERMINATED	NO ABSENCES WITHOUT LEAVE, DUE TO OWN MISCONDUCT, OR NPDI UNLESS INDICATED BELOW (INCLUSIVE DATES)
9-25-39		
9-25-42 En.Ex 3 years		
	12-18-45 HD	
12-19-45		
	12-20-48 HD	
12-21-48 Now serving		

Completed nine (9) years creditable service for longevity purposes on 9-24-48.

AUTHORITY:
Art. 111, P&SI

B. R. HENRY
(Commanding)

LT, USCG
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE 16—32065-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

USCGC SASSAFRAS (WAGL-401) (Unit)

Cape May, New Jersey (Place)

21 December, 1948 (Date)

FROM: PAYNE, Shelbert R. (224-016) BM1

TO: COMMANDANT (via Commanding Officer, SASSAFRAS)

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:

Elinor Frances Payne (Full name of wife; if not married, so state)	1219 Washington Street Cape May, N.J. (Address of wife)
Shelbert John Payne - son (Full name of child; if none, so state)	as above (Address of child)
Robert LeRoy Payne - 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)

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:

Aileen L. Payne (Full name of relative)	mother (Relationship)	as above (Address of relative)

dependent for support
(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

21st day of December, 1948

SHELBERT R. PAYNE
(Signature)

B. R. HENRY, LT, USCG
(Signature)
Commanding Officer
(Rank or title)

BM1
(Rank or rating)

16—25758-1

jdg

(pmp)

73

1 April, 1947

From: Commander, 3rd CG District
To: Commanding Officer, CG Group, Freeport, N.Y.

Subj: Personnel; Assignment of designator (L)

1. Effective upon receipt hereof you are authorized to affix the designator (L) to the ratings of the below named men in accordance with HL-3/18/47 (PE-C), CG-73 and report changes on Form 2599.

FARROW, Linville G. (211-109) BM1c
JENNETT, Carl R. (211-021) BM1c
PAYNE,

2. Designator (L) in the case of Payne, Shelbert R. (224-016) is disapproved inasmuch as he has never held either the rating of surfman or an (L) rating in the past.

E. H. LANE
By direction

CC:
Pers
Class
File

73
Fire Island Light Sta.
Bayshore,L.I.N.Y.

21 Febuary 1947.

From: Payne,Shelbert,R.(224-016).BM1c.
To: Commandant.
Via CO,CG Group,Freeport,New York.

Subj: Designator letter/L./;Request for.

1. Having served in the U.S.Coast Guard,as a surfman from 16th.November 1939 to 22 Febuary 1947. It is requested that I be awarded the designator letter (L) in accordance with ALCOAST 16-1947.

Shelbert R. Payne

Shelbert R. Payne BM1c.

Ind-1
CG GROUP, FREEPORT, N.Y.
24 February. 1947

1. Forwarded, approved.

BYRON M. WINEKE

Fire Island Light Station
Bay Shore, N.Y.
File CG-73

8 April,1947

From: Payne, Shelbert R. Payne BM1c. (224-016)

To: Commandant, U.S. Coast Guard (PRM)

Via: Commanding Officer, CG Group, Freeport N.Y.

Commander, 3rd Coast Guard District.

Subj: Family Allowance benefits.

1. I request termination of Family Allowance benefits on behalf of my sister Carita Payne now Mrs. Carita Crockett as of 10th March 1947.

Shelbert R. Payne

Shelbert R. Payne BM1c.

Ind.1
CO CG Group Freeport,N.Y.
11 April,1947

Forwarded.

Byron M. Wineke,Lt.(j.g.)

APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT — CHARLIE SHORE UNITS (44).

NAVPERS-668 SUPPLEMENTAL

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
COAST GUARD GROUP Fire Island LB Station, Bay Shore, N.Y.	6/30/45	25 September, 1939.

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U.S. COAST GUARD ☐ COMMANDANT U.S. MARINE CORPS

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE NUMBER	RATING
PAYNE	Shelbert	Ruel	224-016	B.M.1c.

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amende behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and

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 YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MO AMOUNT CONTR BY YOU DURI PAST 12 MO SEE NOTES
1	X	Elinor F. Payne Fire Island Lighthouse Bay Shore, New York.	wife				
2		Shelbert John Payne (as above)	son	11	41		
3		Robert Leroy Payne (as above)	son	6	45		
4	X	Aileen L. Payne (as above)	Mother				
5		Carita Payne (as above)	Sister	10	29		
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 fu address of the payee and indicate dependent by number shown above:

NAME OF PAYEE ADDRESS OF PAYEE

Ind.-

☐

Ind.-3

☒ R (6) days. Date 12-12-51

☐ Returned, NOT GRANTED, because ☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

W.E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

Ind.-4 Unit: CG BASE, ST. GEORGE, SINY Date 12-13-51

Departed at 0900, this date. This leave expires before 0900, 20 December, 1951

at THIS U NIT. and is subject to the instructions on the reverse hereof.

W.E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

Ind.-5 Unit: CGB, ST. GEO. SINY Date 12-20-51.

Reported at 0630, this date, having used SIX days' leave.

W. E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

16—40220-2

(Over)

APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT — CHARLIE SHORE UNITS (44).

NAVPERS-658 — SUPPLEMENTAL

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
COAST GUARD GROUP Fire Island LB Station, Bay Shore, N.Y.	6/30/45	25 September, 1939.

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U.S. COAST GUARD ☐ COMMANDANT U.S. MARINE CORPS

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE NUMBER	RATING
PAYNE	Shelbert	Ruel	224-016	B.M.1c.

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amende behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and

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 MO AMOUNT CONTR BY YOU DURI PAST 12 MO SEE NOTES
1	X	Elinor F. Payne Fire Island Lighthouse Bay Shore, New York.	wife				
2		Shelbert John Payne (as above)	son	11	41		
3		Robert Leroy Payne (as above)	son	6	45		
4	X	Aileen L. Payne (as above)	Mother				
5		Carita Payne (as above)	Sister	10	29		
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 nam address of the payee and indicate dependent by number shown above:

NAME OF PAYEE — ADDRESS OF PAYEE

☐ Returned, NOT GRANTED, because ☒ ACCRUED (Reason for leave)

W.E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

Ind.-4 Unit: CG BASE, ST. GEORGE, SINY Date 12-13-51

Departed at 0810, this date. This leave expires before 0900, 20 December, 1951

at THIS U NIT. and is subject to the instructions on the reverse hereof.

W.E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

Ind.-5 Unit: CGB, ST. GEO. SINY Date 12-20-51.

Reported at 0630, this date, having used SIX days' leave.

W. E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

16—40220-3 (Over)

APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT — CHARLIE SHORE UNITS (44).

NAVPERS-603 — PPLEMENTAL

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
COAST GUARD GROUP Fire Island LB Station, Bay Shore, N.Y.	6/30/45	25 September, 1939.

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U.S. COAST GUARD ☐ COMMANDANT U.S. MARINE CORPS

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE NUMBER	RATING
PAYNE	Shelbert	Ruel	224-016	B.M.1c.

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amend behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and

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 MO AMOUNT CONT BY YOU DURI PAST 12 MO SEE NOTES
1	X	Elinor F. Payne Fire Island Lighthouse Bay Shore, New York.	wife				
2		Shelbert John Payne (as above)	son	11	41		
3		Robert Leroy Payne (as above)	son	6	45		
4	X	Alleen L. Payne (as above)	Mother				
5		Carita Payne (as above)	Sister	10	29		
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 na address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE
5	Alleen L. Payne	Fire Island Lighthouse, Bay Shore,

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH CERTIFIED COPY.
Bay Shore, New York.	3/29/41	☐ YES ☐

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: Mother and father were both B-1 dependents but due to father's death 7/21/44, sister and mother are submitted on this application.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF: Cont.

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY SHU 3ND (CHARLIE) DCGO

DATE 9 July,1945

continued

I HAVE THIS DAY XXXX IN THE APPLICANT'S PAY ACCOUNT (224-016 Pay Number) A MONTHLY FAMILY ALLOWANCE

OF XXX (Strike Out One) $27 EFFECTIVE June (Month) 1945

FA clase AB in effect sence 11-43

E. L. COLEMAN, 55-123
DCGO, 3rd ND

(Signature of Disbursing Officer) JEAN JACQUES, Ensign, USCGR(W)
Asst. to Disbursing Officer
E. L. COLEMAN, SDA 55123, DCGO, 3ND

(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. — Pink

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

224-016 (File or service No.)

PAYNE (Surname) Shelbert (First name) R. (Initial)

B.M.1c. (Rank or rating and branch of service) USCG.

18 December, 1945 (Date discharged or released from active duty)

Fire Island Light Station CG GROUP, BAY SHORE, N. Y. (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 No.

COMMANDING OFFICER'S CERTIFICATE:

(Sign original only)

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.

A. BUGRUS, Jr., Lieutenant (jg).
(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? No (Enter Yes or No)

Shelbert R. Payne
Shelbert R. Payne, B.M.1c. (Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

Fire Island Light Station, USCG. (Number) (Street)

Bay Shore, (City) (Zone) New York (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on _____ (Public voucher) _____ (Check number) _____ (Date)

(Type name and symbol No. of disbursing officer making initial payment)

16—39039-1

QUADRUPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

W.E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG BASE, ST. GEORGE, SINY Date 12-12-51

☒ Returned, GRANTED SIX (6) days.

☐ ADVANCE REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

W.E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

Ind.-4 Unit: CG BASE, ST. GEORGE, SINY Date 12-13-51

Departed at 0810, this date. This leave expires before 0900, 20 December, 1951

at THIS U NIT. and is subject to the instructions on the reverse hereof.

W.E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

Ind.-5 Unit: CGB, ST. GEO. SINY Date 12-20-51.

Reported at 0630, this date, having used SIX days' leave.

W. E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

16—40220-3

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
COAST GUARD BASE	ST. GEORGE,SINY	12 December, 1951

FROM (REQUESTER):	TO	VIA:
PAYNE, Shelbert R.(224-016)DC1	EXECUTIVE OFFICER	----------

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
SIX(6) DAYS	13 December, 1951	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 68 W. UNION STREET, BAYSHORE, LONG ISLAND, N.Y.

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

Shelbert R. Payne
SIGNATURE OF APPLICANT SHELBERT R. PAYNE

Ind.-1 Unit: CG BASE, ST. GEORGE,SINY Date 12-12-51

Date current leave accounting period began	Balance brought forward beginning of present accounting period
7-1-51	51
Number days' leave used during current accounting period	Date of expiration of current enlistment
-0-	12-20-51

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

W.E. EHRMAN,LCDR.,USCG
Executive Officer (Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG BASE, ST. GEORGE,SINY Date 12-12-51

☒ Returned, GRANTED SIX (6) days.

☐ ADVANCE REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

W.E. EHRMAN,LCDR.,USCG
Executive Officer (Signature, rank, and title)

Ind.-4 Unit: CG BASE, ST. GEORGE,SINY Date 12-13-51

Departed at 0900, this date. This leave expires before 0900, 20 December, 1951

at THIS U NIT. and is subject to the instructions on the reverse hereof.

W.E. EHRMAN,LCDR.,USCG
Executive Officer (Signature, rank, and title)

Ind.-5 Unit: CGB,ST.GEO. SINY Date 12-20-51.

Reported at 0630, this date, having used SIX days' leave.

W. E. EHRMAN, LCDR., USCG
Executive Officer (Signature, rank, and title)

16—40220-3

(Over)

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88

TRAVEL VOUCHER

D. O. Vou. No. 403 1988

Bu. Vou. No. C3 7519

U. S. TREASURY ---- COAST GUARD
(Department, bureau, or establishment)

Payee's name Shelbert R. Payne

Mailing address 68 West Main Street
Bayshore, LINY

CG Base, St. George, SINY
(Official duty station)

(Residence—For use by Postal Service employees only)

PAID BY
PAUL D. BANNING
CHIEF
DISBURSING OFFICER
NOV 19 1951
1375

Travel and other expenses in the discharge of official duty from 8 Aug., 1951 (Date) to 21 Sept., 1951 (Date) under authority

No. 030855 dated 8 August, 1951 copy of which is attached, or has been previously furnished. I have a

travel advance of $ _____ to which $ _____ of this voucher should be applied.

SHELBERT R. PAYNE (224-016)
DCI, USCG

26 Oct., 1951

MEMORANDUM

	DOLLARS	Cents
AMOUNT CLAIMED →	99	60
Differences:		
LJ	99	60
NET AMOUNT TO TRAVELER	99	60

(For Administrative Use)

APPROVED: SR

Total verified correct for charge to appropriation(s) (initials) _____

Applied to travel advance (appropriation symbol) _____

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

NOV 14 1951

H. T. DOHERTY, PCLK, USCG

MEMORANDUM

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, Limitation, or Project Symbol	Appropriation Title (Optional)	Limitation or Project (Amount)	Appropriation Amount
20X5201	Operating Expenses, Coast Guard		99.60

Allotment Symbol	Amount	Obligations Liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
03-20-52	#030855		03-0370		0312	99.60

Paid by Check No. _____

Dated _____

MEMORANDUM

PAYEE COPY

16—63078-1

U. S. COAST GUARD FINANCE CENTER
OCT 24 1951
RECEIVED
NEW YORK, N. Y.

UNITED STATES COAST GUARD
U. S. COAST GUARD
RECEIVED
OCT 24 1951
PERSONNEL OFFICE
NEW YORK, N. Y.

Address reply to: Commanding Officer
U.S.C.G. St. George,
Staten Island, New York

8 August, 1951
File: P16-4/MM

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shelbert R. (224-016) DC1, USCG - Present

Subj: Orders; travel, temporary additional duty

Ref: (a) CCGD3/L 31 July, 1951 (P16-3/MM) Ord #343-52

1. Upon receipt hereof, and in accordance with reference (a), you are directed to proceed and report to **Commanding Officer, FI, Light Sta., Bayshore, LINY** for temporary additional duty. You are authorized to visit and revisit such other places within the 3rd CG District as may be necessary on official Coast Guard business.

2. **Travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against 3rd CG District travel allotment, symbol 03-20, authorization No. 030888. Travel via railroad, bus, water, and/or air, and privately owned conveyance is authorized. Temporary duty travel allowances as prescribed in Article 4203 and 4205 JTR are applicable in this case.**

3. Travel under this order may be performed via privately owned conveyance subject to reimbursement in accordance with Joint Travel Regulations dated 22 December, 1950, as amended.

4. CG BASE, ST. GEORGE, SINY WILL REMAIN ACCOUNTABLE UNIT.

5. Officers-in-charge of units to which you report in accordance with these orders will exercise the immediate military control over you.

6. Upon completion of this temporary duty, you will return to this unit and resume your regular station and duty.

7. Delivered and departed 1500 this date and place.

W. E. EHRMAN, LCDR, USCG
Executive Officer

CC:
CCGD3 (eov)
CCD3 (p)
File

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19 51	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ 0.05 cents per mile	AMOUNT CLAIMED MILEAGE	SUBSISTENCE	OTHER
	PER DIEM JOIN ACCORD PARA 4205, JTR & MONEY ALLOW				
	LIEU TRANSP AUTH ACCORD PARA 4203, JTR				
8 Aug	Departed CG Base, St. George, SINY at 1500.				
	Arrived Fire Island L/S, Bayshore, NY at 1600.				
20 Aug	Departed Fire Island L/S, Bayshore, NY at 0800. (DEPARTED NET. AREA)				
	Arrived Penfield Reef L/S, Fairfield, Ct. at 1200. 51 (New York to Fairfield)				2 55
19 Sept	Departed Penfield Reef L/S, Fairfield, Ct. at 0800.				
	Arrived ERS(G), Bayshore, NY at 1000. 51 (Fairfield to New York)				2 55
	Ret. net. area of perm station.				
21 Sept	Departed ERS(G), Bayshore, NY at 0800.				
	Arrived CG Base, St. George, SINY at 1505.				
	No delay or leave taken during above period.				
	CONST. TRAIN TIME, VIA: NYNHH&H RR				
	LV New York, NY 1030-8/20/51. ARR Fairfield, Ct. 1141-8/20/51.				
	LV Fairfield, Ct. 0758-9/10/51. ARR New York, NY 0914-9/10/51.				
	ENTITLED TO PER DIEM AS FOLLOWS:				
	20 Aug., 1951, 3/4 day @ $9.00 ($6.75) less $4.50 for avail quarters, in amt. of			2 25	
	21 Aug., 1951 to 9 Sept., 1951, incl (qtrs avail) a period of 20 days @ $4.50 per day, in amt. of			90 00	
	10 Sept., 1951, 1/4 day @ $9.00 per day, ...			2 25	
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →	$99.60	102	XXX 94 50	5 10

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS
(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL FROM—	TO—

I certify that all of the above travel was performed via privately owned conveyance at my own expense and that no part of this travel was performed on Gov't. T/A or via govt owned conveyance. No subsistence or quarters available or furnished while enroute between stations under this order. No CGHR's furnished.

SHELBERT R. PAYNE (224-016)
DCL, USCG

†"Pullman accommodations: MR, ... roomette; SOS, single ...

Ind- 6 NOV 14 1951

Comdr., 3rd CGD (f)
New York, N.Y. 7519 (date)
Voucher in the amount of $ 99.60 covering
Per Diem
from 8/20/51 to 9/10/51, mile.
and Money Allowance In Lieu of Transportation
from New York, NY to Fairfield, Conn
certified this date for payment in the accts.
of Paul D. Banning, C.D.O., Symbol No. 1375.

H. T. DOHERTY
AUTHORIZED CERTIFYING OFFICER

Ind- 7 NOV 19 1951

Comdr., 3rd CGD (f)
New York, N. Y. (date)
Voucher in the amount of $ 99.60 covering
Per Diem
from 8/20/51 to 9/10/51 mile.
and Money Allowance In Lieu of Transportation
from New York, NY to Fairfield, Conn
paid this date on Voucher No. 403 1988
settled in the accts. of Paul D. Banning,
C.D.O., Symbol No. 1375.

Herbert Newman
Assistant Disbursing Officer

$95.10 PD

H. T. DOHERTY

L. SUTTON, RDM.
OFFICER IN CHARGE

Sept 21, 51

1. All travel performed by privately owned Conveyance.

Ind-5

21 September, 1951

CG BASE, St. George, SINY

Reported this unit at 1900, in accordance with basic orders, having terminated TAD.

W. E. THOMAS, LCDR, USCG
Executive Officer

IND 1. Fire Island Light Station

1. Arrived this unit 1600 8 August 1951.
2. Departed 0800 20 August 1951.
3. Subs. & Quarters not available or furnished.

Subs only

G.E. Mahler
G.E. Mahler
OinC

---

10 September, 1951

Ind:2 Penfield Reef Light Station

1. Arrived 1200-20-8-51
2. Departed 0800-10-9-51
3. Quarters furnished, subsistence not available or furnished.

John.V.Bolger
John.V.Bolger BM1.
O-in-C.

Ind:3 Electronic Repair Shop (Gen), Bayshore, L.I., N.Y.

1. Arrived 1000 - 9/10/51
2. Departed 0800 -9/21/51
3. Subs. & quarters not available or furnished.

Subs only

$95.10 PD

Voucher for the above travel certified for payment this date_____.

L. Sutton
L. SUTTON, ELEC.
OFFICER IN CHARGE

H. T. DOHERTY
AUTHORIZED CERTIFYING OFFICER

Ind 4 St George Coast Guard Base Sept 21-51

1. All travel was performed by privately owned Conveyance.

Gilbert R. Payne Dc1

Ind-5

21 September, 1951

CG BASE, St. George, SINY

Reported this unit at 1505, in accordance with basic orders, having terminated TAD.

Voucher for the above travel certified for payment this date_____.

W. E. EHRMAN, LCDR, USCG
Executive Officer

SERVICE RECORD COPY

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
PAYNE, Shelbert R.	221-016	PO1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*)

Elinor Frances Payne — Wife

ADDRESS (*Number, street, city, zone, and State*)

68 West Union Ave. BayShore, N. Y.

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Elinor F. Payne (32)	68 West Union Ave. Bay Shore, N. Y.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Shelbert John Payne	68 West Union Ave. Bay Shore New York.		X	X		9Yrs.
Robert Leroy Payne	Same as above		X	X		6Yrs.
Ronald Moran Payne	Same		X	X		2 Mos.

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Deceased	

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Aileen Lee Payne (52)	68 West Union Ave. Bay Shore, N.Y.

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

ADDRESS (*Number, street, city, zone, and State*)

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP

ADDRESS (*Number, street, city, zone, and State*)

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

(*Continue on reverse side*)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Elinor Frances Payne	Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

68 West Union Avenue, Bay Shore, New York — 100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
USCG BASE, St. George, Staten Is., N. Y.	10-29-51	Shelbert R. Payne Shelbert R. Payne

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—81480-1

5 October, 1951
File: A6-5

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shelbert R. (224-016) DC1, USCG

Subj: CPOA; examination participating of

Ref: (a) CCGD3/L, 10-2-51, P17-801

In accordance with reference (a), you are directed to report to Commanding Officer, CG BASE, St. George, Staten Island, New York, not later than 0800, 29 October, 1951 for the purpose of participating in the forthcoming CPOA examination.

W. E. EHRMAN
By direction

SERVICE RECORD COPY

CG-2511 STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD

25 September, 1951

SR

From: Commanding Officer, CG BASE, St. George, SIPY

To: Disbursing Officer, Third Coast Guard District

SUBJECT: **PAYNE, Shelbert R. (224-016) DC1, 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)
USCG 9-25-39				
Enl: Ext. 3 years from 9-25-42	12-18-45 HD	None	None	None
12-19-45	12-20-48 HD	None	None	None
12-21-48				

Now Serving

Completed twelve (12) years creditable service for increase in pay on 24 September, 1951

W. E. EHRMAN, LCDR, USCG
Executive Officer

CERTIFIED TO BE A TRUE COPY

W. E. EHRMAN, LCDR, USCG
(Name) (Rank)

Eatons Neck L.B. Sta.
North Port, L.I., N.Y.

Sept. 21, 1951

From: Shelbert R. Payne AC1 (224-016) TAD
To: Personnel Officer, Coast Guard Base
Staten Island, N.Y.

Subj: Longevity pay.

1. It is requested that I be given credit for 12 years service as of 25th Sept. 1951.

Shelbert R. Payne AC1

SR

RECEIVED
9 11 9 06 AM '51

UNITED STATES COAST GUARD

U. S. COAST GUARD
B A
ST. GEORGE

U. S. COAST GUARD
RECEIVED
31 August 1951
FILE: MM

RECEIVED
SEP 6 1951
COMMANDER
THIRD C. G. DISTRICT
NEW YORK, N. Y.

RECEIVED
PERSONNEL OFFICE
NEW YORK, N.Y.

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

From: Commandant
To: Commanding Officer, CG Base, St. George, SINY
Via: Commander, 3rd CG District (p)

Subj: PAYNE, Shelbert R. (224-016) DC1 ; forthcoming examination for chief petty officer (provisional)

Ref: (a) Your letter dated 13 August, 1951, file P20-1/MM

In view of the recommendation submitted, and in view of his qualifications, subject named man will be permitted to participate in the forthcoming examination for chief petty officer (provisional) in his specialty, which will be held during the month of October, 1951.

W. H. BUXTON
By direction

SERVICE JACKET COPY

Ind-1
OC3CGD, New York, N.Y.

6 September, 1951

From: Commander, Third Coast Guard District
To: Commanding Officer, CG Base, St. George, SINY

Forwarded.

M. K. HUTCHINSON
By direction

UNITED STATES COAST GUARD

FOR VICTORY
BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
Commanding Officer
CG BASE, St. George,
REFER TO FILE
Staten Island, New York

1 July, 1951
File: P16-4/MM

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shelbert P. (224-016) DC1, USCG

Subj: Orders, travel, temporary additional duty

Ref: (a) CCGD3/L 7-1-51 (P16-4/MM)

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Commanding Officer, Electronic Repair Station (GEN), Bayshore, Long Island, New York, for temporary additional duty. You are authorized to visit and revisit such other places within the 3rd CG District as may be necessary on official CG business.

2. The travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 030509. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case.

3. Travel under this order may be performed via privately owned conveyance subject to reimbursement in accordance with Joint Travel Regulations dated 22 December, 1950, as amended.

4. CG BASE, ST. GEORGE, SINY WILL REMAIN ACCOUNTABLE UNIT.

5. Officers-in-charge of units to which you will report in accordance with these orders will exercise the immediate military control over you.

6. Upon completion of this temporary additional duty, you will return to this unit and resume your regular station and duty.

7. Delivered and departed 0800, this date and place.

W. E. EHRMAN
Executive Officer

CC: CCGD3 (ecv)

8/8/51

Commanding Officer
CG BASE, St. George,
Staten Island, New York

1 July, 1951
File: P16-4/MM

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shelbert P. (224-016) DC1, USCG

Subj: Orders, travel, temporary additional duty

Ref: (a) CCGUS/L 7-1-51 (P16-4/MK)

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Commanding Officer, Electronic Repair Station (CGEN), Bayshore, Long Island, New York, for temporary additional duty. You are authorized to visit and revisit such other places within the 3rd CG District as may be necessary on official CG business.

2. The travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 3rd CG District travel allotment symbol 05-20, authorization No. 0505509. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case.

3. Travel under this order may be performed via privately owned conveyance subject to reimbursement in accordance with Joint Travel Regulations dated 22 December, 1950, as amended.

4. CG BASE, ST. GEORGE, SINY WILL REMAIN ACCOUNTABLE UNIT.

5. Officers-in-charge of units to which you will report in accordance with these orders will exercise the immediate military control over you.

6. Upon completion of this temporary additional duty, you will return to this unit and resume your regular station and duty.

7. Delivered and departed 0800, this date and place.

W. H. HERMAN
Executive Officer

CC: CCGUS (cov)

Commanding Officer
CG BASE, St. George,
Staten Island, New York

1 July, 1951
File: P16-4/MM

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shelbert P. (224-016) DC1, USCG

Subj: Orders, travel, temporary additional duty

Ref: (a) CCGDS/L 7-1-51 (P16-4/MM)

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Commanding Officer, Electronic Repair Station (CGEN), Bayshore, Long Island, New York, for temporary additional duty. You are authorized to visit and revisit such other places within the 3rd CG District as may be necessary on official CG business.

2. The travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 3rd CG District travel allotment symbol 05-20, authorization No. 030509. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case.

3. Travel under this order may be performed via privately owned conveyance subject to reimbursement in accordance with Joint Travel Regulations dated 22 December, 1950, as amended.

4. CG BASE, ST. GEORGE, SINY WILL REMAIN ACCOUNTABLE UNIT.

5. Officers-in-charge of units to which you will report in accordance with these orders will exercise the immediate military control over you.

6. Upon completion of this temporary additional duty, you will return to this unit and resume your regular station and duty.

7. Delivered and departed 0800, this date and place.

W. E. HERMAN
Executive Officer

CC: CCGDS (aev)

Commanding Officer
CG BASE, St. George,

Staten Island, New York

1 July, 1951
File: P16-4/MM

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shelbert P. (224-016) DC1, USCG

Subj: Orders, travel, temporary additional duty

Ref: (a) CCGD3/L 7-1-51 (P16-4/MM)

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Commanding Officer, Electronic Repair Station (CGEN), Bayshore, Long Island, New York, for temporary additional duty. You are authorized to visit and revisit such other places within the 3rd CG District as may be necessary on official CG business.

2. The travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 3rd CG District travel allotment symbol 08-20, authorization No. 030509. Allowances for subsistence and quarters as prescribed by Art. 439 PANDS I are applicable in this case.

3. Travel under this order may be performed via privately owned conveyance subject to reimbursement in accordance with Joint Travel Regulations dated 22 December, 1950, as amended.

4. CG BASE, ST. GEORGE, SINY WILL REMAIN ACCOUNTABLE UNIT.

5. Officers-in-charge of units to which you will report in accordance with these orders will exercise the immediate military control over you.

6. Upon completion of this temporary additional duty, you will return to this unit and resume your regular station and duty.

7. Delivered and departed 0800, this date and place.

W. E. HERMAN
Executive Officer

CC: CCGD3 (acv)

Commanding Officer
CG BASE, St. George,
Staten Island, New York

1 July, 1951
File: P16-4/[illegible]

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shelbert P. (224-016) DC1, USCG

Subj: Orders, travel, temporary additional duty

Ref: (a) CCGDS/L 7-1-51 (P16-4/[illegible])

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Commanding Officer, Electronic Repair Station (CER), Bayshore, Long Island, New York, for temporary additional duty. You are authorized to visit and revisit such other places within the 3rd CG District as may be necessary on official CG business.

2. The travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 030509. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case.

3. Travel under this order may be performed via privately owned conveyance subject to reimbursement in accordance with Joint Travel Regulations dated 22 December, 1950, as amended.

4. CG BASE, ST. GEORGE, SINY WILL REMAIN ACCOUNTABLE UNIT.

5. Officers-in-charge of units to which you will report in accordance with these orders will exercise the immediate military control over you.

6. Upon completion of this temporary additional duty, you will return to this unit and resume your regular station and duty.

7. Relieved and departed 0800, this date and place.

W. E. HERMAN
Executive Officer

CC: CCGDS (ecv)

Ind-1
Electronic Repair Shop (GEN) Bayshore, N.Y. 1 July, 51

1. PAYNE reported this unit 1000 this date.

2. No subsistence or quarters available or furnished.

Claude A. Robinson, ETC.
Officer in Charge

Ind-2
Electronic Repair Shop (Gen) Bayshore, N.Y. 8 August, 1951

1. PAYNE, departed this unit 0900 this date.

2. No subsistence or quarters available or furnished while attached to this unit

Claude A. Robinson, ETC.
Officer in Charge

Ind-3 8 August, 1951
CG BASE, St. George, Staten Island, N.Y.

Reported this unit at 1100, this time and date in accordance with basic orders.

W. E. EHRMAN, LCDR, USCG
Executive Officer

Ind-1
Electronic Repair Shop (GEN) Bayshore, N.Y. 1 July, 51

1. PAYNE reported this unit 1000 this date.

2. No subsistence or quarters available or furnished.

Claude A. Robinson, ETC.
Officer in Charge

Ind-2
Electronic Repair Shop (Gen) Bayshore, N.Y. 8 August, 1951

1. PAYNE, departed this unit 0900 this date.

2. No subsistence or quarters available or furnished while attached to this unit

Claude A. Robinson, ETC.
Officer in Charge

Ind-3
CG BASE, St. George, Staten Island, N.Y. 8 August, 1951

Reported this unit at 1100, this time and date in accordance with basic orders.

W. E. EHRMAN, LCDR, USCG
Executive Officer

Ind-1
Electronic Repair Shop (GEN) Bayshore, N.Y. 1 July, 51

1. PAYNE reported this unit 1000 this date.

2. No subsistence or quarters available or furnished.

Claude A. Robinson, ETC.
Officer in Charge

Ind-2
Electronic Repair Shop (Gen) Bayshore, N.Y. 8 August, 1951

1. PAYNE, departed this unit 0900 this date.

2. No subsistence or quarters available or furnished while attached to this unit

Claude A. Robinson, ETC.
Officer in Charge

Ind-3
CG BASE, St. George, Staten Island, N.Y. 8 August, 1951

Reported this unit at 1100, this time and date in accordance with basic orders.

W. E. EHRMAN, LCDR, USCG
Executive Officer

Ind-1
Electronic Repair Shop (GEN) Bayshore, N.Y. 1 July, 51

1. PAYNE reported this unit 1000 this date.

2. No subsistence or quarters available or furnished.

Claude A. Robinson, ETC.
Officer in Charge

Ind-2
Electronic Repair Shop (Gen) Bayshore, N.Y. 8 August, 1951

1. PAYNE, departed this unit 0900 this date.

2. No subsistence or quarters available or furnished while attached to this unit

Claude A. Robinson, ETC.
Officer in Charge

8 August, 1951

Ind-3
NAS BASE, St. George, Staten Island, N.Y.

Reported this unit at 1100, this time and date in accordance with basic orders.

W. T. [illegible], LCDR, USCG
Executive Officer

Ind-1
Electronic Repair Shop (GEN) Bayshore, N.Y. 1 July, 51

1. PAYNE reported this unit 1000 this date.

2. No subsistence or quarters available or furnished.

Claude A. Robinson, ETC.
Officer in Charge

Ind-2
Electronic Repair Shop (Gen) Bayshore, N.Y. 8 August, 1951

1. PAYNE, departed this unit 0900 this date.

2. No subsistence or quarters available or furnished while attached to this unit

Claude A. Robinson, ETC.
Officer in Charge

Ind-3 8 August, 1951
CG BASE, St. George, Staten Island, N.Y.

Reported this unit at 1100, this time and date in accordance with basic orders.

W. E. EHRMAN, LCDR, USCG
Executive Officer

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

203 8734

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. _____
Bu. Vou. No. _____

U. S. [redacted]
(Department, bureau, or establishment)

THE UNITED STATES, DR.,

To [redacted]

Address [redacted]

[redacted]
(Official duty station) (Residence (For use of Postal Service only))

PAID BY

PAUL D. BANNING
CHIEF
DISBURSING OFFICER
DEC 23 1949
1375
(For use of paying office)

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from [redacted] 19[redacted] to [redacted], 19[redacted], as per itemized statement within, under authority No. [redacted] dated [redacted]; 19[redacted], copy of which is attached,* or has been previously furnished with Voucher No. _____, paid _____, 19_____, by _____
(Name of disbursing officer)

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence	[redacted]	[redacted]
Other		
Travel	[redacted]	[redacted]
TOTAL	[redacted]	[redacted]

(Payee must not use this space)

Differences		
Amount verified; correct for	[redacted]	[redacted]
(Signature or initials)		

S/R

[redacted]
23 Dec., 1949

MEMORANDUM

164.13

The next previous voucher paid under the same travel authority was: D. O. Vou. No. [redacted], paid [redacted]
(Date)

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
[redacted]	Pay and Allowances, Coast Guard, 1950	[redacted]	[redacted]

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
[redacted]	[redacted]	DEC 23 1949	[redacted]		[redacted]	[redacted]

Paid by Check No. 101396, dated _____, 19_____, for [redacted] on Treasurer of the United States in favor of payee named above.

MEMORANDUM

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $_____" and over his official title.

16—42615-1

PAYEE'S COPY

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

ITEMS ARE SPACE IS

1. Date and hour of departure from official headquarters _____ (Date) _____ (Hour)
2. Give duty status on first day of voucher period:
   Arrived at _____ on _____, 19____, for temporary duty for
   approximate period _____, 19____
   Approximate date of return to official headquarters _____

DATE 19---	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-** VOU. No.	AMOUNT CLAIMED — SUBSISTENCE†		AMOUNT CLAIMED — OTHER	
19						
18 Nov.	Reported ft. George, SKT, at 1830					
	Arrived Bay Shore, LNT, at 2200					
22 Nov.	Reported Bay Shore, LNT, at 0700					
	Arrived ft. George, SKT, at 0900					
	No delay or leave taken during the period covered by this claim.					
	I certify that all of the above travel was performed by privately owned conveyance at my own expense, and that no part of this travel was performed at Gov't. transportation request or Gov't. owned conveyance. I further certify that no Gov't. subsistence or quarters were furnished or available, and that no such charges are included or allowed for any of the period covered by this claim.					
	Privately owned motorcycle claimed from ft. George, SKT to Bay Shore, LNT, & return, a distance of 98 miles @ $0.03 per mile (most way between these points in all circuits out of.					
	TRAVEL STATUS SUBSISTENCE claimed as follows:					
19 Nov.	to 18 Dec., 19--, incl.: 30 days @ $3.70 per day (rate based on $2.00 MAX, $1.70 MIN, & $3.70 AVG), in amt of.					
0000/19 Dec.	to 0900/22 Dec., 19--: 3-1/2 dys. @ $3.75 per day					
	TRAVEL STATUS QUARTERS claimed from 19 Nov. to 22 Dec., 19--, a period of 33 days @ $1.75 per day, in amt of.					

Totals (to be carried forward to continuation sheet, if necessary) _____

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL — FROM— (Also show meter readings when travel was by automobile)	POINTS OF TRAVEL — TO—	FOR REIMBURSABLE ITEMS ONLY — MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED — Include cash public carr

Total Mileage Computations (to be carried forward to continuation sheet, if necessary) _____

*Indicate whether air, bus, motorcycle, etc. Abbreviate class of service or accommodations used, e.g., railroad: F, first class; I, intermediate; M, mixed; C, coach; P, pullman; DBR, double bedroom; SBR, bedroom; SOS, single occupancy section; SEC, second class; TOU, tourist; DC, day coach; LB, lower berth; UP upper berth; S, seat.
Privately owned automobile or motorcycle PO, privately owned automobile or motorcycle

GPO 19--

12-22

UNITED STATES COAST GUARD

RECEIVED
Nov 30 8 54 AM '49
N.Y. COAST GUARD
DISTRICT DEPOT
ST. GEORGE, S.I.

trj
ADDRESS REPLY TO
COMMANDER,
3rd CG District
REFER TO FILE
80 LaFayette
New York 13, N.Y.

261

18 November, 1949
File: pmp 73-531
1531-50

From: Commander, Third Coast Guard District
To: PAYNE, Shelbert R. (224-018) DC1,USCG
Via: CO, CG BASE, St. George, SINY

Subj: Orders, temporary additional duty, travel

1. You are directed to proceed on temporary additional duty, a period of indefinite duration, to Bay Shore, LINY and visit and re-visit such places within the 3rd CG District as may be necessary on official business of the U. S. Coast Guard.

2. Travel necessary for the execution of this order is required by the public interests and is authorized, chargeable against 3rd CG District travel allotment symbol 03-20, authorization No. 031857. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case. Travel at own expense reimburseable at the rate of three (.03) cents per mile via the shortest usually traveled route, as shown by official mileage tables (War Department) is authorized in this case.

3. Upon completion of such temporary additional duty, you will return to the CG BASE, St. George, SINY for resumption of your regular station and duty.

4. Reporting unit for personnel accounting purposes will be the CG BASE, St. George, SINY.

K. O. A. ZITTEL
By direction

CC: Ind-1 18 November, 1949
CG BASE, St. George, SINY

Pers
Pay
Class
File
(ecw)
B&A

Delivered and departed this unit 1830 this date. No Government transportation of any kind furnished on departure.

W. H. MOULTON
By direction

arr BS 2100
dep BS 0700/22
arr NY 0900/22

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

150
105
160.5

Ind-2,
CG Base, ST.Geo. SINY 18 November, 1949

1. Received orders and departed this place at 1830 this date.

Shelbert R. Payne

Ind-3
Bay Shore, N. Y. 18 November, 1949

2. Arrived Bay Shore, N. Y. at 2100 this date. Travel was performed from St. George, SINY to Bay Shore, N. Y. via privately owned conveyance at own expense.

Shelbert R. Payne

Ind-4,
CG Base, St. Geo., SINY 22 December, 1949

1. Departed Bay Shore, N. Y. at 0700 this date. Arrived St. George 0900 this date. All travel from Bay Shore, N. Y. to St. George, SINY was performed by privately owned conveyance at my own expense.

2. There were no Government subsistence and quarters available and none furnished or used while on this temporary duty.

Shelbert R. Payne

Ind-5 22 December, 1949
CG BASE, St.George, SINY.
Reported this unit 0900 this date for resumption of regular duty.

W. H. MOULTON
By direction

Ind-6
Comdr., 3rd CGD (f)
New York, N. Y.
DEC 23 1949 (date)
Voucher in the amount of $ 164.13 covering
Money Allowance in Lieu of Transportation
from St. George, NY to Bay Shore, NY & return
and Travel Status Subsistence & Quarters
from 1830/18 Nov. 1949 to 0900/22 Dec. 1949
certified this date for payment in the accts.
of Paul D. Banning, C.D.O., Symbol No. 1375.

B. R. KOFFLER
AUTHORIZED CERTIFYING OFFICER

Ind-7
Comdr., 3rd CGD (f)
New York, N. Y.
DEC 23 1949 (date)
Voucher in the amount of $ 164.13 covering
Money Allowance in Lieu of Transportation
from St. George, NY to Bay Shore, NY & return
and Travel Status Subsistence & Quarters
from 1830/18 Nov. 1949 to 0900/22 Dec. 1949
paid this date on Voucher No. 203 8734
settled in the accts. of Paul D. Banning,
C.D.O., Symbol No. 1375.

Herbert Newman
Assistant Disbursing Officer

16

PAYNE, Shelbert R. 224-016 DC1

CG Electronic Engineering Station Wildwood, N. J. 6-20-51

RECEIVED
JUN 22 1 21 PM '51
U.S. COAST GUARD
B A S E
ST. GEORGE, S.I.

55-575270

1700
6/11/51

CG Electronic Repair Shop, Bayshore, N.Y.
TAD.

Base, St.George, SI, NY/L 5/1/51, P16-3/MM as amended by verbal instructions of C3CGD(ecv).

Previously rptd this unit at 1625, 5/21/51 from CG Base, St.George, SI, N.Y., for TAD of approximately 3 wks duration.

S/Record

H. S. PEARSON, LCDR, USCG
Commanding Officer

CG Base, St George

12

PAYNE, Shelbert R. 224-016 DC1

CG Electronics Engineering Sta. Wildwood, N.J. 5/28/51

55-575270

1625
5/21/51

CG BASE, St. George, S.I.,NY
TAD of approximately 3 wks duration.

C3CGD/L 3-20-51 (P16-3/MM) Author.No. 033084.

S/ Record

RECEIVED
MAY 29 11 45 AM '51
U.S. COAST GUARD BASE
ST. GEORGE, S.I.

H. S. PEARSON, LCDR, USCG
Commanding Officer

Mail to CG Base S.I. N.Y

Sta... compensati... (Revised)

APPLICATION FOR ALLOTMENT

3652

PAYNE, Shelbert R. (22[illegible]-016) DC1 OF "A" Allotment"

PAYABLE TO

Monthly allotment in the amount

One hundred sixty five dollars ($ [illegible] .00)
(Words) (Figures) Dollars.

If payable to a bank, business institution, or individual, for credit of*—

Name Elinor F. Payne

Street and No. 68 West Union St.

Post office Bay Shore, State N.Y.

Reason for allotment, 3 Dependents

First payment: Month November, 19 50

I hereby request and authorize allotment, charge to be to my pay, as above.

Shelbert R. Payne

Shelbert R. Payne

Rank or rating DC1 U. S. C. G.

11 Oct., 19 50

Approved, allotment granted.

Anthony J. Glaza Jr.

ANTHONY J. GLAZA, JR. ELEC.

Officer-in-Charge

Commanding

Commander, District.

Witnessed and registered 24 October, 19 50

W.G. SCHAEFER, CPCLK, USCG.,

Pay officer, ACO, 1375

16—12642—1

St. George

*Please insert this copy in man's service record in accordance with Art. 260 P&SI

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer

Allotment Disbursing Officer.

egh

DO NOT FOLD — MAIL FLAT

* Allotter or member immediate family

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
Amended December 16, 1946
ATTACH SUBVOUCHERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 403 3652

Bu. Vou. No. 03 3971

U. S. TREASURY ****** COAST GUARD
(Department, bureau, or establishment)

PAID BY
PAUL D. BANNING
CHIEF
DISBURSING OFFICER
NOV 22 1950
1375
(For use of paying office)

THE UNITED STATES, DR.,

To Shelbert R. Payne

Address U.S. Coast Guard
1 Bay Street
St. George, Staten Island, N.Y.

As above
(Official duty station) (Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from Oct. 1, 1950, to Oct. 31, 1950, as per itemized statement within, under authority, No. CO, CGBase, St. Geo, SINY dated 1 October, 1950, copy of which is attached,* or has been previously furnished with Voucher No. ____, paid ____, 19____, by ____
(Name of disbursing officer)

File p 75-551 Order #C50559

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence	153	75
Other		
Travel		
TOTAL	153	75

(Payee must not use this space)

Differences		
Amount verified; correct for	153	75

(Signature or initials)

Nov.15,1950

SHELBERT R. PAYNE
(224-010) DCI, USCG.

MEMORANDUM

153.75

NOV 17 1950

The next previous voucher paid under the same travel authority was: D. O. Vou. No. ____ paid ____
(Date)

W.G.SCHAEFER, CPCLK, USCG.
AUTHORIZED CERTIFYING OFFICER

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
20X1201.001	Operating Expenses, Coast Guard	$153.75	$153.75

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
03-20	C050559		03-510000		0212	$153.75

Paid by Check No. ____, dated ____, 19____, for $____ on Treasurer of the United States in favor of payee named above.

MEMORANDUM PAYEE COPY

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $____" and over his official title.

16—42615-3

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF ITEMS ARE NUMEROU

1. Date and hour of departure from official headquarters _____ (Date) _____ (Hour)
2. Give duty status on first day of voucher period:

Arrived at _____ on _____, 19____, for temporary duty for

approximate period _____

Approximate date of return to official headquarters _____, 19____

DATE 19 50	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB.** VOU. No.	AMOUNT CLAIMED — SUBSISTENCE†		AMOUNT CLAIMED — OTHER	
1 Oct.	Departed CGBase, St.George, NINY, at 0800					
1 Oct.	Arrived NAS(Gen) Bayshore,LINY, at 1030					
31 Oct.	Departed Bayshore, LINY, at 1300					
31 Oct.	Arrived St.George, NY, at 2200					
	No delay or leave taken during the period covered by this claim.					
	All of the above travel was performed by government owned conveyances.					
	I certify that No Gov't. subsistence or quarters were furnished or available and that no cash therefor was furnished or advanced for any of the period covered by this claim.					
	TRAVEL STATUS SUBSISTENCE claimed for above period as follows:					
	0800-2400/1 Oct.: BOQ/ mess @ $1.25, BVE mess @ $1.50, in amt. of....		2	75		
	0000/2 Oct. to 2200/31 Oct.,1950: Thirty (30) days @ $3.75, " "		112	50		
	TRAVEL STATUS QUARTERS claimed for above period as follows:					
	1 Oct., 1950: One (1) day @ $5.00 less 75¢ excess subsistence, in the amount of		4	25		
	2 to 30 Oct., 1950, inal.: Twenty-nine (29) days @ $1.25 per day (rate per day based on $3.00 less $1.75 excess subsistence,) in the amount of		36	25		
	TOTALS (to be carried forward to continuation sheet, if necessary)		155	75	XX	XX

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL†† (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL — FROM— (Also show meter readings when travel was by automobile)	POINTS OF TRAVEL — TO— (Also show meter readings when travel was by automobile)	FOR REIMBURSABLE ITEMS ONLY — MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED Include cash paid public carrier

1 October, 1950
File: P 73-531

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shalbert R. (294-016) BOI, USCG
Subj: Orders; travel; temporary additional duty
Ref: (a) CCGD3/L 7-1-50, P 73-531

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Commanding Officer, Electronics Repair Station (General), Bayshore, LINY for temporary additional duty. You are authorized to visit and revisit such other places within the 3rd CG District as may be necessary on official business of the U. S. Coast Guard.

2. The travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 030559. Allowances for subsistence and quarters allowances as prescribed by Art. 439 PAMDSI and applicable in this case.

3. CG BASE, ST. GEORGE, WILL REMAIN THE ACCOUNTABLE UNIT.

4. Officers in Charge of units to which you will report in accordance with these orders will exercise the immediate military control over you.

5. Upon completion of this temporary additional duty you will return to this unit and resume your regular station and duty.

6. Delivered and departed at CGCG, this place and date.

/s/ P. J. ARNTON

CC: CCGD3 (p)
CCGD3(BRA)
CCGD3(eov)
File

W. E. LOWE LCDR.
(Name) (Rank)

CERTIFIED TO BE A TRUE COPY

W. H. MOULTON, LCDR

(Name) (Rank)

COMMANDER
3rd CG District
80 LaFayette St.
New York 13, N.Y.

1 July, 1950
p 73-531

From: Commander, Third CG District
To: Commanding Officer, CG BASE, St. George, SINY

Subj: Authority to release temporary additional duty travel orders

1. Citing this letter as authority, you are authorized to issue temporary additional duty travel orders to the personnel attached to the Construction Detachment in connection with official business of the U. S. Coast Guard, as may be necessary within the 3rd Coast Guard District.

2. Travel necessary to the execution hereof is required by the public interets.

3. Allowances for subsistence and quarters as prescribed By Article 439 PANDSI are applicable in this case.

4. The expense incident to the travel herein authorized is chargeable against the 3rd CG District travel allotment symbol No. 03-20. Upon issuance of all such travel orders involving authority to incur expense for travel, you are requested to forward one copy to Personnel Division, 3rd CG District, and one copy to the Budgeting and Accounting Section, 3rd CG District. The accounting copy should, whenever possible, include an estimated coast of the travel intended to be incurred thereunder.

5. Such travel authorization numbers between and including 030538 and 030575 are hereby assigned.

/s/ K.O.A. Zittel
K.O.A. ZITTEL
By direction

CC: B&A

CERTIFIED TO BE A TRUE AND CORRECT COPY.

W. H. Moulton

W. H. MOULTON, LCDR, USCG

ADDRESS REPLY TO
COMMANDING OFFICER
COAST GUARD OPERATING BASE
REFER TO FILE:

UNITED STATES COAST GUARD
1 BAY STREET
ST. GEORGE, STATEN ISLAND, N. Y.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

1 October, 1950
File: p 73-531

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shelbert R. (224-016) DC1, USCG

Subj: Orders; travel; temporary additional duty

Ref: (a) CCGD3/L 7-1-50, P 73-531

1. Upon receipt hereof and in accordance with reference (a) you are directed to proceed and report to the Commanding Officer, Electronics Repair Station (General), Bayshore, LINY for temporary additional duty. You are authorized to visit and revisit such other places whihin the 3rd CG District as may be necessary on official business of the U.S. Coast Guard.

2. The travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 030359. Allowances for subsistence and quarters allowances as prescribed by Art. 439 PANDSI and applicable in this case.

3. CG BASE, ST. GEORGE, WILL REMAIN THE ACCOUNTABLE UNIT.

4. Officers in Charge of units to which you will report in accordance with these orders will exercise the immediate military control over you.

5. Upon completion of this temporary additional duty you will return to this unit and resume your regular station and duty.

6. Delivered and departed at 0800, this place and date.

P. J. SMENTON

CC: CCGD3 (p)
CCGD3(B&A)
CCGD3(acv)
Reference
File

RECEIVED
NOV 3 9 05 AM '50
N.Y. COAST GUARD DISTRICT (a)
ST. GEORGE, S.I.

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF ITEMS ARE NUMEROUS

Ind-1
ERS(Gen) Bayshore, LINY

1 October, 1950

1. PAYNE arrived this unit 1030, this date.

2. No subsistence or quarters available or furnished.

Anthony F. Glaza, Jr.
ANTHONY F. GLAZA, JR.

Ind-2
ERS(Gen) Bayshore, LINY

31 October, 1950

1. PAYNE departed this unit 1600, this date.

2. No subsistence or quarters available or furnished while attached.

Anthony F. Glaza, Jr.
ANTHONY F. GLAZA, JR.

Ind-3.
CG BASE, St. George, SINY

31 October, 1950

Reported this unit 2200, this time and date in accordance with basic orders.
All the above travel was performed by government owned conveyance.

W. E. Lowe
W. E. LOWE
By direction

Ind-4
Comdr., 3rd CGD (f)
New York, N. Y.

NOV 17 1950
(date)

Voucher in the amount of $ 153.75 covering
Travel Status Subsistence & Quarters
from 0800/10-1-50 to 2200/10-31-50
certified this date for payment in the accts. of Paul D. Banning, C.D.O., Symbol No. 1375.

W. C. Schaefer
W. C. SCHAEFER
AUTHORIZED CERTIFYING OFFICER

Ind-5
Comdr., 3rd CGD (f)
New York, N. Y.

(date)

Voucher in the amount of $ 153.75 covering
Travel Status Subsistence & Quarters
from 0800/10-1-50 to 2200/10-31-50
paid this date on Voucher No. 403 3652
settled in the accts. of Paul D. Banning,
C.D.O., Symbol No. 1375.

Herbert Newman
Herbert Newman
Assistant Disbursing Officer

PAYNE, Shelbert R. 224-016 DC1

USCGC SASSAFRAS (WAGL-401) Cape May, N.J.

3rd CG District 1 November, 1949

1000
1 November, 1949 ASDU

CO, CG BASE, St Geo., SINY

CCGD3/L 10-28-49 pmp 73-531

M. J. SEIBERT

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

0930

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
USCGC SASSAFRAS	Cape May, N.J.	13 July, 1949

FROM (REQUESTER):	TO	VIA:
PAYNE, Shelbert R. DC1	Executive 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
10	-0-	13 July, 1949			

REASON FOR REQUEST:

Regular

My address on leave will be: 915 Boiswain Ave., Norfolk, Va.

I will immediately inform my commanding officer of any change in address while on leave.

Shelbert R. Payne
SHELBERT R. PAYNE
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: USCGC SASSAFRAS (WAGL-401) Date: 13 July, 1949
Leave record indicates balance of 16 days' annual and -0- days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

M. J. Seibert
M. J. SEIBERT
~~COMMANDING~~—EXECUTIVE—~~ENSIGN~~ OFFICER.

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CGC SASSAFRAS Date: 13 July, 1949
Departed at 0830 this date. This leave of absence will expire before 1200, 24 July, 1949, at Cape May, N.J. and is subject to the special instructions indicated on reverse hereof.

M. J. Seibert
M. J. SEIBERT
~~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: USCGC SASSAFRAS (WAGL-401) Date: 24 July, 1949
Reported at 0930 this date, having taken 10 days' leave and -0- days' TT.

M. J. Seibert
M. J. SEIBERT
~~COMMANDING~~—EXECUTIVE—~~PERSONNEL~~ OFFICER.

16—40220-3

[OVER]

UNITED STATES COAST GUARD



jwm
ADDRESS REPLY TO
COMMANDER,
3rd CG District
AND REFER TO
80 Lafayette St.,
New York 13, N.Y.

RECEIVED
MAY 9 1949
USCGC SASSAFRAS

5 May, 1949
File: pmp 73

From: Commander, Third Coast Guard District
To: CO, CGC SASSAFRAS, Cape May, N.J.

Subj: PAYNE, Shelbert R. (224-016) BM1; change in rating

A certified copy of HL dated 29 April, 1949 file PE-C-73, which authorizes the change in rating of subject named man from Boatswain's Mate, first class, to Damage Controlman, first class, effective 16 May, 1949, is forwarded herewith for your information and compliance.

W. C. MOYER
By direction

Incl:
Cert. copy HL 4-29-49 (PE-C-73)

29 April, 1949
PE-C-73

From: Commandant
To: Commander, 3rd CG District (p)

Subj: PAYNE, Shelbert R. (224-016) BM1; change in rating

1. In accordance with the request contained in letter from the above-named man dated 18 April, 1949, file CG-73, with your indorsement thereon, Payne's rating is changed to damage controlman, first class, effective 16 May 1949.

2. Forward Form 2599 and make necessary entry in service record showing change, citing this letter as authority therefor.

/s/ W. C. CAPRON,
W. C. CAPRON,
By direction

CERTIFIED TO BE A TRUE COPY

W. C. MOYER, Ship's Clerk, USCG

UNITED STATES COAST GUARD

PAYNE, Shelbert R. 224-016 DC1

USCGC SASSAFRAS (WAGL-401) Cape May, N.J.

Third Coast Guard District 16 May, 1949

From: Commander, Third CG District (p)
To : PAYNE, Shelbert R. (224-016) BM1
Via : Commanding Officer, CGC SASSAFRAS (WAGL-401)
Subj: Request for transfer to Civil Engineering Section
Ref: (a) Your letter 10 January, 1949 (CG-73)

Receipt of your request for assignment to duty with the Civil Engineering Repair Unit is acknowledged.

2. In view of the remarks contained in your Commanding Officer's indorsement on reference (a), you are advised to re-submit your request after you have gained some experience on sea duty.

R.O.M. SMITH
By direction

Ind-1
CGC SASSAFRAS 20 January, 1949
Cape May, N.J. File: 73

From: Commanding Officer, SASSAFRAS
To: PAYNE, Shelbert R. (224-016) BM1

Delivered.

JAMES L. HARRISON
Executive Officer

XXXX BM1 DC1 16 May, 1949

H/L 4-29-49 PE-C-73)

M. J. SEIBERT
Executive Officer

UNITED STATES COAST GUARD

ADDRESS REPLY TO
COMMANDER
3rd CG District
REFER TO FILE
42 Broadway
New York 5, N.Y.

18 January, 1949
File 73 - p

From: Commander, Third CG District (p)
To : PAYNE, Shelbert R. (224-016) BM1

Via : Commanding Officer, CGC SASSAFRAS (WAGL-401)

Subj: Request for transfer to Civil Engineering Section

Ref: (a) Your letter 10 January, 1949 (CG-73)

1. Receipt of your request for assignment to duty with the Civil Engineering Repair Unit is acknowledged.

2. In view of the facts contained in your Commanding Officer's indorsement on reference (a), you are advised to re-submit your request after you have gained some experience on sea duty.

K.O.A. ZITTEL
By direction

Ind-1
CGC SASSAFRAS
Cape May, N.J.

28 January, 1949
file: 73

From: Commanding Officer, SASSAFRAS
To: PAYNE, Shelbert R. (224-016) BM1

Delivered.

JAMES L. HARRISON
Executive Officer

1 October, 1950
File: p 73-531

From: Commanding Officer, CG BASE, St. George, SINY
To: PAYNE, Shelbert E. (224-016) DCI, USCG

Subj: Orders; travel; temporary additional duty

Ref: (a) CCGD3/L 7-1-50, p 73-531

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Commanding Officer, Electronics Repair Station (General), Bayshore, LINY for temporary additional duty. You are authorized to visit and revisit such other places whihin the 3rd CG District as may be necessary on official business of the U.S. Coast Guard.

2. The travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 030559. Allowances for subsistence and quarters allowances as prescribed by Art. 439 PANDSI and applicable in this case.

3. CG BASE, ST. GEORGE, WILL REMAIN THE ACCOUNTABLE UNIT.

4. Officers in Charge of units to which you will report in accordance with these orders will exercise the immediate military control over you.

5. Upon completion of this temporary additional duty you will return to this unit and resume your regular station and duty.

6. Delivered and departed at 0800, this place and date.

P. J. SMENTON

CC: CCGD3 (p)
CCGD3(B&A)
CCGD3(acv)
File

CO, SASSAFRAS (WAGL 401)
CG Moorings, Cape May, N. J.

18 April, 1949
CG-73

From: PAYNE, Shelbert R. (224-016) BM1
To: Commanding Officer, SASSAFRAS (WAGL 401)

Subj: Change of rate; request for

In accordance with Personnel Circular No. 76-44 it is requested that I be given an examination to change my rate from BM1 to DC1. The reason for this request is that, with the best interests of the Government in mind, I feel that I could be of more value to the Coast Guard in the rating of DC1.

SHELBERT R. PAYNE

Ind-1
USCGC SASSAFRAS (WAGL-401)
Cape May, N.J.

22 April, 1949
file: 73

From: Commanding Officer, SASSAFRAS
To: Commandant (PE)
Via: Commander, 3rd Coast Guard District (p)

Subj: PAYNE, Shelbert R. (224-016) BM1, request for change of rate

1. The above request is forwarded for Headquarters review and action; request is approved and change in rating recommended.

2. This man has demonstrated considerable interest and ability in the performance of the duties of Damage Controlman. Although he is above average in proficiency in his present rating the Commanding Officer concurs with his statement that he could be of more value to the service in the rating of DC1.

3. No disciplinary action is pending.

JAMES L. HARRISON

Incl: Form: 2779 dtd 4-4-49

REPORT OF EXAMINATION OF ENLISTED PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2779 (REV. 6-44)

UNIT	LOCATION	DATE
CGC SASSAFRAS WAGL-401	CG Moorings, Cape May, N.J.	4-4-49

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RATING
PAYNE, Shelbert R.	224-016	BM1

TOTAL ACTIVE SERVICE 114 MONTHS

SERVICE SINCE LAST ADVANCEMENT ~~OR REDUCTION~~ IN RATING 65 MONTHS

MARKS DURING REQUIRED PERIOD (PREVIOUS 6 MONTHS)

	PROF. IN RATING	CONDUCT
MINIMUM	3.6	4.0
AVERAGE	3.6	4.0

INSTITUTE, RESIDENCE COURSES, ETC., COMPLETED (If waived, state reason)

RESULTS OF EXAMINATION

PRACTICAL FACTORS

PAR. 36 (3) OF PERS. BULLETIN NO. 76-44

SUBJECT OR SUB-PARAGRAPH NO.	MARK
(a)	
(1)	3.4
(2)	3.6

PROFESSIONAL SUBJECTS

PAR. 36 (3) OF PERS. BULLETIN NO. 76-44

SUBJECT OR SUB-PARAGRAPH NO.	MARK
(b)	
(1)	3.5
(2)	3.7
(3)	3.6
(4)	3.4
(5)	3.4
(6)	3.5
(7)	3.4

AVERAGE MARK 3.5

WE THE UNDERSIGNED, HEREBY CERTIFY THAT THE ABOVE-NAMED PERSON WAS THIS DATE EXAMINED FOR ~~ADVANCEMENT~~ OR CHANGE TO THE RATING OF Damage Controlman 1st Class AND {WAS / ~~WAS NOT~~} FOUND QUALIFIED AS INDICATED ABOVE

A. H. Peterson

A. H. PETERSON, ENS. USCG
(Signature and rank of member)

B. R. HENRY, LT. USCG
(Signature of commanding officer)

1. (APPROVED) (NOT APPROVED) ADVANCEMENT OR CHANGE (IS) (IS NOT) AUTHORIZED, OR—

TO: _____

1. FORWARDED APPROVED, RECOMMENDING AUTHORIZATION

_____ (Signature of commanding officer)

IND. 2

UNIT _____ DATE _____

RETURNED (AUTHORIZED) (NOT AUTHORIZED) IN VIEW OF _____

SERVICE RECORD

_____ _____
(Signature and title)

INSTRUCTIONS

1. This report, properly executed, shall be prepared in each case of examination for advancement or change to or in a petty officer rating, or recommendation therefor.
   (a) Marks, on a scale of 4.0, shall be assigned for each subject.
   (b) If required, stenographic notes, transcription of same, and text used in dictation shall be attached to the report of examination.
   (c) In the event that the unit to which the person is attached is also the unit authorized to effect the specific advancement or change in rating, the completed and signed report of examination shall be securely attached to Headquarters' copy of Form 2599 reporting the change.
   (d) In the event that the unit to which the person is attached is not authorized to effect the advancement or change in rating, the report of examination shall be forwarded, without letter of transmittal to the authorizing unit. The authorizing unit will indicate in space provided whether or not the advancement or change is authorized and will return the form to the forwarding unit. The form will then be attached to Headquarters' copy of Form 2599 reporting the change, if authorized. In the case of advancements specifically authorized by the Commandant, the form will be retained at Headquarters and therefore need not be attached to Form NAVCG 2599 reporting the change.
2. Examinations will be based upon the specific requirements for the specific rating desired, as indicated in current instructions, and not on other or additional duties performed.

16—40409-1 U. S. GOVERNMENT PRINTING OFFICE

CO, SASSAFRAS(WAGL 401)
CG Moorings,
xxxxxxxxx
Cape May, New Jersey

10 January, 1949
CG-73

From: PAYNE, Shelbert R. (224-016) BM1
To: Commander, 3rd CG District (p)
Via: 1. CO, SASSAFRAS (WAGL 401)
2. Commander, 3rd CG District (ecv)

Subj: Transfer to Civil Engineer Section, St. George Base; request for

1. It is requested that I be transferred to the Coast Guard Repair Base, St. George, Staten Island, New York for assignment to duty with the Civil Engineers at that unit.

2. The reason for the above request is that I have had considerable experience in boatbuilding and general carpentry work, and feel that my services in this line of work would be of more benefit to the Coast Guard than those which I am now performing in my present assignment aboard the CGC SASSAFRAS.

Shelbert R. Payne
Shelbert R. Payne

Ind-1
USCGC SASSAFRAS (WAGL 401)
USCG MOORINGS
Cape May, N.J.

10 January, 1949
File: 73

From: Commanding Officer
To: Commander, 3rd Coast Guard District (p)

Via: Commander, 3rd Coast Guard District (ecv)

Subj: PAYNE, Shelbert R. (224-016) BM1; Transfer to Civil Engineering Section, St. George Base; request for

1. Forawarded, disapproved.

2. PAYNE enlisted in the service on 25 September, 1939, and, after five weeks at the USCG DEPOT, St. George, S.I.,N.Y., was assigned, on 1 November, 1939, to Fire Island Station. He served at this station until transferred to this unit 4 December, 1948. While it is believed he is qualified to do boat-building and general carpentry work, it is felt that in the interest of rotation of personnel and equitable assignment of personnel to preferred and non-preferred duty PAYNE should have more sea duty.

3. PAYNE has been advised of this endorsement and that his request will be forwarded approved if submitted after he has completed one year sea duty.

Commanding Officer
CGC SASSAFRAS (WAGL 401)
xxxxxxxxx
CG Moorings
Cape May, N. J.

23 December, 1948
File: 73

From: CO SASSAFRAS (WAGL 401)
To: COMMANDANT (PE-PR)
Via: Commander, 3rd CG District (p)

Subj: PAYNE, Shelbert R. (224-016) BM1, changes in records.

1. It is requested that PAYNE'S records be changed in that the words "1217 Washington Street" be added to the address of Cape May, New Jersey shown on the Enlistment Contract and Designation of Beneficiaries for Death Gratuity.

2. At time of reenlistment, on 21 December, 1948, PAYNE was moving his family to Cape May but did not know what the street address would be.

3. It is further requested that this unit be authorized to make the above changes in the service record.

JAMES L. HARRISON
Executive Officer

UNITED STATES COAST GUARD



ADDRESS REPLY TO
CO, Short Beach Group
Freeport, New York.
AND REFER TO

19 November, 1948.
File: CG-73-531

From: CO, SHORT BEACH GROUP, Freeport, L.I., N.Y.
To: PAYNE, Shelbert R. (224-016) BM1.

Subj: Orders; transfer, travel.

Ref: (a) C3CGD/L 10-29-48 (File: pmp 73-531) DO # 1101-49.

1. Upon receipt hereof, and in accordance with reference (a), you are detached from further duty at Fire Island Light Station, Bay Shore, N.Y., and directed to report to the CO, CGC SASSAFRAS, Cape May, New Jersey for assignment to duty.

2. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 031757. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case.

3. This order constitutes a permanant change of station for you from Bay Shore, L.I., N.Y., to Cape May, New Jersey.

4. Before any travel of dependents is performed under this permanent change of station orders, 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 CG-2658 in accordance with Art. 475, P&SI.

5. You are granted one (1) day travel time, four (4) days proceed time, and ten (10) days leave enroute. This leave to expire prior to 5 December, 1948, on board CGC SASSAFRAS, Cape May, New Jersey.

6. Service and Health records will be carried on transfer.

7. Departed 1000 19 November, 1948.

J. M. ODIN.

Voucher for the above travel certified for payment this date JAN 7 1949.

W. G. SCHAEFER
AUTHORIZED CERTIFYING OFFICER

Reported this unit 1/95

Ind-1

4 December, 1948

From: CO, CG MOORINGS, Cape May, NJ
To: Payne, Shelbert R.(224-016)BM1

Subj: Orders; transfer, travel.

Reported 1915R, 3 December, 1948 at this unit, the CGC SASSAFRAS being out of port. Travel been performed at own expense, reimbursement of money allowance in lieu of transportation is authorized in accordance with Art. 438 (2) PANDSI

C.W. SCHARFF
By direction

Ind-2

4 December, 1948

From: CO, CG MOORINGS, Cape May, NJ
To: Payne, Shelbert R.(224-016)BM1

Subj: Orders; transfer, travel.

1. Upon receipt hereof you are directed to report to the CO, CGC SASSAFRAS at CG Base, ST. GEORGE, Staten Island, New York.

2. Travel necessary for the execution of the order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 030751.

3. Allowances for subsistence and quarters as prescribed by Art.439 PANDSI are applicable in this case.

4. You are granted (1) one day travel time, to report on board CGC SASSAFRAS prior to 2400, 5 December, 1948.

5. Service and health records will be carried.

6. Departed 1100, 4 December, 1948.

C.W. SCHARFF

TREASURY DEPARTMENT

United States Coast Guard

Address reply to
COMMANDER,
3rd CG District
42 Broadway
New York 4, N.Y.

29 October, 1948
File: pmp-73-531
1101-49

From: Commander, Third Coast Guard District
To: CO, CG GROUP SHORT BEACH, Freeport, L. I., N.Y.

Subj: PAYNE, Shalbert R. (224-016) BM1; orders, transfer, travel

1. Upon receipt hereof, transfer subject named man from FIRE ISLAND LIGHT STATION, to the CO, CGC SASSAFRAS, Cape May, N. J. for assignment to duty.

2. Travel necessary to the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 031757. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case.

3. This order constitutes a permanent change of station for PAYNE from Bay Shore, L.I.,N.Y. to Cape May, New Jersey.

4. Before any travel of dependents is performed under this permanent change of station orders, 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 CG-2658 in accordance with Art. 475, P&SI.

5. Records will be carried on transfer.

CERTIFIED TO BE A TRUE COPY:

James L. Harrison

JAMES L. HARRISON, LTJG, USCG

W. C. MOYER
By direction

CG Base, St.George, SINY 4 December, 1948

Reported aboard this date at 2100 for assignment to duty in accordance with basic orders and indorsements.

JAMES L. HARRISON
Executive Officer

Ind-4
SASSAFRAS,
CG Base, St.George,SINY 4 December, 1948

I certify that travel necessary in the execution of these orders from Freeport, LINY to Cape May, N.J., and thence to St. George, SINY, was all performed via privately owned conveyance at my own expense. No part of this travel was performed on Gov't. Transportation Request or via Gov't. owned conveyance.

SHELBERT R. PAYNE
BM1, U.S.C.G.

Ind-5
Comdr., 3rd CGD (f)
New York, N. Y. JAN 7 1949 (date)
Voucher in the amount of $ 13.19 covering
Money Allowance in Lieu of Transportation
from Freeport NY to Cape May NJ & to St. George NY
and Travel Status Subsistence & Quarters
from 1224 to 1913 19 Nov 48 and 1517 to 2034 4 Dec 48
certified this date for payment in the accts.
of Paul D. Banning, C.D.O., Symbol No. 1375.

W. G. SCHAEFER
AUTHORIZED CERTIFYING OFFICER

Ind-6
Comdr., 3rd CGD (f)
New York, N. Y. JAN 11 1949 (date)
Voucher in the amount of $ 13.19 covering
Money Allowance in Lieu of Transportation
from Freeport NY to Cape May NJ to St. George NY
and Travel Status Subsistence & Quarters
from 1224 to 1913 19 Nov 48 and 1517 to 2034 4 Dec 1948
paid this date on Voucher No. 403.8470
settled in the accts. of Paul D. Banning,
C.D.O., Symbol No. 1375.

Herbert Newman
Herbert Newman
Assistant Disbursing Officer

OFFICIAL DISPATCH

DATE 04 DEC 1948 UNIT CG RDO STA CPE MAY NJ

FROM
GRUCOM CAPE MAY NJ

TO (FOR ACTION)
CCGD THREE

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

041436Z

TEXT

BT FD X REQUEST TRAVEL AUTH FOR PAYNE SHELBERT R 224-016 BM1 FROM CAPE MAY TO ST GEORGES IN ORDER COMPLETE TRANSFER ORDERS FROM FIRE ISLAND TO CGC SASSAFRAS BT

CERTIFIED TO BE A TRUE
COPY OF THE ORIGINAL
W.J. DONOVAN CWOSN USCG

TOD/1443/04/DEC/HUNE/TWPL/FY/

CCCO GRUCOM CAPE MAY NJ
XO GRUCOM CAPE MAY NJ

INITIALS OF "RELEASING" OFFICER

OPERATOR'S RECORD

TIME RELEASED

U. S. GOVERNMENT PRINTING OFFICE 16—20710-2

UNIT CG RDO STA CAPE MAY NJ DATE * DECEMBER 1948

INCOMING HEADING

0414502

TEXT

BT P X URMSG 041436Z X AUTHORIZED X TRAV CHGBL THIRD CG DISTRICT
TRAV ALLOT SYM 03 DASH 20 AUTH NO 030751 BT

CERTIFIED TO BE A TRUE
AND EXACT COPY OF THE
ORIGINAL

W.J. DONGIAN CBOSN USCG

TOR/1457/04/DEC/HUME/TWPL/FY/

CO CG MOORINGS CAPE MAY NJ
XO CG MOORINGS CAPE MAY NJ

TIME:

INITIALS OF "ACTION" OFFICER

OPERATOR'S RECORD

FROM

CCGD THREE

TO (FOR ACTION)

CRUCOM CAPE MAY NJ

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

"ACTION" OFFICER INITIAL AND RETURN ORIGINAL TO RADIOROOM, RETAINING COPY

16—20203-1

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 403
Bu. Vou. No. .....

U. S. [redacted]
(Department, bureau, or establishment)

THE UNITED STATES, DR.,

To [redacted]

Address [redacted]

[redacted]
(Official duty station)

(Residence (For use of Postal Service only))

PAID BY
PAUL D. BANNIN
CHIEF
DISBURSING OFFICE

JAN 11 19[redacted]

1375
(For use of paying office)

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from [redacted] 19[redacted], to [redacted], 19[redacted], as per itemized statement within, under authority No. [redacted] dated [redacted], 19[redacted], copy of which is attached,* or has been previously furnished with Voucher No. .....*, paid .....*, 19....., by .....
(Name of disbursing officer)

[redacted]

AMOUNT CLAIMED	
FOR—	DOLLARS
Subsistence	[redacted]
Other	
Travel	[redacted]
TOTAL	[redacted]

(Payee must not use this space)

Differences	
Amount verified; correct for	[redacted]
(Signature or initials)	

[redacted]

MEMORANDUM

MEMORANDUM

[illegible] paid [illegible] (Date)

The next previous voucher paid under the same travel authority was: D. O. Vou. No. [illegible]

JAN 7 1949

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, Limitation, or Project Symbol	Appropriation Title	Limit'n or Proj't (Amount)	Appropriation (Amount)
[illegible]	[illegible]	[illegible]	[illegible]

Allotment Symbol	Amount	Obligations Liquidated	Cost Account Symbol	Cost Account Amount	Objective Classification Symbol	Objective Classification Amount
[illegible]	[illegible]				[illegible]	[illegible]

Paid by Check No. 33739, dated JAN 7 1949, 19____, for $[illegible] {on Treasurer of the United States in favor of payee named above.

MEMORANDUM PAYEE COPY

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $_____" and over his official title.

16—42615-1

GPO 16—42615-1

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF ITEMS ARE NUMEROUS

...te and hour of departure from official headquarters _____ (Date) _____ (Hour)

Give duty status on first day of voucher period:

Arrived at _____ on _____, 19____, for temporary duty for approximate period _____

Approximate date of return to official headquarters _____, 19____

DATE 19__	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-** VOU. No.	AMOUNT CLAIMED SUBSISTENCE†	AMOUNT CLAIMED OTHER
19 Nov. 1	Departed Freeport, ME, at 1000			
3 Dec. 1	Arrived Cape Kay, N.J., at 1345			
5 Dec. 1	Departed Cape Kay, N.J., at 1100			
	Arrived St.George, ME, at 1800 & reported aboard [illegible]			
	Granted and taken ten (10) days leave, four (4) days perdiem time, and one (1) day travel time enroute from Freeport, ME to Cape Kay,NJ.			
	I certify that all of the above travel was performed via privately owned conveyance at my own expense, and that no part of this travel was performed on Gov't. Transportation Request or via Gov't. owned conveyance. I further certify that no Gov't. subsistence was furnished or available and that no such thereof was furnished or charged for the periods while actually traveling.			
	MONEY ALLOWANCE IN LIEU OF SUBSISTENCE claimed from Freeport, ME to Cape Kay, N.J., a distance of 195 miles, and thence to St. George, ME, a distance of 177 miles, for a total distance of 372 miles @ $0.03 per mile, computed for an amount of. $11 19			
	TRAVEL TIME ALLOWANCE claimed for periods 1200 to 1915 hrs.,19Nov and 1217 to 2015 hrs., 19Dec, (computed train time for travel performed) for 2 days @ $5.00 per day, computed for an amount of. $10 00			
	TOTALS (to be carried forward to continuation sheet, if necessary)		$10 00	$11 19

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL FROM— (Also show meter readings when travel was by automobile)	POINTS OF TRAVEL TO— (Also show meter readings when travel was by automobile)	FOR REIMBURSABLE ITEMS ONLY MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED Include cash paid public carrier

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 403 8470
Bu. Vou. No. .....

PAID BY
PAUL D. BANNING
CHIEF
DISBURSING OFFICER
JAN 11 1949
1375
(For use of paying office)

U. S. [redacted]
(Department, bureau, or establishment)

THE UNITED STATES, DR.,

To [redacted]
Address [redacted]

[redacted]
(Official duty station) (Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from [redacted] 19[redacted], to [redacted], 19[redacted], as per itemized statement within, under authority No. [redacted] dated [redacted], 19[redacted], copy of which is attached,* or has been previously furnished with Voucher No. ....., paid ....., 19....., by .....
(Name of disbursing officer)

[redacted]

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence	[redacted]	
Other		
Travel	[redacted]	
TOTAL	[redacted]	

(Payee must not use this space)

Differences		
Amount verified; correct for	[redacted]	

(Signature or initials) .....

[redacted]

MEMORANDUM

[redacted]

JAN 7 1949

The next previous voucher paid under this same travel authority was: D. O. Vou. No. [redacted] paid [redacted]
(Date)

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
[redacted]	[redacted]	[redacted]	[redacted]

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
[redacted]						

Paid by Check No. 33739, dated JAN 11 1949, 19....., for $[redacted] on Treasurer of the United States in favor of payee named above.

MEMORANDUM PAYEE COPY

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $....." and over his official title.

16—42615-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CODED
NO. 18

USCGC SASSAFRAS (WAGL-401) — (Unit)

Cape May, New Jersey — (Place)

21 December, 1948 — (Date)

FROM: PAYNE, Shelbert R. (224-016) BM1

TO: COMMANDANT (via Commanding Officer, SASSAFRAS)

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:

Elinor Frances Payne (Full name of wife; if not married, so state)	1217 Washington St. Cape May, N.J. (Address of wife)
Shelbert John Payne - son (Full name of child; if none, so state)	as above (Address of child)
Robert LeRoy Payne - 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)

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:

Alleen L. Payne (Full name of relative)	mother (Relationship)	as above (Address of relative)

dependent for support
(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 21st day of December, 1948

B. R. HENRY, LT, USCG
(Signature)

Commanding Officer
(Rank or title)

Shelbert R. Payne
SHELBERT R. PAYNE
(Signature)

BM1
(Rank or rating)

16—25758-1

CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
CG-29 (REV. 6-45)

No. 20

NAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	~~RM~~ BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
USCGC SASSAFRAS (WAGL-401)		Cape May, N.J.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
3rd CG District		21 December, 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)

21 December, 1948: Reenlisted for a period of three (3) years in the Regular Establishment in the rating of BM1.

PAFE: Cape May, New Jersey

Entitled to $150.00 reenlistment allowance having been discharged 20 December, 1948 on expiration of a 3 year enlistment.

DUTY CODE NO.
AUTH: Art. 556, CG Regs

James L. Harrison
JAMES L. HARRISON
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

Machine Accounting
Punched _____
Verified _____

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

ORT OF CHANGE IN PERSONNEL

ITED STATES COAST GUARD

AVCG-2599 (REV. 6-45)

No. 19

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
USCGC SASSAFRAS (WAGL-401)		Gloucester, N.J.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
3rd CG District		20 December, 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)

18 December, 1948: Enlistment extended two (2) days. Auth: Art 591(5)(c), CG Regs.

20 December, 1948: Honorably Discharged in rating of BM1 by reason of expiration of three (3) year enlistment in the Regular Establishment.
PAFE: Bay Shore, N.Y.
POD: Gloucester, N.J.
Entitled to mileage at rate of five cents ($.05) per mile from Gloucester, N.J. to Bay Shore, N.Y.
Entitled to cash compensation for sixty (60) days unused leave remaining to credit on discharge.
Not entitled to MOP.
Completed 9 years, 2 months, 25 days creditable service on 12-20-48.
Issued Honorable Discharge Button and Honorable Service Lapel Button.

DUTY CODE NO.
AUTH:
Art. 589 (1), Regs.

James L. Harrison
(Commanding)
JAMES L. HARRISON
Executive Officer

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

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

96(3) AC 19-48

ENLISTMENT CONTRACT

ENLISTMENT [a] of PAYNE, Shelbert Ruel (224-016) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Fire Island Light Station, CG GROUP, BAY SHORE, N.Y., 3ND District, Bay Shore, N. Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Bay Shore, N. Y.
(Place)

1. I, Shelbert Ruel Payne (Full name), this 19th day of December, 19 45, 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 Elizabeth City, N. C., on 6 February 1921, Citizenship [b] NB

If naturalized, place and date of naturalization ---- Certificate number ---

If intentions declared, place and date of declaration ----

Occupation or trade Coast Guard Home address Fire Island Light Station, Bay Shore, NY.

Full name and address of the following: Elinor Frances Payne, Fire Island Light Station, Bay Shore, N. Y. (Wife, if any)

Shelbert John Payne - son (born 11-7-41.) Same address.
(Children under 21 years of age. Specify ages of children)

Robert LeRoy Payne - son (born 8-22-43.) Same address.

Allen Lee Payne, Fire Island Light Station, Bay Shore, N.Y. Widowed? Yes.

Carita Payne, Sister (age 16) Same address.
(Mother, if living) (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 Never
(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 December 45, 19....., from ~~Cutter~~ Station Fire Island Light Sta. (Strike out one) with Honorable discharge, herewith submitted, serial No. M62745
(Kind of discharge)

9. I agree to and with the United States of America, represented by A. BURRUS, 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 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 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. BURRUS, Jr., Lieut (jg) (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the SHELBERT RUEL PAYNE (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

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.

Shelbert Ruel Payne
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By A. BURRUS, Jr., Lieut. (jg).
(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. BURRUS, Jr., Lieut. (jg).
....., *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Shelbert Ruel Payne, 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.

Shelbert Ruel Payne
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of December, A. D. 19 45.

A. BURRUS, Jr., Lieut. (jg).

CO CG GROUP, BAY SHORE, N. Y.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 24 years 8 months. Height 5 feet 10½ inches. Weight 165 pounds. Eyes Blue

Hair Lt. Brown Complexion Ruddy Color White Married Yes

Distinguishing marks None

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.

SASSAFRAS(WAGL 401)
Rodermond Industries,
Jersey City, N. J. 7 December, 1948

Enlistment extended two (2) days in accordance with Art. 591(5)(c), CG Regulations.

B. R. HENRY, LT., USCG
Commanding Officer

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1920

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

SERVICE RECORD

RECORD OF PAYNE, Shelbert Ruel. 224-016
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
Short Beach Grp. HD (EE) CGC SASSAFRAS	11-19-48 12-20-48	[signature] XO By dir.	CGGrFrprt,NY SASSAFRAS	5/3/45 12/4/48	Byron M. Bideke Lt(jg) CO [signature] XO By dir.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
CG GROUP, FREEPORT NY P/C 36-47	CR BMLc to BM1 Auth:	4-2-48	Byron M. Bideke Lt(jg) CO

2—13678

RECORD OF PAYNE, Shelbert Ruel. 224-016

(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	Adaptability for warrant grade	Vessel or station	Signature

Record of **PAYNE, Shelbert Ruel.** (Full name, surname to the left) **224-016** (Service No.

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as Leader of men	Special Qualification or Special Detail	Conduct	
		3.7	3.7		3.6		4.0	
12/31/45	BM1c	3.7	3.7	--	3.6	Fire Island Light Station	4.0	Lt(jg)
3/31/46	BM1c	3.7	3.7	--	3.6	Fire Island Light Station	4.0	CBM Actg CO
3-30-46	BM.1/c.	3.7	3.7		3.6	Fire Island Light Station	4.0	Ch.Bos'n.(L)
9-30-46	BM.1/c.	3.7	3.7		3.6	Fire Island Light Station	4.0	Ch.Bos'n.(L)
12-31-46	BM1c	3.7	3.7		3.6	Fire Island Light Sta.	4.0	ChBosn(L)
1-14-47	BM.1c.	3.7	3.7		3.6	"	4.0	"
3-31-47	B.M.1c.	3.7	3.7		3.6	Fire Island Light Sta. (CG GROUP, FREEPORT, N.Y.)	4.0	Lt.(j.g. C.O.
6-30-47	BM.1c.	3.7	3.7		3.6	"	4.0	Lt(jg)
9-30-47	BM1c	3.7	3.7		3.6	"	4.0	Lt(jg)
12-31-47	BM1c	3.7	3.7		3.6	" " " "	4.0	Lt(jg)
3-31-48	BM1c	3.7	3.7		3.6	" " " "	4.0	Lt(jg)
5-3-48	BM1	3.7	3.7		3.6	" " " "	4.0	Lt(jg)
6/30/48	BM1	3.7	3.7		3.6	" " " "	4.0	CBOSN
9/30/48	BM1	3.7	3.7		3.6	" " " "	4.0	CBOSN
11-19-48	BM1	3.7					4.0	CO
12-20-48	BM1	LESS THAN ONE MONTH					4.0	CO
Average		3.7					4.0	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.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF PAYNE, Shelbert Ruel. 224-016
(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
CGGR FREEPORT NY	9-1-47	Issued American Defence Service Medal: Byron M. Hincke	Lt(jg
CGGR FREEPORT NY	9-1-47	Issued World War II Victory Medal: Byron M. Hincke	Lt(jg
SASSAFRAS	12-20-48	Issued Honorable Discharge Button and Honorable Service Lapel Button.	CO
SASSAFRAS	12-20-48	Issued Satisfactory Service Card	CO

2—13678

RECORD OF PAYNE, Shelbert Ruel. 224-016

(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date		Duty	Signature
	From—	To—		
CG GR BAY SHORE, N.Y.	12-19-45	9-23-46	Fire Isld Light Sta	Ch.Bos'n.(L)
CG GR Bay Shore, N.Y.	9-23-46	11-4-46	CG-60008-D	
CGGR FREEPORT, N.Y.	11-4-46		Fire Is. Lite. Sta.	Ch.Bos'n.(L)

U. S. GOVERNMENT PRINTING OFFICE 2—13078

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF PAYNE, Shelbert Ruel. 224-016
(Full name, surname to the left) (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:

three (3) (Years) none (0) (Months) two (2) (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 148.50

The within-named man has been furnished travel allowance amounting to $ 6.90

at the rate of 10.05 cents per mile from Gloucester, N.J. to Bay Shore, N.Y.

and paid $ 584.45 in full to date of discharge. Name of

pay officer HERBERT NEWMAN, PCLK, USCG

Not entitled to Mustering Out Pay.

Address subsequent to discharge will be:

USCGC SASSAFRAS (WAGL-401) Street,
CG Moorings
Cape May City, New Jersey State.

HAS SIGNIFIED INTENTION { To [redacted] } REENLIST NEXT DAY.

Certified to be correct upon termination of service 20 December, 1948

B. R. HENRY, LT, USCG
Commanding Officer [redacted]

U. S. GOVERNMENT PRINTING OFFICE 2—13678

PAYNE, Shelbert R.(224-016) **LEAVE RECORD**

ACCRUED CREDITS			LEAVE TAKEN				BAL. DUE	CO'S SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM	TO	REAS	NO. DAYS	NO. DAYS	
BBF	7/1/48	60						/s/ J. M. Odin, CBOSN
			11/20/48	11/29/48	LvEnr (RegAcc)	10	~~65~~ 50	XO By dir. SASSAFRAS
DIS	12-20-48	15	- - - - - - - - - -				65	XO
				Excess dropped			60	By dir. SASSAFRAS

~~Entitled to cash settlement for unused leave in amount of sixty (60) days in accordance with Paragraph 31 (b) of Commandants Circular No. 31-47~~ ~~XO By dir. SASSAFRAS~~

Entitled to cash compensation for sixty (60) days unused leave remaining to credit on discharge.

XO By dir. SASSAFRAS

Paid $427.50 cash compensation for 60 days lv; subs; qtrs on 12/21/48 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 8531; Pay Roll No. 341

W. G. SCHAEFER
Authorized Certifying Officer

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO. DAYS	CO'S SIGN. & UNIT

RECORD OF PAYNE, Shelbert R. 224-016
(Full name, surname to the left) (Service number)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN				BAL DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE			CO'S SIGNATURE
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS ADV.	NO. DAYS	FROM	TO	NO. DAYS REASON	
IC	9-1-46	60					60				Ch.Bos'n. (L)
An.Cr	6-30-47	25					85				Lt. (jg)
	7-1-47	*60	Excess dropped				*60				
			11-20-47	12-6-47	Lv.	15	45				Lt (jg)
ANCR	6/30/48	30					75				CBOSN
BBF	7/1/48	*60					*60				CBOSN

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 19

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAINE, Shelbert R.	224-016	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
USCGC SASSAFRAS (WAGL-401)		Gloucester, N.J.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
3rd CG District		20 December, 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)

18 December, 1948: Enlistment extended two (2) days. Auth: Art 591(5)(c), CG Regs.
20 December, 1948: Honorably Discharged in rating of BM1 by reason of expiration of three (3) year enlistment in the Regular Establishment.
PAFE: Bay Shore, N.Y.
POD: Gloucester, N.J.
Entitled to mileage at rate of five cents ($.05) per mile from Gloucester, N.J. to Bay Shore, N.Y.
Entitled to cash compensation for sixty (60) days unused leave remaining to credit on discharge.
Not entitled to MCP.
Completed 9 years, 2 months, 25 days creditable service on 12-20-48.
Issued Honorable Discharge Button and Honorable Service Lapel Button

DUTY CODE NO. — AUTH: Art. 589 (1), Regs.

JAMES L. HARRISON (Commanding)
Executive Officer

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

UNITED STATES COAST GUARD

ADDRESS REPLY TO Short Beach Lifeboat Station

AND REFER TO

5 December, 1948.

MEMO:

Shelbert R. Payne, BM1.

Attached is letter from CO, CGC SASSAFRAS, (WAGL 401) which states the vessel will not be stationed at CAPE MAY, N.J., when you are to report on board.

At the expiration of your leave you will report on board CGC SASSAFRAS at CG BASE, St. George, S.I., N.Y.

Louis J. Slanec

Louis J. Slanec, BMC(L)
By direction.

Inclosure:
Letter, CO, CGC SASSAFRAS.

Commanding Officer
CGC SASSAFRAS (WAGL 401)
xxxxxxxx
CG Moorings,
Cape May, N. J.

23 November, 1948
CG-73

From: Commanding Officer, SASSAFRAS (WAGL 401)
To: CO, SHORT BEACH GROUP, Freeport, Long Island, N. Y.

Subj: PAYNE, Shelbert R. (224-016) BM1; change in place of expiration of leave

1. It is requested that PAYNE be advised that his leave will expire prior to 2400, 4 December, 1948 on board USCGC SASSAFRAS at CG Base, St. George, Staten Island, N.Y.

2. This unit will be in New York from 2 December, 1948 to 17 December, 1948. There is no record of PAYNE's leave address on board.

JAMES L. HARRISON
Executive Officer

CO, Short Beach Group
Freeport, New York.

19 November, 1948.
File: CG-73-531

From: CO, SHORT BEACH GROUP, Freeport, L.I., N.Y.
To: PAYNE, Shelbert R. (224-016) BM1.

Subj: Orders; transfer, travel.

Ref: (a) C3CGD/L 10-29-48 (File: pmp 73-531) DO # 1101-49.

1. Upon receipt hereof, and in accordance with reference (a), you are detached from further duty at Fire Island Light Station, Bay Shore, N.I., and directed to report to the CO, CGC SASSAFRAS, Cape May, New Jersey for assignment to duty.

2. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 031757. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case.

3. This order constitutes a permanant change of station for you from Bay Shore, L.I., N.Y., to Cape May, New Jersey.

4. Before any travel of dependents is performed under this permanent change of station orders, 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 CG-2658 in accordance with Art. 475, P&SI.

5. You are granted one (1) day travel time, four (4) days proceed time, and ten (10) days leave enroute. This leave to expire prior to 5 December, 1948, on board CGC SASSAFRAS, Cape May, New Jersey.

6. Service and Health records will be carried on transfer.

7. Departed 1000 19 November, 1948.

CERTIFIED TO BE A TRUE COPY:

J. M. ODIN.

JAMES L. HARRISON, LTJG, USCG

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

ess reply to:
MANDER,
rd CG District
42 Broadway
New York 4, N.Y.

29 October, 1946
File: pmp 73-531
1101-49

From: Commander, Third Coast Guard District
To: CO, CG CGER GREAT REACH, Freeport, L.I., N.Y.

Subj: [redacted], Chalbert R. (ZA4-016) USC, orders, transfer, travel

1. Upon receipt hereof, transfer subject named man from FIRE ISLAND LIGHT STATION, to the CO, CGC SAMARITAN, Cape May, New Jersey for assignment to duty.

2. Travel necessary for the execution of this order is required by the public interests and is chargeable against the 3rd CG District travel allotment symbol 03-20, authorization No. 031797. Allowances for subsistence and quarters as prescribed by Art. 439 PANDSI are applicable in this case.

3. This order constitutes a permanent change of station for [redacted] from Bay Shore, L.I., N.Y., to Cape May, New Jersey

4. Before any travel of dependents is performed under this permanent change of station orders, 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 CG-2658 in accordance with Art. 475, P&SI.

5. Records will be carried on transfer.

CERTIFIED TO BE A TRUE COPY:

JAMES L. HARRISON, LTJG, USCG

H. C. MYER,
By direction.

CGI
Pers.
Pay
Class
File
[redacted]
SAMARITAN

FOR DEFENSE
BUY
UNITED STATES SAVINGS BONDS AND STAMPS

...evised)
...S.
...S—Revised
...ERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. ____
Bu. Vou. No. ____

PAID BY

(For use of paying

U. S. TREASURY DEPARTMENT - COAST GUARD
(Department, bureau, or establishment)

...NITED STATES, DR.,

To Shelbert E. Payne
Address USCGC SASSAFRAS (WAGL 401)
CG Hoarings, Cape May, N. J. (31)

Same as above
(Official duty station) (Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses [illegible] upon discharge of official duty from New York,NY 19 NOV 48 to CGC SASSAFRAS, 4 DEC 48 (93-532) (031.757), 19 48 as per itemized statement within, under authority No. 29 October, 48 dated ____, 19____, copy of which is attached,* or has been previously furnished with Voucher No. ____, paid ____, 19____, by ____
(Name of disbursing officer)

AMOUNT CLAI	
FOR—	DOLL
Subsistence	
Other	
Travel	
TOTAL	

(Payee must not use this space)

Differences	
Amount verified; correct for	
(Signature or initials)	

Shelbert E. Payne (224-016)
SK1, USCG

9 December, 1948

MEMORANDUM

The next previous voucher paid under the same travel authority was: D. O. Vou. No. ____, paid ____
(Date)

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIA (Amoun
2091203001	Pay & Allowances, Coast Guard, 1949		

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATIO	
			SYMBOL	AMOUNT	SYMBOL	AMOU
03-20	$031757				0231	
					0236	

Paid by Check No. ____, dated ____, 19____, for $____ {on Treasurer of the United States / payee named above.

MEMORANDUM

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve

signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $_____" and over his official title.

16—42615-1

approximate period _____

Approximate date of return to official headquarters _____, 19_____

DATE 19____	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-** VOU. No.	AMOUNT CLAIMED	
			SUBSISTENCE†	OTHER
NOV -				
19	Departed New York, N.Y. at 1000 this date.			
DEC -				
3	Arrived Cape May, N. J. at 1915 this date.			
4	Departed Cape May, N.J. at 1100 this date.			
4	Arrived New York, N.Y. at 2100 this date.			
	Ten (10) days leave and two (2) days travel time taken enroute in connection with these orders.			
	Travel indicated above performed via privately owned conveyance and at own expense. I certify that no part of the above travel was performed on Gov't. Trk's or via Gov't. vehicles. I certify that no subsistence or cash for subsistence was furnished, available or advanced for any of the period covered by this claim.			
	Chelbert B. Payne			
	MONEY ALLOWANCE IN LIEU OF TRANSPORTATION Claimed for travel from New York, N.Y. to Cape May, NJ & return, a distance of 344 miles @ $0.03 per mi.			$10 00
	MONEY ALLOWANCE IN LIEU OF SUBSISTENCE Claimed for travel from New York, N.Y. to Cape May, NJ & return @ $4.00 per diem		$4 00	
	TOTALS (to be carried forward to continuation sheet, if necessary)		$4 00	$10 00

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL (Also show meter readings when travel was by automobile)		FOR REIMBURSABLE ITEMS ONLY		
				FROM—	TO—	MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED (Include cash paid public carriers)

PAYNE, Shelbert R. 224-016 BM1

USCGC SASSAFRAS Cape May, NJ

3rd CG District 4 December, 1948

2100
12/4

CO, SHORT BEACH GROUP, Freeport, L.I.,N.Y.
ASDU. Ten (10) days leave enroute.

CCGD3/L 10/29 pmp-73-531 & CO, SHORT BEACH GROUP/L 11/19
73-531

JAMES L. HARRISON
Executive Officer

PAYNE, Shalbert R. 224-016 BM1.

SHORT BEACH GROUP Fire Island Light Station Bay Shore, N.Y.

19 November, 1948

1000
19 Nov. 1948. CGC SASSAFRAS, Cape May, New Jersey.
assignment to duty. Granted one (1) day travel, four (4) days proceed time and ten (10) days leave enroute, to expire prior to 5 December, 1948.
C30GD/L 10/29/48 File: pup 73-531, DO # 1101-49.

J. E. ODIN, CBOSN(L)

Service Record

pls
73-701

1319-46

16 September, 1946

To: Commanding Officer, CG GROUP, Bay Shore, Long Island, New York

Subj: PAYNE, Shelbert R. (224-016) BM1c; orders; transfer

1. Upon receipt hereof, transfer subject-named man from the FIRE ISLAND LIGHT STATION to the FIRE ISLAND LIFEBOAT STATION for assignment to duty aboard the Buoy Boat.

2. No travel is deemed necessary to the execution of this order and none is authorized.

3. Records will be retained at your unit. Pay account will be retained at this office.

R. H. LANE
By direction

CC:
Pers
Pay
Class
AIDS TO Navigation
File

NCG 2534
October 1937

APPLICATION TO U. S. PUBLIC HEALTH SERVICE FOR TREATMENT OF COAST GUARD DEPENDENTS

COAST GUARD GROUP
(Unit)
BAY SHORE, N.Y.
(Place)
22 July, , 1946

To: MEDICAL OFFICER IN CHARGE:
U.S. MARINE HOSPITAL
STAPLETON, S.I., N.Y.

SIR: You are requested to examine and furnish such treatment as may be required to ELINOR F. PAYNE (WIFE) dependents of
(State name and relationship, such as mother, wife, son, etc.)
SHELBERT R. PAYNE (244-016) BM.1/c. under authority of the Act
(Name and rank or rate)
of Congress approved July 30, 1937.

I HEREBY accept full responsibility for all charges incurred should hospitalization become necessary. The person named above is wholly dependent upon me for support.

SHELBERT R. PAYNE
(Signature of man)

FRANCIS E. ESTLER, BM.1/c.
(Witness to signature)

Present enlistment expires * 12/19/48

Very truly yours,

J.M. ODIN,
(Name)
Ch.Bos'n.(L)
(Rank)
Commanding Officer
(Commanding officer, etc.)

* To be used only in cases of enlisted personnel.

FOLLOW INSTRUCTIONS ON REVERSE CAREFULLY

16—29639-1

NAVCG 2705-A
U. S. COAST GUARD
Form approved by
Comptroller General, U. S.
August 7, 1943

C. O. Order No. .....

CERTIFICATE OF ASSIGNMENT OF QUARTERS TO DEPENDENTS OF ENLISTED MEN (FIRST THREE PAY GRADES)

For the month of JUN 1946, 19.....

U.S. COAST GUARD GROUP, Fire Island Light Station, Bay Shore, N.Y.
(Ship or station)

I CERTIFY that during the period indicated the enlisted men named below were assigned public quarters without charge for the use of their dependents and that there were no quarters assigned or occupied by or available for assignment for the dependents of other enlisted men at this station during the month stated.

SERVICE NO.	SURNAME	FIRST NAME	INITIAL	PERIOD (For month as stated above unless otherwise indicated)	
				From—	To—
224-016	PAYNE,	Shelbert	R.	6/1/46	6/30/46

J.M. ODIN, Ch.Bosn.(L)
(Name and signature)

Commanding Officer.

D. O. Certificate.—No rental allowance has been credited to the above listed enlisted men.

(D. O. Symbol number)

(D. O. Signature)

U. S. GOVERNMENT PRINTING OFFICE 16—37047-1

Fire Island Light Station
Bay Shore, N.Y.

24 June 1946

To: Pay Office, 42 Broadway, New York, N.Y.

Subj: Family quarters at Fire Island Light Station.

My family is no longer taking quarters at Fire Island Light Station as of 20 June 1946. Please adjust pay account accordingly.

Shelbert R. Payne
Shelbert R. Payne B.M.1c.

UNITED STATES COAST GUARD
42 BROADWAY
NEW YORK 4, N. Y.

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
THIRD NAVAL DISTRICT
REFER TO FILE:

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

5 February, 1946

MEMO TO: Commanding Officer, Coast Guard Group, Bay Shore, LI,NY

1. In order to effect reimbursement for furlough travel allowance of PAYNE, Shelbert R. (224-016) BM1c, it is necessary that the following be complied with:

(a) Indorsement 4 and 6 of attached Application for Leave of Absence should be completed and signed.

(b) An indorsement signed by the Commanding Officer should be added on the reverse of the Application for Leave of Absence showing PAYNE'S home of record as shown in new enlistment contract.

(c) Shelbert R. Payne's service record should be forwarded to this unit and will be returned upon payment of claim.

(d) Attached voucher should be signed by PAYNE where indicated by a red check mark.

2. Upon receipt of above claim it will be prepared and settled by this office.

T. C. Crabe

T. C. CRABE, Lieut., USCG
Travel Section

Ind-1
CG GR BAY SHORE, N. Y.
8 February, 1946.

To: DCGO/3ND., Travel Section.

1. Returned, complied with.

John W. Midgett

JOHN W. MIDGETT
By direction

Incl:
1. Service Record of Shelbert R. Payne (224-016) B.M.1c.

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 13557 46
Bu. Vou. No. .....

U. S. NAVY DEPARTMENT (COAST GUARD)
(Department, bureau, or establishment)

PAID BY PAID
NEW YORK, N.Y.
FEB 19 1946
E. L. COLEMAN
SYMBOL NO. 55-1
(For use of paying office)

THE UNITED STATES, DR.,

To SHELBERT R. PAYNE
Address U. S. COAST GUARD GROUP
BAY SHORE, L.I., N. Y.

(Official duty station) (Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from ..... 19....., to ..... 19....., as per itemized statement within, under authority No. CG GROUP, BAY SHORE, NY, dated 5 January, 19 46, copy of which is attached,* or has been previously furnished with Voucher No. ....., paid ....., 19....., by .....
(Name of disbursing officer)

***Form NAVCG-2519(Application for Leave of Absence)

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence		
Other		
Travel	36	75
TOTAL	36	75

(Payee must not use this space)

Differences		
Amount verified; correct for	36	75
(Signature or initials)		

13 February, 1946

SHELBERT R. PAYNE
SMlc., USCG.

MEMORANDUM

36.75

The next previous paid under the same travel authority was: D. O. Vou. No. ..... dated .....

WALTER LAUER, LT. COMDR., USCG
BY DIRECTION. Paid, CG GROUP

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
1760900.	Pay and Allowances, Coast Guard, 1946		36.75

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
03-20			101		0234	36.75

612306 FEB 19 1946

Paid by Check No. ....., dated ....., 19....., for 36.75 } on Treasurer of the United States in favo payee named above.

MEMORANDUM

* Approving authority state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined

signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $_____ and over his official signature."

Mail

16—42615-1

_____ on _____, 19____

approximate period _____

Approximate date of return to official headquarters _____, 19____

DATE 19____	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-** VOU. No.	AMOUNT CLAIMED SUBSISTENCE†		OTHER	
	Furlough Travel Allowance, Bay Shore, L.I., N.Y. to Norfolk, Va.					
	389 miles @0.05 per mile.....$19.45					
	Thence to Bay Shore, L.I., N.Y., place directed to return on expiration of leave.....					
	389 miles @0.05 per mile.....$19.45					
	Total.....$38.90					
	Less Travel Allowance paid on Discharge (New York, N.Y. to Bay Shore, LI, NY).....$ 2.15					36.7

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

PAYNE, Shelbert R. (Name—Surname to left) | BM.1/c. (Rank or rating 31 Aug. 1946) | 224-016 (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) | Elinor Frances Payne (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.

Shelbert R. Payne
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Bay Shore, N.Y. this 9th day of August 1946

(SEAL)

Franklin B. Gordon
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

My Commission Expires March 30, 1947

(OVER)

16—49451-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Light Station
CG GROUP, BAY SHORE, N. Y.
(Unit)

Bay Shore, N. Y.
(Place)

19 December, 1945.
(Date)

FROM: PAYNE, Shelbert N. (224-016) B.M.1c.

TO: COMMANDANT (via CG GROUP, BAY SHORE, N.Y.)

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:

Elinor Frances Payne (Full name of wife; if not married, so state)	Fire Island Light Station, Bay Shore, N.Y. (Address of wife)
Shelbert John Payne - son (born 11/7/42) (Full name of child; if none, so state)	Same as above (Address of child)
Robert LeRoy Payne - son (born 6/22/45). (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:

Aileen L. Payne (Full name of relative)	mother (Relationship)	Same as above (Address of relative)

dependent for support
(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:

Carita Payne (Full name of relative)	Sister (age 16) (Relationship)	Same as above (Address of relative)

Dependent for support.
(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 19th day of December, 19 45

[signature] LIEUT. (JG)
(Signature)

Commanding Officer.
(Rank or title)

Shelbert N. Payne
(Signature)

B.M.1c.
(Rank or rating)

16—25758-1

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)

Fire Island Light Station
CG GROUP, BAY SHORE, N. Y.
(Unit)

PAYNE, Shelbert R.
(Name in full—surname to the left)

19 December, 1945.
(Date)

224-016
(Service number)

B.M.1c.
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1939	9	25
Enlistment extended (for 3 years from)	1942	9	25
Date of discharge (HONORABLE)	1945	12	18
(Character of discharge)			

NUMBER OF—		
Years	Months	Days
6	2	23

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 (0 days)

Creditable time served during last enlistment period: 6 2 23

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.

A. Burrus, Jr., Lieut. (jg).

Date 19 December, 19 45

(Rank) ____, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 19 December, 19 45

COAST GUARD GROUP, BAY SHORE, N. Y.

I CERTIFY that the above-named man reenlisted in the Regular (Navy/Coast Guard) for three (3) years from this date.
(Reenlisted or voluntarily extended his enlistment)

a period of ____

A. Burrus, Jr.,
Lieutenant (jg).

(Rank) ____, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

REMARKS: ---

CERTIFICATE

I certify that I have personally made this physical examination and find that Payne, Shelbert R.

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

He is physically qualified to perform the duties of B.M.1c. (Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for ---

on account of ---

H. R. Barringer
A.A. Surgeon, U.S. Public Health Service.

1st INDORSEMENT

4 December, 1945.
(Date)

Place Bay Shore, N. Y.

From: CO CG GROUP, BAY SHORE, N.Y.

To: Commandant.

1. Forwarded for action. Present status: In involuntary extension of enlistment.

A. BURRUS, Jr., Lt. (jg).
Commanding ~~Coast Guard Group, No.~~

2d INDORSEMENT

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

12-6-45
(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.

7 December, 1945
(Date)

From: Commandant.

To: CO, CG Group, Bay Shore, N. Y.

1. ENLISTMENT AUTHORIZED; REGULAR ESTAB.

Insert this copy in health record.

By direction,

E. ZOOLE
Chief, Personnel Section.
Chief, Enlisted Assignments Div.

U.S. GOVERNMENT PRINTING OFFICE: 1944 2—10141

Copy mailed 12-10-45

Ent. 9-25-39 Cond. 6m. mb

Reg Est.

ATES COAST GUARD

CREDITABLE SERVICE

stment Allowance)

Fire Island Light Station
CG GROUP, BAY SHORE, N. Y.
(Unit)

19 December, 1945.
(Date)

B.M.1c.
(Rating on discharge)

	Year	Month	Day
	1939	9	25
	1942	9	25
)	1945	12	18

NUMBER OF—		
Years	Months	Days
6	2	23

usive dates to be shown)

DUCT	ABSENT DUE TO CONFINEMENT		
Days	From—	To—	Days
		NONE	

TOTAL ABSENCE (0 days)

6	2	23

t statement of creditable service of the above-mentioned man

A. BURRUS, Jr., Lieut. (jg).

(Rank) ---, U. S. C. G.
Commanding officer.

XTENSION OF ENLISTMENT

COAST GUARD GROUP, BAY SHORE, N. Y.
(Unit and place)

isted in the Regular Establishment for
(Reenlisted or voluntarily extended his enlistment)

A. BURRUS, Jr.,

(Rank) Lieutenant (jg)., U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

Form No. 2525-B
TREASURY DEPARTMENT
U.S. COAST GUARD

12/11

PHYSICAL EXAMINATION RECORD

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

Name Payne, Shelbart R. Service Number 224-016
(Surname first)

Age: Years 24 Months 8 Color White

For: Regular Enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B.M.1c.

Place Bay Shore, N.Y. November 29, 1945.

Personal Medical History Measles- Whoopingcough

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

Color blind? no Test used Charts

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

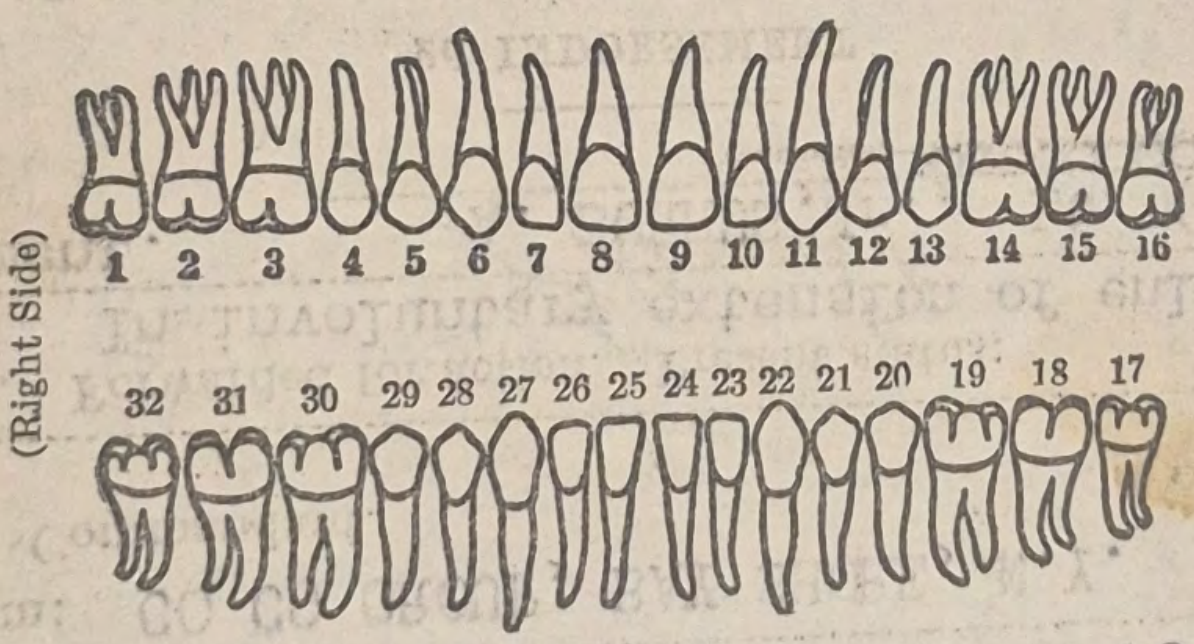
Eyes, eyelids, and reflexes normal

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

Height 70 1/4 inches. Weight (stripped) 165 lbs. Obesity no

Skin normal

Lymph. glands normal

Chest: Inspiration 40 1/2 Expiration 35

Heart and blood vessels normal

Blood pressure: Systolic 120 Diastolic 68

Pulse before exercise 68, after exercise 102, after 2 min. 74

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs very small varicocele, (L)

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin neg. Sugar neg Shreds ____ Sp. Gr. 1020

Microscopical exam. (if indicated) epithelia ____ Casts ____

Blood cells ____ Pus cells ____ Whites ____

____ %, Reds ____ Result neg.

y 10141

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Fire Island Light Station
CG GROUP, BAY SHORE, N. Y.
(Unit)

19 December, 1945.
(Date)

PAYNE, Shelbert R.
(Name in full—surname to the left)

224-016
(Service number)

B.M.1c.
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1939	9	25
Enlistment extended (for 3 years from)	1942	9	25
Date of discharge (HONORABLE) (Character of discharge)	1945	12	18

NUMBER OF—		
Years	Months	Days
6	2	23

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 (0 days)

6	2	23

Creditable time served during last enlistment period

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.

A. BURRUS, Jr., Lieut. (jg).

Date 19 December, 1945

(Rank) _____, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 19 December, 1945

COAST GUARD GROUP, BAY SHORE, N. Y.
(Unit and place)

I CERTIFY that the above-named man reenlisted in the Regular Establishment for
(Reenlisted or voluntarily extended his enlistment)

a period of three (3) years from this date.

A. BURRUS, Jr.,

(Rank) Lieutenant (jg)., U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Fire Island Light Station
CG GROUP, BAY SHORE, N. Y.
(Unit)

PAYNE, Shelbert R.
(Name in full—surname to the left)

19 December, 1945.
(Date)

224-016
(Service number)

B.M.1c.
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1939	9	25
Enlistment extended (for 3 years from)	1942	9	25
Date of discharge (HONORABLE) (Character of discharge)	1945	12	18

NUMBER OF—		
Years	Months	Days
6	2	23

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 (0 days)

6	2	23

Creditable time served during last enlistment period

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.

A. Burrows, Jr., Lieut. (jg).

Date 19 December, 1945

(Rank) _____, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 19 December, 1945

COAST GUARD GROUP, BAY SHORE, N. Y.
(Unit and place)

I CERTIFY that the above-named man reenlisted in the Regular Establishment for
(Reenlisted or voluntarily extended his enlistment)

a period of three (3) years from this date.

A. Burrows, Jr.,

Lieutenant (jg).
(Rank) _____, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

Per-

CHANGE IN PERSON
ATES COAST GUARD
9 (REV. 6-45)

No. 12/14

NAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	Fire Island Light Station	Bay Shore, N. Y.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
	03-130	DEC 19 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)

December, 1945: Received Honorable Discharge No. A62745, dated 18th., by reason of expiration of full term of enlistment and extensions thereof.

DUTY CODE NO.
AUTH: PB 103-44.

A. BURRUS, Jr., Lieut. (jg).
(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. 6

Machine Accounting
Punched _____
Verified _____

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

Per

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

No. 12/15

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	Fire Island Light Station	Bay Shore, N.Y.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
	03-130	19 December, 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)

DECEMBER, 1945: Reenlisted 19th in the Regular Establishment for a period of three (3) years.

DUTY CODE NO. 30-D
AUTH: Hq 3rd Ind. on Form 2525 B, dated 7 December, 1945.

A. BURRUS, Jr., Lt. (jg).
(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.

Machine Accounting
Punched
Verified

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

D56

12/15

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

PAYNE, Shelbert R. 224-016 B.M.1c.

COAST GUARD GROUP Fire Island Light Station Bay Shore, N.Y.
Fire Island Light Station
CG GROUP, BAY SHORE, N. Y. 03-130 Bay Shore, N.Y. 19 December, 1945.
(Unit) (Place)

CODED NO 6

19 December, 1945.
(Date)

From: PAYNE, Shelbert R. (224-016) B.M.1c.

To: Commandant (via CO CG GROUP, BAY SHORE, N.Y.)

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 Mar 25, 1935 as follows:

Elinor Frances Payne — Fire Island Light Station, Bay Shore, N.Y.
(Full name of wife; if not a wife, so state)

Shelbert John Payne - son (born 11/7/44) — Same as above
(Full name of child; if none, so state)

Robert LeRoy Payne - son (born 9/22/45). — Same as above.
(Full name of child; if none, so state)

DECEMBER, 1945: Reenlisted 19th in the Regular Establishment for a period of three (3) years.

2. 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:

Alice Le Payne — Same as above
(Full name of wife)

Dependent for support.

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:

Carlo Payne — Same as above
(Full name of father)

Dependent for support.

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

Subscribed and sworn to before me this

19th day of December, 1945.

Shelbert R. Payne
(Signature)

A. BURRUS, Jr., Lieut. (jg)
(Name)

B.M.1c.
(Rank or rating)

Commanding Officer.
(Title of officer)

30-D Hq 3rd Ind. on Form 2525 B, dated 7 December, 1945. A. BURRUS, Jr., Lt. (jg).

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Light Station
CG GROUP, BAY SHORE, N. Y.
(Unit)

Bay Shore, N. Y.
(Place)

CODED NO. 6

19 December, 1945.
(Date)

FROM: PAYNE, Shelbert R. (224-016) B.M.1c.

TO: COMMANDANT (via CO CG GROUP, BAY SHORE, N.Y.)

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:

Elinor Frances Payne (Full name of wife; if not married, so state)	Fire Island Light Station, Bay Shore, N.Y. (Address of wife)
Shelbert John Payne - son (born 11/7/41) (Full name of child; if none, so state)	Same as above (Address of child)
Robert LeRoy Payne - son (born 6/22/45). (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:

Alleen L. Payne (Full name of relative)	mother (Relationship)	Same as above (Address of relative)

dependent for support
(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:

Carita Payne (Full name of relative)	Sister (age 16) (Relationship)	Same as above (Address of relative)

Dependent for support.
(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

19th day of December, 1945

A. BURRUS, JR., LIEUT. (JG)
(Signature)

Commanding Officer.
(Rank or title)

Shelbert R. Payne
Shelbert R. Payne
(Signature)

B.M.1c.
(Rank or rating)

16—25758-1

PAYNE, Shelbert R. 224-016 U.S.C.G.

COAST GUARD GROUP Fire Island Light Station Bay Shore, N.Y.

03-130 19 December, 1945.

DECEMBER, 1945: Reenlisted 19th in the Regular Establishment for a period of three (3) years.

30-9 Hq 3rd Ind. on Form 2525 B, dated 7 December, 1945. A. DUNBAR, Jr., Lt. (jg).

PAINE, Shalbert R. 224-016 B.M.1c.

COAST GUARD GROUP Fire Island Light Station Bay Shore, N. Y.

03-130

DEC 19 1945

December, 1945: Received Honorable Discharge No. A62745, dated 18th., by reason of expiration of full term of enlistment and extensions thereof.

PB 103-44. A. DUNNE, Jr., Lieut. (jg).

PAYNE, SHELBERT H. 224-016 B.M.1c.

CG GROUP, BAY SHORE, N. Y. FIRE ISLAND LIGHT STATION BAY SHORE, N.Y.

CG-130 10 November,1945.

3 November, 1945: Rating of B.M.1c.(Pro) dated 11/11/42, made permanent.
Man is deemed fully qualified for rating held.

30-0 ALCOAST #113, Nov.,1945. JOHN W. MCDEVITT, CDR.
By direction.

9/42

PAYNE, Shelbert R. 224-C16 B.M.1c.

COAST GUARD GROUP FIRE ISLAND LIGHT STATION BAY SHORE, LI, N.Y.

03-130 25 September, 1945

25 September, 1945: Enlistment of subject man involuntarily extended this date in accordance with act approved 13 December, 1941. Subject man completed (3) three years extension of enlistment(voluntarily) on 24 September, 1945 and did not agree to reenlist in the USCG.

30.8. ALCOAST 83-41 A. BURRUS, JR., Lieut.(jg)

PAYNE Shelbert R. 224-016 B.M.1c.

Fire Island Light Station
COAST GUARD GROUP Bay Shore, N.Y. 25 September, 1945

STATEMENT OF SERVICE

Entered Service	Service Terminated
9-25-39	9-24-42
9-25-42	9-24-45

Now serving

NO ABSENCES WITHOUT LEAVE, DUE TO OWN MISCONDUCT OR NPDI.

Completed 6 years active service on 24 September, 1945.

Art. 111 (1) PRSI

A. BURRUS, JR., Lieut.(jg)

Commanding Officer

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT: COAST GUARD GROUP ADDRESS: BAY SHORE, N.Y. DATE: 25 September, 1945

PAYNE, Shelbert R.	224-016	B.M.1c.
SURNAME, FIRST NAME, INITIAL	SERVICE NUMBER	RATING

has completed a continuous period of three years' active service on the 24 September, 1945, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate star in lieu of issue of actual award.

A. BURRUS, JR., Lieut.(jg)
Commanding Officer

5/5

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	Fire Is. Light Station.	Bay Shore, New York.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-130	3 May, 1945.

TIME 1730
DATE 5/3/45

REPORTED FROM: CG GROUP, Hampton Bays, N.Y.

FOR resumption of regular duties, inpatient treatment at CG Infirmary, Westhampton, N.Y., since 1330 4/23/45, having been completed.

DUTY CODE NO. 30 D.

AUTH: DCGO,3rdND/SL-44/62.

TIME
DATE

TRANSFERRED TO:

FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

G. E. ANDERSON, Lieut.
(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

PAYNE Shelbert R. 224-016 BM1c

(CG Infirmary, W'hampton Bch, NY)
GROUP 03-116 HAMPTON BAYS, N. Y. 3 May, 1945

1500 3 May, 1945: Departed CG GROUP, HAMPTON BAYS, N.Y. for CG GROUP, BAY SHORE, NY; inpatient treatment completed.

09(D)

Dist Staff L/44-62

JOSEPH SLOVICK JR., Lt. (jg) USCG

EXECUTIVE OFFICER

PAYNE, Shelbert R. 224-016 BM 1c

CG GROUP, Hampton Bays, NY CG Infirmary, Westhampton Beach, NY

03-116 23 April, 1945

1330
23 April, 1945

CG GROUP, Bayshore, NY (Fire Isl. Light Station)
hospitalization, inpatient treatment.

09 (D)

Dist. SL/ 44-62

STATUS: Not due to own misconduct.

09 (D)

Dist. SL/ 44-62

JOSEPH SLOVICK JR., Lt. (jg)
Executive Officer. Comdr. USCG

Form 2500B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1939

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."

ENLISTMENT [a] of PAYNE, Shelbert Ruel (224-016) as A.S.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station RECRUITING OFFICE NEW YORK, District, NEW YORK, N.Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at NEW YORK, N.Y.
(Place)

1. I, SHELBERT RUEL PAYNE, this 25th day of September, 1939, desiring
(Full name)
to enlist in the United States Coast Guard do declare 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, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: ---

2. I was born in Elizabeth City, N.C., on 6 February, 1921 Citizenship [b] NB

If naturalized, place and date of naturalization -- Certificate number --

If intentions declared, place and date of declaration --

Occupation or trade SEAMAN Home address 58 E. Union St., Bayshore, L.I.N.Y.

Full name and address of the following: Not married
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

ALLEN LEE PAYNE, 58 East Union Street, Bayshore, L.I., N.Y. Widowed? --
(Mother, if living)

(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 for any crime by civil authorities; that I have never been convicted of any crime by civil court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

NEVER
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have Not 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~~ --
(Strike out one)
with -- discharge, herewith submitted, serial No. --
(Kind of discharge)

9. I agree to and with the United States of America, represented by R. W. BUTCHER, Chief Bos'n., 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(3) 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 or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE (3) 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, or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by R. W. BUTCHER, Chief Bos'n. United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the SHELBERT RUEL PAYNE 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—3476 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, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Shelbert Ruel Payne

SHELBERT RUEL PAYNE
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By R. W. Butcher
R. W. BUTCHER, Chief Bos'n, 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.

R. W. Butcher
R. W. BUTCHER,
Chief Bos'n., *U. S. C. G., Enlisting Officer.*

---

11. OATH OF ALLEGIANCE

I, SHELBERT RUEL PAYNE (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.

Shelbert Ruel Payne
SHELBERT RUEL PAYNE
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of September, A. D. 19 39.

R. W. Butcher Chief Bos'n. U.S.C.G.
R. W. BUTCHER,
Recruiting Officer, New York.
(Comdg. officer, officer in charge of a unit, or notary public)

---

12. DESCRIPTIVE LIST

Age 18 years 7 months. Height 5 feet 10 inches. Weight 156 pounds. Eyes Blue

Hair Lt. Brown Complexion Ruddy Color White Married No

Distinguishing marks ANT: None POST: None

---

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

SERVICE RECORD

RECORD OF PAYNE, Shelbert Ruel (Full name, surname to the left) 224-016 (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
R.O. NEW YORK	9-25-39	Rue Butcher	DEPOT SEP 25 1939		
	NOV - 1 1939		Fire Island	11-2-39	
Fire Isl LB Sta	11-12-40		Buoy Boat 520	11-12-40	
Buoy Boat 520	11-25-41		Fire Is. Lt. Sta.	11-25-41	
CG GRP, BAYSHORE, NY	11-21-44		CGGRP, HAMPTON BAYS CG Infirmary W'hampton Bch, NY	11-21-44	
CG Infirmary W'hampton Bch, NY	11-25-44		Bay Shore Group	11/27/44	
~~Group, Hampton Bays NY~~					
Group, BayShore, NY'	4/23/45		CG INFIRMARY W'hampton Bch, NY	4-23-45	
CG INFIRMARY W'hampton Bch, NY	5-3-45		GROUP, BAYSHORE NY	5/3/45	
CG-Group Bay Shore	12-18-45				
	12-18-45		Discharged.	12-18-45	

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Fire Island Sta	Seaman, 2c	1-9-40	
Fire Island Sta	Seaman 1c	5-17-40	
Buoy Boat 520	Coxswain	8-1-41	
Fi. Is. Light Sta.	Cox. to BM2c. (Pro).	3/3/42.	
Fire Island Station	B.M.2c. (P) to B.M.1c. (P)	11-11-42	
CG Gr. Bay Shore, N.Y.	BM1c(P) made permanent	11/3/45	Alcst. 143. John H. Midgett.

2—13678

RECORD OF PAYNE, Shelbert Ruel 224-016
(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	Adaptability for warrant grade	Vessel or station	Signature
11/1/39	3.0	4.0	4.0	--	4.0		DEPOT	P. M. Lee
12-31-39	2.6	4.0	4.0	-	4.0		FIRE ISLAND STATION	P. H. Simpson
3-31-39	2.7	4.0	4.0	--	4.0		Fire Island Station	P. H. Simpson
6-30-40	3.05	4.0	4.0	3.0	4.0		Fire Isl and station	P. H. Simpson
9-30-40	3.05	3.8	4.0	3.0	4.0		Fire Island LB sta	P. H. Simpson
12-31-40	3.2	4.0	4.0	3.0	4.0		Fire Island LB sta	P. H. Simpson
3/31/41	3.2	4.0	4.0	3.0	4.0		Buoy Boat 520	P. H. Simpson

RECORD OF PAYNE, Shelbert Ruel 224-016
(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
CGC-#520	12/5/41	Received rifle expert medal	P. H. Simpson
CG GROUP, BAYSHORE, NY	10-10-44	"Completed a continuous period of three years active service on the 24 September, 1942, with no mark in conduct of less than 4.0. Entitled to wear the good conduct ribbon.	Comdr
CG GROUP, BAYSHORE, NY	9-25-45	"Completed a continuous period of three years active service on 24 September, 1945, with no mark in conduct of less than 4.0. Entitled to wear the good conduct star in lieu of actual award at this time.	
CG GROUP, BAY SHORE, NY	11/16/45	"Authorized to wear the American Campaign Ribbon and the World War II Victory Ribbon. Alnav 351-45 and Alnav 352-45"	Lt.(jg).

RECORD OF **PAYNE, Shelbert Ruel** (Full name, surname to the left) **224-016** (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
Fire Island LB sta	11-8-40	Rifle Marksman	C. H. Simpson
CG GROUP, Bay Shore, N.Y.	4/10/45	Qualified as marksman with .30 calibre rifle at CG Firing Detachment at Sea Girt, N.J.	C. R. Anderson Lieut.

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
Fire Island LB sta	11-12-40	11-25-41	Td- CG-520	C. H. Simpson
CG GROUP, BAY SHORE, N.Y.	11-25-41	11-28-44	Fire Is. Light Sta.	C. R. Anderson
CG GROUP, BAYSHORE, NY	11/27/44	11-23-45	Fire Is. Lt. Sta	Lt.(jg)
CG GROUP, BAY SHORE, N.Y.	5/3/45	12/18/45	Fire Is. Lt. Sta	Lt.(jg).
CG-Group Bay Shore, N.Y.	X X X X	12-18-45	Discharged.	Lt (j-g)

U. S. GOVERNMENT PRINTING OFFICE 2—13678

Record of PAYNE, Shelbert Ruel (Full name, surname to the left) 224-016 (Service No.

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as Leader of men	Special Qualification or Special Detail	Conduct	
6/30/41	Sea.1c.	3.2	3.3		2.9	BUOY BOAT - 520	4.0	Chief BO
9/30/41	C6x.	3.6	3.6		3.5	BUOY BOAT - 520	4.0	Chief Bo
12/31/41	Cox.	3.6	3.6		3.5	FIRE ISLAND LT. STATION	4.0	Chief Bo
3-31-42	BM.2c.	3.6	3.6	--	3.5	Fire Is. Lt. Station.	4.0	
6-30-42	BM.2c.	3.6	3.6	--	3.5	Fire Is. Lt. Station.	4.0	
9-30-42	BM.2c.	3.6	3.6	--	3.5	Fire Is. Lt. Station.	4.0	
12-31-42	BM 1c.	3.4	3.6	--	3.5	Fire Is.Patrol Barracks.	4.0	
3-31-43	BM1c.	3.4	3.6	--	3.5	Fire Is.Patrol Barracks.	4.0	
6-30-43	BM 1c	3.4	3.6	—	3.5	Bay Shore Sta	4.0	
9-30-43	BM 1c	3.5	3.6	—	3.5	Bay Shore Sta	4.0	
12-31-43	B.M.1c	3.5	3.6	-	3.5	Bay Shore ...	4.0	
3-31-44	B.M.1c.	3.6	3.6	-	3.6	Bay Shore Sta	4.0	
JUN 30 1944	B.M.1c.	3.6	3.6	-	3.6	Bay Shore Sta	4.0	
9-30-44	B.M.1c.	3.6	3.6	--	3.6	CG GROUP, Bay Shore,N.Y.	4.0	
11-21-44	B.M.1c.	3.6	3.6	--	3.6	CG GROUP, Bay Shore,N.Y.	4.0	
11-25-44	BM1c.	LESS	THAN	ONE	MONTH	CG Infrm.W'hampton Bch NY	4.0	
12/31/44	B.M.1c.	3.7	3.7		3.6	CG GROUP,Bay Shore,N.Y.	4.0	Lt
3/31/45	B.M.1c.	3.7	3.7	--	3.6	CG GROUP,BayShore,N.Y.	4.0	Lt
4/23/45	BM1c.	3/7	3.7	--	3.6	GROUP,Bay Shore,N.Y	4.0	Lt.
5-3-45	BM1c	LESS	THAN	ONE	MONTH	CG INFIRMARY, W'hampton Bch, NY	4.0	
6/30/45	BM1c.	3.7	3.7	-	3.6	CGGROUP, BAY SHOre,N.Y.	4.0	Lt
9/30/45	BM1c	3.7	3.7	-	3.6	CG GROUP, Bay Shore,NY	4.0	
12/18/45	BM1c	3.7	3.7	-	3.6	CG GROUP,BAY SHORE,NY	4.0	
Average		3.51	3.6	-	3.52		4.0	

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.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

Bethea

RECORD OF PAYNE, Shelbert Ruel (Full name, surname to the left) 224-016 (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:

6 (Years) 2 (Months) 23 24 (Days)

(Notations under article 10 to be considered when executing this article.)

NAV. S. AND A. FORM 550

PAYNE

MUSTERING OUT PAYMENT

224-016 (File or service No.)

PAYNE (Surname) Shelbert (First name) R. (Initial)

B.M.1c. USCG. (Rank or rating and branch of service)

18 December, 1945 (Date discharged or released from active duty)

Fire Island Light Station CG GROUP, BAY SHORE, N. Y. (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 No.

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)

A. BURRUS, Jr., Lieutenant (jg).
(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? No (Enter Yes or No)

Shelbert R. Payne
Shelbert R. Payne, B.M.1c.
(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:
(Omit address if service is LESS than 60 days)

Fire Island Light Station, USCG. (Number) (Street)

Bay Shore, (City) New York (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

$200.00

Paid ~~$100.00~~ on 11670-46 (Public voucher) 596341 (Check number) 1/10/46 (Date)

E L COLEMAN 55 123
(Type name and symbol No. of disbursing officer making initial payment)

16—39039-1 TRIPLICATE

$200 Pd in one lump sum in accordance with ALNAV 360

MUSTERING OUT PAYMENT DIVISION DATA

FBR-P

Boots. Section
Date JAN 16 1946
(Initial) CC

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

Bethea

RECORD OF PAYNE, Shelbert Ruel (Full name, surname to the left) 224-016 (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:

6 (Years) 2 (Months) 2324 — (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 119.70

The within-named man has been furnished travel allowance amounting to $ 2.15 at the rate of $0.05 cents per mile from New York, New York to Bayshore New York and paid $ 40.49 in full to date of discharge. Name of pay officer E.L. COLEMAN, Lt. Comdr.

Address subsequent to discharge will be:

X Fire Island Light Station. Street,

Bay Shore. City, New York. State.

HAS SIGNIFIED INTENTION {To ~~XXXXXX~~} REENLIST NEXT DAY.

Certified to be correct upon termination of service 18 December, 1945

A. BURRUS, Jr., Lieut. (jg).
Commanding Officer—~~XXXXXXXXXX~~

U. S. GOVERNMENT PRINTING OFFICE 2—13678

'26 SEP 22 PM 4:14:53

REFERENCE SERVICE SLIP

Archival Research Room Record Request
National Archives at St. Louis

Date: 09/21/2026

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
Payne, Shelbert, Ruel	244166565	1921 NC 2/6/21

MILITARY SERVICE

Branch of Service:

- [ ] Air Force
- [ ] Army Air Corps
- [ ] Army Air Force
- [ ] Army
- [ ] Marine Corps
- [ ] Navy
- [x] Coast Guard
- [ ] Unknown

Type of Rank:

- [ ] Enlisted
- [ ] Officer
- [ ] Unknown

Service Period (Check all that apply):

- [ ] 1939 & Prior
- [x] 1940 - 1950
- [x] 1950 & After

2/7/2000 2

Date & Place of Death: 2000

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location) Jug @ 42144

From: To:

(Agency & Location)

From: To:

(Agency & Location) P500

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-00082442944

Attendant Signature:

CMRS Search Request Number(s): CG-29028201

Remarks:

'25 OCT 7 AM 9:33

Ordered By Name

SCREENING NOTES

- [x] 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:

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PAYNE, Shelbert R.	224-016	B.M.1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD GROUP	Fire Island Light Station.	Bay Shore, N.Y.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
03-130	23 April, 1945.

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 0900

DATE 4/23/45

TRANSFERRED TO: Coast Guard Group, Hampton Bays, New York.

FOR Recheck & Inpatient treatment at CG INFIRMARY, Westhampton, N.Y. Upon completion to return to unit and resume regular status.

AUTH DCGO, 3rdND/SL-44/62.

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 30 D.

AUTH: G. E. ANDERSON, Lieut.

(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

5R.

PAYNE, Shelbert R. 224-016 B.M.1c.

COAST GUARD GROUP FIRE ISLAND LIGHT STATION BAY SHORE, LI, N.Y.

03-130 7 April, 1945

1430
7 April, 1945 CG FIRING DETACHMENT, Sea Girt, N.J.
resumption of regular duties, having completed a one weeks course of instruction in small arms.

30. SCGO/LI Sec/Dispatch-301715, March, 1945.

JOHN W. MIDGETT, C.B.M.
By direction

PAYNE, Shelbert R. 224-016 BM1c

CG SMALL ARMS UNIT, Sea Girt, NJ

7 April, 1945

1245 CGC, Bay Shore, NY
4-1-45 one (1) week course of instruction in small arms.

CO CGC, Bay Shore, NY/L 3-31-45 (73-783-531)

1215 CGC, Bay Shore, NY
4-7-45 upon completion of temporary duty.

same

W. B. POWELL Lieut., USCGR

REPORT OF SCORES

Camp Edison, Sea Girl, New Jersey

CG GROUP, Bay Shore, NY
U.S. COAST GUARD RANGE DETAIL

Relay No 5 ~~#1pd1 relay 4~~

Date 1 April, 1945 To 7 April, 1945

TARGET #	NAME	COURSE "A" S.F. 200	S.F. 200	R.F. 200	TOTAL	QUALIFICATION
105	PAYNE, Shelbert R.	47	45	46	136	M
109	PAUL, Joseph A.	41	39	38	118	U

I certify that the scores shown above were made on the targets indicated.

R. R. Rentella

CHIEF GUNNER USCG
(Chief Fit Officer)

I certify that the officers or men shown above fired on the targets as indicated.

R. H. Grassi

LIEUTENANT USCG
(Officer in Charge of Firing line.)

Number of sheets in this report 1
This is sheet 1

CG GROUP, Bay Shore, NY REPORT OF SCORES
U. S. COAST GUARD RANGE DETAIL
Date 1 April, 1945 to 7 April, 1945 Camp Edison, Sea Girt, N. J.
Relay # 3*indicates relay 4

TARGET #	NAME	RATE	45 CAL. REISING SUB-MACHINE GUN FAMILLARIZING PRACTICE NOT FOR QUALIFICATION.
98	PAYNE, Shelbert R.	BM1c	240
*100	PAUL, Joseph A.	SC3c	230

I Certify that the scores shown abov were made on the targets indicated

TOTAL 36 SHOTS AT 50 YDS FAMILIARIZING PRACTICE ON "A" TARGET

R. Robertello

CHIEF GUNNER
(Chief Pit Officer)

I certify that the officers or men shown above fired on the targets indicated

Number of Sheets in this report 1
This is sheet 1

R H Gross

LIEUTENANT USCG
(Officer in charge of firing line)

REPORT OF SCORES

CG GROUP, Bay Shore, NY
U.S. COAST GUARD RANGE DETAIL

Camp Edison, Sea Girt, N. J.

Date 1 April,1945 to 7 April,1945 Relay No. ~~3*indi relay 4~~

TARGET #	NAME	REVOLVER COURSE "F" TABLE XX(F) RECORD PRACTICE						QUALIFICATION.
		RANK OR RATE	25 TIME	25 RAPID	50 SLOW	50 TIME	TOTAL	
98	PAYNE, Shelbert R.	BM1c	43	40	34	29	106	U
*100	PAUL, Joseph A.	SC3c	43	51	43	18	155	U

I certify that the scores shown above were made on the targets indicat

R. Robertello

CHIEF GUNNER
(Chief Pit Officer)

I certify that the officers or men shown above fired on the targets as indicated.

R U Gross

Number of Sheets in this report 1
This is sheet 1

LIEUTENANT USCG
(Officer in Charge of firing line)

PAYNE, Shelbert R. 224-016 B.M.1c.

COAST GUARD GROUP FIRE ISLAND LIGHT STATION BAY SHORE, L.I. N.Y.

08-150 31 March, 1945

1400
31 March, 1945 CG FIRING DETACHMENT, Sea Girt, N.J.
assignment to a 1 weeks course of instruction in small arms. Upon completion of this instruction and when so directed will return to this unit for resumption of regular duties.
#CGG/LI Sec/Dispatch-301715, Mar.,1945

G. E. ANDERSON, Lieutenant, USCG

PAYNE, Shelbart R. 224-016 B.M.1c.

COAST GUARD GROUP Fire Island Lighthouse Bay Shore, N.Y.

03-130 27 November, 1944.

1100 CG GROUP, HAMPTON BAYS, N.Y.
this date: resumption of regular duties on completion of hospitalization at the CG Infirmary, Westhampton, N.Y.

30 DCGO SL/44-62.

J. D. DAISEY,
Executive Officer.

HAINS, Shelbert 224-016 S.M.1c, USCG

C. G. GROUP, HAMPTON BAYS, NY
(C.G.Infirmary, W.Hampton Bch.,NY 03-116) Westhampton Beach, New York 27 November, 1944.

0700, 27 November, 1944: Departed C.G.Group, Hampton Bays, NY (C.G.Infirmary W'Hampton Bch,NY) for C.G.Group, Bayshore, N.Y. (Fire Island Light Station; inpatient treatment completed.

STATUS - Not due to own misconduct.

09(B)

District Staff Letter 44-52

H. L. CARTER, Lieut. Comdr., USCG

Commanding Officer.

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT: COAST GUARD GROUP ADDRESS: BAY SHORE,L.I.,N.Y. DATE: 10 OCTOBER,1944

PAYNE, Shelbert R.	224-016	R.M.1c.
SURNAME, FIRST NAME, INITIAL	SERVICE NUMBER	RATING

has completed a continuous period of three years' active service on the 24 September, 1942, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate ribbon in lieu of issue of actual award.

C. R. PEELE, Commander, USCG
Commanding Officer

FOR INFORMATION OF PAY OFFICER

(FA-AR)

CG-522

30 December, 1943

Elinor F. Payne,
Saltaire, Fire Island,
New York.

BAY

Subj: Allotment: PAYNE, Shelbert R. (224-016), B.M.1c, DCGO, 3rd N.D.

Amount and month of first payment: $25.00 Nov. 1943

You are informed that a monthly allotment in your favor has been authorized by the person named above. Check in the amount given herein will be mailed you on the last day of each month. In communicating with this office relative to this allotment, be sure to state the name of the person making the allotment. Any change of address should be promptly reported to the Allotment Disbursing Officer, Coast Guard Headquarters, Washington 25, D. C.

Very truly yours,

C. L. Herndon

C. L. HERNDON
Lieutenant, USCG
Allotment Disbursing Officer

Stew 1/9

ACKNOWLEDGMENT

This signifies that Form 2528, registered by the above named has been received and allotment started.

Allotment Disbursing Officer,
Division of Finance.

SER. REC.

NAVPERS 668

APPLICATION FOR FAMILY ALLOWANCES—NAVY DEPARTMENT

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Fire Island Light Station (CG STATION) Bay Shore, LI,N.Y.	8-10-44	9-25-1939

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT, U. S. COAST GUARD ☐ COMMANDANT, U. S. MARINE CORPS

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE No.	RATING
PAYNE,	Shelbert	Ruel	224-016	S.M.1c.

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behal 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	Elinor F. Payne Fire Island Lighthouse Bay Shore, LI,N.Y.	Wife				
2		Shelbert John Payne Same as above	Son	11	19 41		
3	X	Aileen L. Payne Fire Island Lighthouse Bay Shore,LI,N.Y.	Mother				
4		Carita Payne Same as above	Sister	10	1928		
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
4	Aileen L. Payne	Fire Island Lighthouse, Bay Shore,LI,NY

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.
Bay Shore,LI,N.Y.	8-20-1941	☐ 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:
Mother & father were both D-1 dependents but due to father's death 7/21/1944, sister & mother are submitted on new application.	July, 1944

Subscribed and sworn to before me (OATH MAY BE EXECUTED BY ANY COMMISSIONED OFFICER, NOTARY PUBLIC, OR PERSON LEGALLY AUTHORIZED TO ADMINISTER OATHS.)

this 10th *day of* August, ,19 44

E.E. ANDERSON,	Lieutenant, Exec. Officer.	Shelbert R. Payne, S.M.1c.
(SIGNATURE)	(TITLE)	(SIGNATURE OF SERVICEMAN)

DO NOT WRITE BELOW THIS LINE

CERTIFICATE OF DISBURSING OFFICER

OFFICE, DCGO, 3RD NAVAL DISTRICT.
15 August, 1944

continued

I have this date ~~noted~~ in the applicant's pay record (224-016) a monthly family
Pay Number

allowance of ~~$22~~ $27 effective AUGUST 1944.

E. L. COLEMAN
SDA, 55-123.

A. R. PEKIN, Ensign, USCGR(W),
Ass't Disbursing Officer, DCGO3ND.

XXXX

[illegible], 3rd Navdist
15 August, 1944.

To: Commandant, U.S. Coast Guard, Washington, D.C.

Att: C. L. Vernon, Allotment, Disbursing Officer.

Forwarded.

GARLAND SPOONER,
By direction.

N. C. G.-9529
(Rev. 9-2-43)

UNITED STATES COAST GUARD

246

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

PAYNE Shelbert R. 224-016 B.M.1c.

BAY SHORE STATION. 1 November, 1943.

X 3-29-40

X

Yes.

District Coast Guard Officer 3rd ND 23 November, 1943
the Commandant Headquarters, U. S. Coast Guard

246

XXX $27 November 3
SHORE UNITS 3rd DIST.(ITEM)

NOV 1943

Voucher #8008 J.J. JUDGE, Pay Clerk, USCGR
Asst. Pay Officer, DCGO, 3ND
New York, N. Y.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Light Station. (BAY SHORE STATION) (Unit) — BayShore, N. Y. (Place)

1 November, 1943. (Date)

FROM: PAYNE, Shelbert, R. (224-016) B.M.1c.

To: COMMANDANT (via Executive Officer, BAY SHORE STATION.)

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:

Elinor F. Payne (Full name of wife; if not married, so state)	Saltaire, Fire Island, New York. (Address of wife)
Shelbert J. (son - born 11-7-41) (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:

Aileen L. Payne (Full name of relative)	mother (Relationship)	same as above. (Address of relative)

dependent for support. (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:

Robert Moran Payne (Full name of relative)	father (Relationship)	Same as above. (Address of relative)

dependent for support. (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 November, 1943.

J. J. BARNWELL, Jr., Lieut.(j.g.). (Signature)

By direction. (Rank or title)

Shelbert R. Payne. (Signature)

B.M.1c. (Rank or rating)

16—25758-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Light Station (CG STATION), Bay Shore, LI, N.Y. — (Unit)

Bay Shore, LI, N.Y. — (Place)

10 August, 1944 — (Date)

FROM: PAYNE, Shelbert R. (224-016) B.M.1c.

To: COMMANDANT (via Commanding Officer, CG STATION,) Bay Shore, N.Y.

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:

Elinor Frances Payne (Full name of wife; if not married, so state)	Fire Island Light Station, Bay Shore, N (Address of wife)
Shelbert John Payne (son - born 11-7-41) (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:

Aileen L. Payne (Full name of relative)	mother (Relationship)	Same as above (Address of relative)

dependent for support
(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:

Carita Payne (Full name of relative)	dependent for support (Relationship)	Same as above (Address of relative)

dependent for support
(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

10th day of August, 19 44

C. E. ANDERSON,
(Signature)

Lieutenant, Executive Officer
(Rank or title)

Shelbert R. Payne
Shelbert R. Payne, B.M.1c.
(Signature)

B.M.1c.
(Rank or rating)

16—25758-1

NAVPERS 668

APPLICATION FOR FAMILY ALLOWANCES—NAVY DEPARTMENT

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Fire Island Light Station (CG STATION) Bay Shore, L.I.,N.Y.	8-10-44	9-25-1939

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT, U. S. COAST GUARD ☐ COMMANDANT, U. S. MARINE CORPS

NAME OF SERVICEMAN (LAST)	(FIRST)	(MIDDLE)	SERVICE No.	RATING
PAYNE,	Shelbert	Ruel	224-016	S.K.1c.

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	Elinor F. Payne Fire Island Lighthouse Bay Shore, L.I.,N.Y.	Wife				
2		Shelbert John Payne Same as above	Son	11	19 41		
3	X	Aileen L. Payne Fire Island Lighthouse Bay Shore,L.I.,N.Y.	Mother				
4		Carita Payne Same as above	Sister	10	1919		
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
4	Aileen L. Payne	Fire Island Lighthouse, Bay Shore,L.I.,NY

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.
Bay Shore,L.I.,N.Y.	8-28-1941	☐ 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:
Mother & father were both D-1 dependents but due to father's death 7/21/1944, sister & mother are submitted on new application.	July, 1944

Subscribed and sworn to before me (OATH MAY BE EXECUTED BY ANY COMMISSIONED OFFICER, NOTARY PUBLIC, OR PERSON LEGALLY AUTHORIZED TO ADMINISTER OATHS.)

this 10th day of August, 1944

R. Anderson — Lieutenant, Exec. officer. — Shelbert R. Payne

R. E. ANDERSON, (SIGNATURE) — (TITLE) — Shelbert R. Payne, S.K.1. (SIGNATURE OF SERVICEMAN)

DO NOT WRITE BELOW THIS LINE

ORIGINAL: For Navy Personnel - Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel - Forward directly to Commandant U. S. Marine Corps.
For Coast Guard Personnel - Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the man's pay account.

C G A PRESS—Third Naval District

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Light Station.
(BAY SHORE STATION) (Unit)

BayShore, N. Y. (Place)

1 November, 1943. (Date)

FROM: PAYNE, Shelbert, R. (224-016) B.M.1c.

To: COMMANDANT (via Executive Officer, BAY SHORE STATION.)

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)
Elinor F. Payne	Saltaire, Fire Island, New York.
Shelbert J. (son - born 11-7-41)	SAME 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)
Aileen L. Payne	mother	same as above.

dependent for support.
(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)
Robert Moran Payne	father	Same as above.

dependent for support.
(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 November, 19 43.

R. J. BARNELL, Jr., Lieut.(j.g.).
(Signature)

By direction.
(Rank or title)

Shelbert R. Payne
Shelbert (Signature) Payne.

B.M.1c.
(Rank or rating)

16—25758-1

1 November 43.

x

PAYNE	Shelbert	R.	B.M.1c.	U. S. COAST GUARD.
BAY SHORE STATION.	224-016	9-25-39		9-25-39.

- - - - -

PAYNE	Elinor	F.	Wife	
Saltaire		Fire Island		N.Y.
PAYNE	Shelbert	John	Son	11-7-41

SAME AS ABOVE.

3-29-20 - BayShore, N. Y.

ROBERT MORAN PAYNE — Father

Saltaire — Fire Island — New York.

- - - - -

200.00

Allèen L. Payne — Mother

Saltaire — Fire Island — New York.

200.00

unable to work.

1st November 43

Shelbert R. Payne,
J. J. BARNWELL, Jr., Lieut.(j.g.) .
By direction.

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1)-Ⓑ NAME (PRINT CLEARLY) PAYNE (LAST) SHELBERT (FIRST) RUEL (MIDDLE) | 224-016 SERVICE NUMBER | FT. 5 IN. 10 HEIGHT | LBS. 178 WEIGHT | W RACE

(2) HOME ADDRESS Fire Island Light Station

(3) BIRTHPLACE Elizabeth City, NC. (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH February 6, 1921 HOW LONG IN U. S. YEARS

(5) CITIZEN [X] L-29 NON-CITIZEN [ ] L-28 TAKEN OUT FIRST PAPERS [ ]

(6)-Ⓣ MARITAL STATUS M (7)-Ⓣ NUMBER OF DEPENDENTS 2

(8) EDUCATION NON-E. [ ] R-3 ILLITERATE [ ] R-2

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	7	X		Stumpsy Pt., NC		
HIGH SCHOOL	3		X	" "	"	
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						

(9)-Ⓡ TOTAL SCHOOL YEARS 10

(10)-Ⓛ LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR S	SPANISH (L-23) S	SPANISH R	SPANISH W	FRENCH (L-24) S	FRENCH R	FRENCH W	GERMAN (L-25) S	GERMAN R	GERMAN W	OTHER LANGUAGES (L-26) S	OTHER R	OTHER W	OTHER S	OTHER R	OTHER W
FAIRLY WELL															
FLUENTLY (L-27)															

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION New York, NY DATE 9-25-39

(12)-Ⓑ BRANCH OF SERVICE | REGULAR X | RESERVE G | RESERVE S | RESERVE T | RESERVE W

(13)-Ⓣ MAIN OCCUPATION STUDENT | 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)-Ⓣ 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)-Ⓔ 43	(16)-Ⓔ 58	(17)-Ⓔ 100

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1.
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1.
2.
3.

(24) RATING

(4) (6) BOTTOM ROW: YEAR OF BIRTH NUMBER OF SCHOOL YEARS

NON-ENGLISH SPEAKING 3
ILLITERATE 2
1

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(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)

(21) C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS:

(23) NEXT OF KIN

NAME Elinor Frances Payne

ADDRESS Fire Island Light Station

CITY Bay Shore STATE NY

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
9-39	Curtis Bay, Md.	AS	Basic Tr.
11-39	Bay Shore	S1/c	Station Duty
11-40	Bouy Boat	Cox.	Bouy Work
11-41	Fire Island	BM1/c	Maintneance

(25)
DATE OF INTERVIEW 29 June 1943 UNIT Fire Island

SIGNATURES

INTERVIEWER Edw. Kenny BM1c

ENLISTED PERSON ARH

N. C. G. FORM NO. 2719
JANUARY 1943

IMPORTANT — UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

MCBEE KEYSORT U. S. PAT. NO. 2,213,607

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Light Station.
(BAY SHORE STATION) (Unit)

Bay Shore, N. Y. (Place)

1 October, 1943. (Date)

FROM: PAYNE, Shelbert R. (224-016) B.M.1c.

TO: COMMANDANT (via Executive Officer, BAY SHORE STATION.)

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:

Elinor Frances Payne (Full name of wife; if not married, so state)	Saltaire, N. Y. (Address of wife)
John Shelbert Payne (2 yrs old) (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:

(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:

(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, 19 43

G. E. ANDERSON, Lieut. 'j.g.'.
(Signature)

Executive Officer.
(Rank or title)

Shelbert R. Payne
Shelbert R. Payne.
(Signature)

B.M.1c.
(Rank or rating)

16—25758-1

Form 2529
TREASURY DEPARTMENT
U.S. Coast Guard
April, 1938

FAMILY QUARTERS ALLOWANCE.
UNITED STATES COAST GUARD.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Patrol Barracks.
(BAY SHORE STATION) (Unit)
Bay Shore, New York. (Place)
1 April, 1943. (Date)

From: PAYNE, Shelbert R. (224-016) B.M.1c. (pro).

To: Commandant (via Commanding Officer, BAY SHORE STATION.)

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:

- Elinor Frances Payne (Full name of wife; if not married, so state) - 17 W. Main St., Bay Shore, N.Y. (Address of wife) -

- John Shelbert Payne, son (1 yrs) (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;

(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:

(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 19 43.

Shelbert R. Payne.
(Signature)

J.T. GOEN, Ichrd, USCG.
(Signature)

B.M.1c.
(Rank or rating)

Executive Officer.
(Rank or title)

TREASURY DEPARTMENT
U.S. Coast Guard
April, 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(FIRE ISLAND STATION).
.....Fire.Island.Light.Station..... .....Bay.Shore,.N..Y.....
(Unit) (Place)

....1.October,.1942.....
(Date)

From: PAYNE, Shelbert R. (224-016) B.M.2c. (Pro).

To: Commandant (via .Commanding.Officer,.FIRE ISLAND STATION.

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:

- Elinor Frances Payne - - -

GRATUITY

(FIRE ISLAND STATION).
Fire Island D/F Station
(Unit)

Bay Shore, N. Y.
(Place)

1 October 1942.
(Date)

From: HOLT, Chester A. (231-122) S.C.2c. (Pro).

To: Commandant (via Commanding Officer, FIRE ISLAND STATION.)

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:

Olefie Holt — 201 W 78th St. New York, N. Y.
(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;

May Holt — Mother — 303 Kansas Ave. Russell, Kansas
(Full name of relative) (Relationship) (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:

David R. Holt — Father — Leon, Kansas.
(Full name of relative) (Relationship) (Address of relative)

Potential
(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.

Chester A. Holt
(Signature)

Subscribed and sworn to before me this 1st day of OCTOBER 1942.

E. D. Thompson
(Signature)

Lieut. U.S.C.G.
(Rank or title)

CHESTER A. HOLT
(Signature)

S.C.2c. (Pro).
(Rank or rating)

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(FIRE ISLAND STATION).
Fire Island Light Station. (Unit)

Bay Shore, N. Y. (Place)

25 September, 1942. (Date)

FROM: PAYNE, Shelbert R. (224-016) B.M.2c. (Pro).

TO: COMMANDANT (via Commanding Officer, FIRE ISLAND STATION.

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 child; if none, so state)	(Address of child)
Elinor Frances Payne (Full name of wife; if not married, so state)	17 W.Main St., Bay Shore, N. Y. (Address of wife)
John Shelbert Payne(Son) 10mon.	Same 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)

(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

25th day of September, 1942.

P. H. SIMPSON, (Signature)

Lieut. U.S.C.G. (Rank or title)

SHELBERT R. PAYNE, (Signature)

B.M.2c. (Pro). (Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Fire Island Station — (Unit)

Bay Shore, N. Y. — (Place)

5 May, 1941 — (Date)

FROM: PAYNE Shelbert R. (224-016) Sea. 1c.
Commanding Officer, Fire Island Station.

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:

Elinor Frances Payne — (Full name of wife; if not married, so state)
56 Second Ave., Bay Shore, N. Y. — (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:

Allen Lee Payne — (Full name of relative)
Mother — (Relationship)
56 Second Ave., Bay Shore, N. Y. — (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:

Robert Moran Payne — (Full name of relative)
Father — (Relationship)
56 Second Ave., Bay Shore, N. Y. — (Address of relative)

Potential
(State briefly wherein dependency exists)

WITNESSED BY: John W. Midgett
JOHN W. MIDGETT,
C.B.M.
Rank

SIGNED: Shelbert R. Payne
Shelbert R. Payne
Sea. 1c.
Rank or Rating

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1935

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General, U. S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

PENN ISLAND LIGHT STATION (PENN ISLAND STATION).
(Unit)

PAYNE, Shelbert R.
(Name in full—surname to the left)

24 September, 1942.
(Date)

224-016
(Service number)

S.M.2c. (Pro).
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years)	1939 (Year)	9 (Month)	25 (Day)			
Date of expiration of enlistment.						
Date of discharge (——) (Character of dischare)	1942 (Year)	9 (Month)	24 (Day)			
Total time of last enlistment period prior to extension.				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		0	Total		0	Total		0

Executed Form 2500-A, Voluntary Agreement to extend enlistment, accepted by District Coast Guard Officer, THIRD NAVAL DISTRICT 25 September, 1942, extending enlistment for a period of THREE YEARS, this extension tobegin on 25 September, 1942, further agreed to the extension of his enlistment by the Secretary of the Navy for such additional time as may be deemed necessary in the public interests in time of war or national emergency declared by the President to exist, such additional time not to extend beyond six months after the date of termination of the war or national emergency.

P. H. SIMPSON, Lieut.U.S.C.G.

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.

P. H. SIMPSON,

(Rank) Lieut., U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 2—17962

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U.S.C.G. Fire Island Light Station (FIRE ISLAND STATION).
(Unit)
Bay Shore, N. Y.
(Place)
24 September, 1942.
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, Shelbert R. Payne (Name of Applicant), 224-016 (Service No.), BM2c.(Pro) (Rating), having, on 25 September, 1939. (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 year s from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is ALCOAST 83, 1941, and ALCOAST 2, 1942. I also agree to such further extension as may be necessary due to war.

Shelbert R. Payne
Shelbert R. Payne
(Signature of Applicant)



Tip of right forefinger

Voluntarily agreed and subscribed to before me this 24th day of Sept., A.D., 19 42.

P. H. SIMPSON, Lieut. U.S.C.G.
(Signature of Commanding Officer)

U.S.C.G. _____
(Unit) (Place) (Date)

APPROVED _____
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C. _____
(Date)

_____ Physically qualified for extension.

_____
(Chief Medical Officer)

FIRE ISLAND STATION, Bay Shore, N. Y.
U.S.C.G. HEADQUARTERS, Washington, D. C.

24 September, 1942.
(Date)

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 said term of enlistment. ALCOAST 83-1941-ALCOAST 2-1942.

P. H. SIMPSON, Lieut. U.S.C.G.
(Chief, Enlisted Personnel Section)

Returned. The application for extension is disapproved.

_____
(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

Form 2551
TREASURY DEPARTMENT
U. S. COAST GUARD
June 1938

U.S. COAST GUARD
RECEIVED
SEP 23 1939
RECRUITING OFFICE
NEW YORK, N.Y.

CONSENT, DECLARATION, AND OATH OF PARENT OR GUARDIAN

(NOTE.—To be executed in duplicate in the enlistment of a minor under twenty-one years of age. The original to be attached to the enlistment contract and forwarded to Headquarters. The duplicate to be filed in the service record.)

ENLISTMENT OF Shelbert Reed Payne (Rud)

Recruiting Office, New York, N. Y. (Ship or Station) (Date)

I,[1] Robert Moran Payne, residing in the Village

of Bay Shore, County of Suffolk

and State of New York, do hereby consent to the enlistment

of[2] Shelbert Reed Payne (Rud) to serve for a period of three (3) years from date of enlistment, unless sooner discharged, subject to all requirements and lawful commands of the officers who may, from time to time, be placed over him; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same, and I certify that there are no circumstances now existing or that can be foreseen which will cause me to request his discharge at any time during this enlistment, and I do further certify that he was born in Elizabeth City, N. C.

, on the 6th day of February, 19 21.

And I, the said[1] Robert Moran Payne do solemnly swear

(or affirm) that I am the[4] father of the said[2] Shelbert Reed Payne (Rud),

to be enlisted by my consent as[3] Apprentice Seaman, and that he has no other legal guardian but myself. So help me God.

Robert Moran Payne
(Signature of Parent or Guardian)

Address: 58 east union st (Street and Number) Bay Shore (City or Town) N.Y. (State)

Personally appeared before me[1] Robert Moran Payne,

a resident of Bay Shore, in the County of Suffolk,

and State of New York, who is well known to me as a credible person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this

22nd day of September, 19 39.

Franklin B. Dorrance
(Signature of Officer administering oath)

Notes to which the small figures refer in the oath of the parent or guardian:

(1) Fill with the NAME of the parent or guardian.
(2) Fill with the NAME of the applicant.
(3) Fill with rating for which enlisted.
(4) Fill with the words, "FATHER," "MOTHER," or "GUARDIAN," as the case may be.

GOVERNMENT PRINTING OFFICE
2—13410

TREASURY DEPARTMENT
U. S. COAST GUARD
FORM 2500-D

CERTIFICATION OF APPLICANT.

RECRUITING OFFICE AT ...NEW YORK, N.Y.....

Date .....25 September, 1939.....

TO: COMMANDANT, U. S. COAST GUARD.

1. I hereby certify that I have this day had the enlistment contract fully explained to me, understand it fully and certify that no promisesof any kind have been made to me concerning assignment to duty, discharge prior to expiration of enlistment, or advancement during the period for which I am enlisting in the Coast Guard.

2. 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 enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic inoculation against typhoid.

4. I further certify that the matter of desertion has been fully explained to me and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from fraudelent enlistment and the meaning thereof.

6. I am fully aware of the fact that I am enlisting for a period of ..THREE (3)..... years in the rating of .....APPRENTICE SEAMAN..... and that the pay of the rating in which I am enlisting is TWENTY ONE - DOLLARS ..($21.00)..... per month.

7. I further am aware that my dependents are not entitled to transportation at Government expense from place of enlistment, my home, or any otherplace to the place where the first unit to which I am permanently assigned or located.

ATTEST:

R. W. Butcher

.....R. W. BUTCHER, Chief Bos'n.....
NAME OF RECRUITING OFFICER - RANK.

Shelbert Ruel Payne

.....SHELBERT RUEL PAYNE.....
SIGNATURE OF APPLICANT

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

NOLES

U.S.C.G. Fire Island Light Station (FIRE ISLAND STATION).
(Unit)

Bay Shore, NY. Y.
(Place)

24 September, 1942.
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, Shelbert R. Payne (Name of Applicant) 224-016 (Service No.), BM2c.(Pro) (Rating), having, on 25 September, 1939. (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 year s from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is ALCOAST 83,1941, and ALCOAST 2, 1942. I also agree to such further extension as may be necessary due to war.

Shelbert R. Payne
Shelbert R. Payne,
(Signature of Applicant)



09-5-3

Tip of right forefinger

Voluntarily agreed and subscribed to before me this 24th day of Sept., A.D., 19 42.

P. H. SIMPSON, Lieut. U.S.C.G.
(Signature of Commanding Officer)

U.S.C.G. _____
(Unit) (Place) (Date)

APPROVED _____
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C. _____
(Date)

Physically qualified for extension.

_____
(Chief Medical Officer)

FIRE ISLAND STATION, Bay Shore, N. Y.
U.S.C.G. HEADQUARTERS, Washington, D. C.

24 Septemb er, 1942.
(Date)

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 said term of enlistment. ALCOAST 83-1941-ALCOAST 2-1942.

P. H. SIMPSON, Lieut. U.S.C.G.
(Chief, Enlisted Personnel Section)

Returned. The application for extension is disapproved.

_____
(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

Form 2520
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec. 1938

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

Position desired _____

WARNING

If you have been in the Coast Guard, Army, Navy, or Marine Corps, or have ever been arrested by civil authorities, and fail to reveal the facts, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

If statements made herein are found to be false disciplinary action will result.

New York, N.Y.
(Place)
Sept. 25-
(Date), 1939

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 18 years 7 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 Shelbert Rud Payne

Date of birth Feb 6th, 1921

Place of birth Elizabeth City, N.C. Citizenship _____

Home address Bay Shore, N.Y.

Are you married? No Number and relationship of persons dependent on you for support? _____

Are you prepared to support your dependents on service pay? _____

Are your parents living? Yes Are your parents dependent on you for support? No

Name and address of next of kin _____

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.

Employer's Name	His Address	His Business	Length of Employment		You were Employed as—
			From—	To—	

Do you drink intoxicating liquors? If so, to what extent? No

Have you ever been arrested? If so, for what? No

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

2—13412

(OVER)

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

I started to grammer school at (Manteo, N.C.) where I went to school for one year and four months, moved from there to Stumpy Point, N.C. I went to school at Stumpy Point, N.C. until I finished five months in the tenth grade

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? No

If so, state which

Are you now or have you been a member of the National Guard?

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? No

When did you apply? Where?

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.

(Sign your full name here) Shelbert Ruel Payne

Accepted or rejected Accepted Cause of rejection

Date 25 September, 1939

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

R. W. Butcher

R. W. BUTCHER, Chief Boa'n
U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

(Reference)

George Wise, Stumpy Point, N.C.

S.R.P.

~~George Payne~~

George Payne, Stumpy Point, N.C.

TREASURY DEPARTMENT
U. S. COAST GUARD
FORM 2500-D

CERTIFICATION OF APPLICANT

RECRUITING OFFICE AT ....NEW YORK, N.Y.....

Date .....25 September 1939.....

TO: COMMANDANT, U. S. COAST GUARD.

1. I hereby certify that 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, discharge prior to expiration of enlistment, or advancement during the period for which I am enlisting in the Coast Guard.

2. 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 enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic inoculation against typhoid.

4. I further certify that the matter of desertion has been fully explained to me and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from fraudelent enlistment and the meaning thereof.

6. I am fully aware of the fact that I am enlisting for a period of ..THREE (3).... years in the rating of ..APPRENTICE SEAMAN..... and that the pay of the rating in which I am enlisting is TWENTY ONE - DOLLARS ..($21.00)..... per month.

7. I further am aware that my dependents are not entitled to transportation at Government expense from place of enlistment, my home, or any otherplace to the place where the first unit to which I am permanently assigned or located.

ATTEST:

R. W. Butcher

....R. W. BUTCHER, Chief Bos'n..
NAME OF RECRUITING OFFICER - RANK.

Shelbert Ruel Payne

....SHELBERT RUEL PAYNE.....
SIGNATURE OF APPLICANT

Form 2551
TREASURY DEPARTMENT
U. S. COAST GUARD
June 1938

U.S. COAST GUARD
RECEIVED
SEP 23 1939
RECRUITING OFFICE,
NEW YORK, N. Y.

CONSENT, DECLARATION, AND OATH OF PARENT OR GUARDIAN

(NOTE.—To be executed in duplicate in the enlistment of a minor under twenty-one years of age. The original to be attached to the enlistment contract and forwarded to Headquarters. The duplicate to be filed in the service record.)

ENLISTMENT OF PAYNE, Shelbert ~~Reed~~ Reed

Recruiting Office, New York, N. Y.
(Ship or Station) (Date)

I,[1] Robert Moran Payne, residing in the Village of Bay Shore, County of Suffolk and State of New York, do hereby consent to the enlistment of[2] Shelbert ~~Reed~~ Reed Payne to serve for a period of three (3) years from date of enlistment, unless sooner discharged, subject to all requirements and lawful commands of the officers who may, from time to time, be placed over him; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same, and I certify that there are no circumstances now existing or that can be foreseen which will cause me to request his discharge at any time during this enlistment, and I do further certify that he was born in Elizabeth City, N. C., on the 6th day of February, 19 21.

And I, the said[1] Moran Robert Moran Payne do solemnly swear (or affirm) that I am the[4] father of the said[2] Shelbert ~~Reed~~ Reed Payne, to be enlisted by my consent as[3] Apprentice Seaman, and that he has no other legal guardian but myself. So help me God.

Robert Moran Payne
(Signature of Parent or Guardian)

Address: 58 East union St Bay Shore N.Y.
(Street and Number) (City or Town) (State)

Personally appeared before me[1] Robert Moran Payne, a resident of Bay Shore, in the County of Suffolk, and State of New York, who is well known to me as a credible person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this 22nd day of September, 19 39.

Franklin B Dorrance
(Signature of Officer administering oath)
Recruiting Officer

NOTARY PUBLIC

Notes to which the small figures refer in the oath of the parent or guardian:
(1) Fill with the NAME of the parent or guardian.
(2) Fill with the NAME of the applicant.
(3) Fill with rating for which enlisted.
(4) Fill with the words, "FATHER," "MOTHER," or "GUARDIAN," as the case may be.

GOVERNMENT PRINTING OFFICE
2—13410

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING OFFICE NEW YORK (Unit.) — NEW YORK, N.Y. (Place.)

25 September, 1939 (Date.)

FROM: PAYNE, Shelbert Ruel (224-016) A.S.

TO: COMMANDANT (via Recruiting Officer, New York)

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.)

(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:

ALLEN LEE PAYNE (Full name of relative.) — Mother (Relationship.) — 58 E.Union St. Bayshore, L.I.N.Y. (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:

ROBERT MORAN PAYNE (Full name of relative.) — Father (Relationship.) — Same as above (Address of relative.)

Potential (State briefly wherein dependency exists.)

WITNESSED BY: R. W. Butcher — R. W. BUTCHER, Chief Bos'n.

SIGNED: Shelbert Ruel Payne — SHELBERT RUEL PAYNE, Rank or rating, A.S.

2—10348

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING OFFICE NEW YORK (Unit.) — NEW YORK, N.Y. (Place.)

25 September, 1939 (Date.)

FROM: PAYNE, Shelbert Ruel (224-016) A.S.

TO: COMMANDANT (via Recruiting Officer, New York)

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.)

(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:

ALLEN LEE PAYNE (Full name of relative.) — Mother (Relationship.) — 58 E.Union St. Bayshore, L.I.N.Y. (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:

ROBERT MORAN PAYNE (Full name of relative.) — Father (Relationship.) — Same as above (Address of relative.)

Potential (State briefly wherein dependency exists.)

WITNESSED BY: R. W. Butcher — R. W. BUTCHER,

Rank, Chief Bos'n.

SIGNED: Shelbert Ruel Payne — SHELBERT RUEL PAYNE

Rank or rating, A.S.

2—10348

GOVERNMENT PRINTING OFFICE

PE-82

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
31 August 1959

3-13 FILE

From: Commandant
To: Commanding Officer, Coast Guard Base, St. George

Subj: Retirement Certificate; forwarding of

1. A Certificate of Retirement is forwarded herewith for presentation to PAYNE, Shelbert R. (224-016) DCC, USCG. It is the desire of the Commandant that this certificate be presented with suitable ceremony.

2. On this occasion of PAYNE's retirement from active status in the United States Coast Guard, express the Commandant's appreciation for the faithful service he has rendered the Coast Guard and the nation, and the thanks of the service for a job well done.

3. In the event retirement is cancelled, you are directed to destroy the enclosed certificate.

J. H. WAGLINE
By direction

Encl: Retirement Certificate

1959 AUG 13 15 56

PEA-A

FCHIPOURAS:vs ret to 3-11

UNITED STATES COAST GUARD

TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
20 July 1959

TONO: 50364/99201X
HQ Allotment 99-20.3

From: Commandant
To: PAYNE, Shelbert R. (224-016) DCC, USCG
Via: Commander, Third Coast Guard District (p)

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 the effective date of your retirement as 1 October 1959. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard.

2. You will immediately notify the COMMANDANT (FP-4) of your mailing address and you will thereafter notify the COMMANDANT (FP-4) of any change in that address.

3. Travel expenses incident to the execution of this order are chargeable to travel order number indicated above. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time and date of receipt. Arrangements for your physical examination shall be made as soon as possible. In the event a disability is found, prompt action shall be taken in accordance with enclosure (1). Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time and date of arrival, and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the District or Unit from which retired.

J. M. MARLINE
By direction

1959 JUL 10 11 01
PEA-A

Encl: (1) Information relative to retirement
(2) NAVPERS 15891

FCHIPOURAS:MDS:rar ret to 3 - 11

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
29 October 1958

From: Commandant
To: PAYNE, Shelbert R. (224-016) DCC, USCG
Via: (1) Commander, Third Coast Guard District (p)
(2) Commanding Officer, CG BASE, St. George
Subj: Request for retirement; information concerning

Ref: (a) Your letter dated 15 October 1958
(b) Personnel Instruction No. 35-58

1. Receipt of reference (a) is hereby acknowledged. Your request for retirement has been placed on file and you will be considered for retirement in accordance with reference (b). Service for retirement as of 31 March 1958 is 18 years 6 months 6 days.

J. H. WAGLINE
By direction

Encl: Your New Career, NAVPERS 15895-A

1958 OCT 29 15 15
PEA-A

HHISTOCK:FC:mds ret 3-11

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: Twenty Year Enlisted Retirement; request for

1. Forwarded for Headquarters' consideration.

M. M. SPECTOR
By direction

Staten Island, New York

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PE)
Via: (1) Commanding Officer, USCG BASE, St. George
(2) Commander, Third Coast Guard District (p)

Subj: Twenty Year Enlisted Retirement; request for

Ref: (a) Personnel Instruction No. 8-57

1. It is requested that I be retired on the first day of October 1959, or as soon as possible thereafter.

2. I understand that I will enter my last pay period on 26 September 1959.

SHELBERT R. PAYNE

P19-2
15 October 1958

FIRST ENDORSEMENT on PAYNE's ltr P19-2 of 15 OCT 58

From: Commanding Officer, USCG BASE, St. George
To: Commandant (PE)
Via: Commander, Third Coast Guard District (p)

1. Forwarded for consideration.

2. PAYNE completes twenty (20) years active military service on 26 September 1959.

J. T. STANLEY

P19-2 of 15 October 1958

From: Commander, Third Coast Guard District
To: Commandant (PE)

Subj: Twenty Year Enlisted Retirement; request for

1. Forwarded for Headquarters' consideration.

By direction

RECD OCT 22 10 43
FEA-A

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
USCG BASE, St. George
Staten Island, New York

P19-2
15 October 1958

From: PAYNE, Shelbert R. (224-016) DCC, USCG
To: Commandant (PE)
Via: (1) Commanding Officer, USCG BASE, St. George
(2) Commander, Third Coast Guard District (p)

10-1-59

Subj: Twenty Year Enlisted Retirement; request for

Ref: (a) Personnel Instruction No. 8-57

1. It is requested that I be retired on the first day of October 1959, or as soon as possible thereafter.

2. I understand that I will enter my last pay period on 26 September 1959.

Shelbert R. Payne
SHELBERT R. PAYNE

P19-2
15 October 1958

FIRST ENDORSEMENT on PAYNE's ltr P19-2 of 15 OCT 58

From: Commanding Officer, USCG BASE, St. George
To: Commandant (PE)
Via: Commander, Third Coast Guard District (p)

1. Forwarded for consideration.

2. PAYNE completes twenty (20) years active military service on 26 September 1959.

J. T. Stanley
J. T. STANLEY

Form CG-2522 (Rev. 3-58)

FINAL MEDICAL CERTIFICATE

TO: (Original to Commandant (PM))	FROM: (Name and address of treatment facility)	DATE
Commanding Officer USCG BASE, SINY	USPHS HOSPITAL, SINY	5/1/59

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT
PAYNE, Shelbert R.	224-016	DCC	CG BASE, SINY

FILE

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT EACH CONDITION FROM	TO
Fistula-In-Ano/ fistulectomy		4/20/59	5/1/59

THE PATIENT WAS DISCHARGED FROM [X] INPATIENT [ ] OUTPATIENT

TREATMENT AS INDICATED ABOVE, AND [ ] IS [X] IS NOT FIT FOR DUTY

SIGNATURE OF MEDICAL OFFICER: S. SATOW, SAS, USPHS /las

REMARKS: (Recommendations as to sick leave, further treatment, etc.)

Recommend 14 Days sick leave. Return rectal clinic on 5/5/59

Form CG-2522 (Rev. 3-58)

NOTICE OF MEDICAL TRANSFER

NAME OF PATIENT	SERVICE NO.	GRADE	COAST GUARD UNIT

RECEIVING TREATMENT AT: [ ] INPATIENT [ ] OUTPATIENT [ ] OFFICE [ ] HOSPITAL

TRANSFERRED FROM: (Name of treatment facility)

TRANSFERRED TO: (Name of treatment facility)

DATE	SIGNATURE OF MEDICAL OFFICER

Send original of each part of this form to Commandant (PM); copy to patient's Coast Guard unit

PREVIOUS EDITIONS ARE OBSOLETE

OPERATION: 1. Fistulectomy.

PROGNOSIS: Good.

DISPOSITION: It was advised that the patient be given 2 weeks additional convalescence leave for frequent sitz bathing at home. He was to return to the Rectal Clinic on 5/5/59.

S Satow

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ SYMON SATOW, SURGEON/pc	dict. 4/30/59		CG.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, grade; date, hospital or medical facility)

PAYNE, SHELBERT
USPHS HOSPITAL STATEN ISLAND, 4, NY.

REGISTER NO.	WARD NO.
32107	AB4

NARRATIVE SUMMARY
Standard Form 502

☆ U. S. GOVERNMENT PRINTING OFFICE: 1957—J - 443429

Promulgated
By Bureau of the Budget
Circular A - 32

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION: 4/20/59	DATE OF DISCHARGE: 5/1/59 (Sign and date at end of narrative)	NUMBER OF DAYS HOSPITALIZED: 11

HISTORY: This 38 year-old Coast Guardsman, gave a history of a draining anal fistula for the past three months. He was seen here in January for a small thrombosed hemorrhoid at 12 o'clock. This subsequently was opened, and the patient had noted some drainage from this area.

PAST HISTORY: Pasthistory and systems review are non-contributory to the present illness.

PHYSICAL EXAM: Revealed a well-developed, well-nourished white male, in no acute distress, with normal vital signs. The only pertinent physical finding was that of a fistulous opening at 12 o'clock, approxkmately half an inch from the anal verge, with purulosanguineous drainage.

LAB. & X-RAY DATA: Hematology, urinalysis, and serology were within normal limits. Photofluorogram was negative.

HOSPITAL COURSE: The patient had a fistulectomy done on 4/22/59, and this was performed under caudal anesthesia. The area was packed, and the patient had abenign postoperative course, with clean healing. He was sufficiently recovered for out-patient care, by 5/1/59.

DIAGNOSIS: 1. Fistula-in-ano.

CONDITION: Improved.

OPERATION: 1. Fistulectomy.

PROGNOSIS: Good.

DISPOSITION: It was advised that the patient be given 2 weeks additional convalescence leave for frequent sitz bathing at home. He was to return to the Rectal Clinic on 5/5/59.

S Satow

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ SYMON SATOW, SURGEON/pc	dict. 4/30/59		CG.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, grade; date, hospital or medical facility)
PAYNE, SHELBERT
USPHS HOSPITAL STATEN ISLAND, 4, NY.

REGISTER NO.	WARD NO.
32107	AB4

NARRATIVE SUMMARY
Standard Form 502

☆ U. S. GOVERNMENT PRINTING OFFICE: 1957—J - 443429

Name (Please Print)
Burns, Andrew
E-Mail Address:
afbfg4@umsl.edu
INFORM
Name used in Service (P
Payne, Shelb
MILIT
Branch of Service:
Army
Air Force
Army

USPHS HOSPITAL, SINY | COMMANDING OFFICER, CG BASE, SINY | DATE 4/20/59

NAME OF INDIVIDUAL TO BE TREATED	SERVICE NO.	GRADE	COAST GUARD UNIT
KIMX PAYNE, Shelbert R.	224-016	DCC	CG BASE, SINY

SIGNATURE, GRADE & TITLE OF REQUESTING OFFICER
R.L. Toscatello, YN3 for COMMANDING OFFICER, CG BASE, SINY

RETURN MEDICAL CERTIFICATE

TO: (Original to Commandant (PM))	FROM: (Name and address of treatment facility)	DATE
COMMANDING OFFICER, CG BASE, SINY	USPHS HOSPITAL, SINY	4/21/59

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

1. Fistula-In-Ano - - - 670-100.3

INCIDENT OF SERVICE	FIT FOR DUTY	DAYS ABSENCE FROM DUTY REQUIRED FOR TREATMENT	ADMITTED TO:
[X] YES [ ] NO	[ ] YES [X] NO	approx; 15	[X] INPATIENT [ ] OUTPATIENT TREATMENT AT [ ] OFFICE [X] HOSPITAL

DATE ADMITTED TO TREATMENT: 4/20/59 @ 0900
SIGNATURE OF MEDICAL OFFICER: Robert E. STREICHER, SA Surg/rap

COPYMATE II

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

HQ

NOTED
L. D. G.

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
[ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
[ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
[ ] WITHOUT LEAVE, not excused as unavoidable
[ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1800	20 DEC 1957
LEAVE OR LIBERTY EXPIRED	0730	3 JAN 1958
RETURNED TO COAST GUARD JURISDICTION	0700	3 JAN 1958

NUMBER DAYS CHARGED TO LEAVE RECORD: thirteen (13)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available, AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	W. A. EVANS	SCLK, W-1, USCG, PO	276-58

SHIP OR STATION	NAME OF A. C. O.
CG BASE, St. George, Staten Island, New York (03-210373.0)	

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 1

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
PAYNE, Shelbert Ruel	224-016	DCC	2/6/21	Prot.

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
100 New Hampshire Avenue Bay Shore, (Suffolk County, Long Is. New York	☐ YES ☒ NO (DATE LAST ENTRY)	9. SOCIAL SECURITY NO. 244-16-6565

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Elinor Frances Payne	UNKNOWN

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Shelbert John Payne	Same as #6		X	M	11/7/41
Robert LeRoy Payne	Same as #6		X	M	6/22/45
Ronald Moran Payne	Same as #6		X	M	8/9/51

12. FATHER	ADDRESS
Robert Moran Payne	DECEASED

13. MOTHER	ADDRESS
Allie Lee Payne Griek	Same as #6

14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM	ADDRESS
Alma Lee Lencmeyer	Kodiak, Alaska

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
NONE			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
NONE	

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Allie Lee Payne Griek	Same as #6	Mother
		Alma Lee Lencmeyer	Same as #14	Sister
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Allie Lee Payne Griek	Same as #6	Mother
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100	Allie Lee Payne Griek	Same as #6	Mother

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
NONE		

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
U. S. Coast Guard Base, St. George, Staten Island, New York	10 April 1958

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
M. S. Baskin	Shelbert R. Payne
M. S. BASKIN, LTJG, USCGR, Personnel Officer	Shelbert Ruel Payne

DD FORM 1 Dec 56 93-1

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
PAYNE, Shelbert Ruel	224-016	DCC	2/6/21	Prot.

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
100 New Hampshire Avenue Bay Shore, (Suffolk County, Long Is. New York	☐ YES ☒ NO (DATE LAST ENTRY)	9. SOCIAL SECURITY NO. 244-16-6565

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Elinor Frances Payne	UNKNOWN

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Shelbert John Payne	Same as #6		X	M	11/7/41
Robert LeRoy Payne	Same as #6		X	M	6/22/45
Ronald Moran Payne	Same as #6		X	M	8/9/51

12. FATHER	ADDRESS
Robert Moran Payne	DECEASED

13. MOTHER	ADDRESS
Allie Lee Payne Griek	Same as #6

14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM	ADDRESS
Alma Lee Lencmeyer	Kodiak, Alaska

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
NONE			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
NONE	

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Allie Lee Payne Griek	Same as #6	Mother
		Alma Lee Lencmeyer	Same as #14	Sister
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Allie Lee Payne Griek	Same as #6	Mother
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100	Allie Lee Payne Griek	Same as #6	Mother

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
NONE		

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
U. S. Coast Guard Base, St, George, Staten Island, New York	10 April 1958

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
M. S. BASKIN, LTJG, USCGR, Personnel Officer	Shelbert R. Payne

DD FORM 1 Dec 56 93-1

Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved. Budget Bureau No. 22–R174.

SECTION I—IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME—FIRST NAME—MIDDLE INITIAL OF APPLICANT (uniformed services or civilian sponsor, if applicable)	2. MAILING ADDRESS (No., Street, City and State) (Omit if sponsor is deceased)	3. TELEPHONE NUMBER: HOME / OFFICE
PAYNE, Shelbert R.	5 Division St. Groton, Conn.	

4. STATUS	5. GRADE—RATE—RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	DCC	USCG(RET)	224-016

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box)
INDEFINITE	☒ ORIGINAL CARD(S) ☐ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) ☐ DAMAGED CARD(S) ☐ CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 19 Remarks)

SECTION II—PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (include yourself when applicable)

	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	FOR USE OF VERIFYING OFFICER: e. PRIVILEGE AUTHORIZED[1]	FOR USE OF ISSUING OFFICER: f. CARD NO. ISSUED
10a. PAYNE, Shelbert R.	- - -	Blue	Sandy	T,C,EU MC(US)	CG 085,716
g. ADDRESS: Same as #2.	h. DATE OF BIRTH: 2-6-21	i. HEIGHT: 6'	j. WEIGHT: 185	k. EXPIRATION DATE: Indef.	l. DATE ISSUED: 9-29-59
11a. PAYNE, Robert L.	Son	Hazel	Sandy	T,C,EU MC(US)	CG 085,717
g. ADDRESS: Same as #2.	h. DATE OF BIRTH: 6-22-45	i. HEIGHT: 5'2"	j. WEIGHT: 90	k. EXPIRATION DATE: 9-30-65	l. DATE ISSUED: 9-29-59
12a. PAYNE, Ronald M.	Son	Hazel	Sandy	T,C,EU MC(US)	CG 085,718
g. ADDRESS: Same as #2.	h. DATE OF BIRTH: 8-8-51	i. HEIGHT: 4'6"	j. WEIGHT: 90	k. EXPIRATION DATE: 9-30-65	l. DATE ISSUED: 9-29-59
13a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
14a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
15a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
16a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED

17. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT

SECTION III—STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

18. I STATE: (Check appropriate box or boxes and complete entries as applicable)

a. ☐ Lawful marriage to the spouse named took place at _____ (PLACE) on _____ (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the unremarried widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] *Abbreviated Privileges, i. e.: C—Commissary; T—Theater; EU—Exchange Unlimited; EL—Exchange Limited; MC(C)—Medical Care in Civilian Facilities; MC(US)—Medical Care in Uniformed Services Facilities*

d. ☐ I am the unremarried widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE).

e. ☒ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitimate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE—Section II—In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☒ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331–1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in subsection 101 (E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

19. REMARKS

20. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to the availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense.

21. DATE OF APPLICATION	22. SIGNATURE OF APPLICANT
9-29-59	Shelbert R. Payne

NOTE: Penalty for presenting false claims or making false statements in connection with claims; Fine of not more than $10,000 or imprisonment for not more than five years or both, Act 25 June 1948, 18 U.S.C. 287, 1001.

SECTION IV—VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED, AND EXPIRATION DATE OF ELIGIBILITY FOR EACH NAMED PERSON IS VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 23.

23. MAILING ADDRESS OF VERIFYING OFFICER	24. TYPED NAME, GRADE AND TITLE	25. SIGNATURE
CG BASE, St. George Staten Island, N.Y.	W.A.EVANS, SCLK, W-1, USCG Personnel Officer	W.A.Evans

SECTION V—AUTHENTICATION BY ISSUING AGENCY

26. ORGANIZATION OF ISSUING OFFICER	27. TYPED NAME, GRADE AND TITLE	28. SIGNATURE
CG BASE, St. George Staten Island, N.Y.	W.A.EVANS, SCLK, W-1, USCG Personnel Officer	W.A.Evans

U. S. GOVERNMENT PRINTING OFFICE : 1957 O-F—443155

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*	00	00	00
COAST GUARD SERVICE	18	00	00
NET SERVICE OF	18	00	00

ON 24 September 1957 (*Date*) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record. As per below statement of creditable service.

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

Entered Service USCG	Service Terminated	AWOL	SKMC	NPDI
9-25-39 Enl. Ext. 3 years from				
9-25-42	12-18-45 HD	NONE	NONE	NONE
12-19-45	12-20-48 HD	NONE	NONE	NONE
12-21-48	12-20-51 HD	NONE	NONE	NONE
12-21-51 Service Continuing		NONE	NONE	NONE

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 & 8 (*Number*) ONLY

SIGNATURE G. M. SEAMAN

GRADE AND TITLE CHMACH, W-3, USCG, P.O.

C. O. ORDER NO. 125-58

SHIP OR STATION U. S. Coast Guard BASE, St. George, Staten Island, N.Y.

NAME OF A. C. O.

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
PAYNE	Shelbert	Ruel	224-016	DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1630	6-7-57
LEAVE OR LIBERTY EXPIRED	0900	6-28-57
RETURNED TO COAST GUARD JURISDICTION	0835	6-28-57

NUMBER DAYS CHARGED TO LEAVE RECORD -20-

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	A. S. MARSDALE	CHSCLK, W-2, PO	400-57

SHIP OR STATION	NAME OF A. C. O.
CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK(03-210373)	

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PAYNE	Shelbert	R.	224-016	DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☒ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1100	9-6-56
LEAVE OR LIBERTY EXPIRED	0900	9-13-56
RETURNED TO COAST GUARD JURISDICTION	0750	9-13-56

NUMBER DAYS CHARGED TO LEAVE RECORD None

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*) to _____ (*Date of discharge*) as a result of his own:

☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	J.D. GOULSBY	CHSCLK., USCG, PO. By	dir 342-57

SHIP OR STATION	NAME OF A. C. O.
CG. BASE, ST. GEORGE, SINY	

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PAYNE,	SHELBERT	R.	224-016	DCC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

CG BASE, St. George, Staten Island, N. Y.
RPTD 9-2-56 for adm purp while IP, USPHSH, SINY
TD [illegible] made permanent 1300, 4-11-57

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 8 (Number) ONLY	SIGNATURE A. S. Marsdale, A. S MARSDALE,	GRADE AND TITLE CHSCLK, W-2, PO	C. O. ORDER NO. 282-57
SHIP OR STATION CG BASE, St. George, Staten Island, N. Y. (210373.0)		NAME OF A. C. O.	

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PAYNE	Shelbert	R.	224-016	DCC

Treas. Dept.
CG-3308 (4-52)

PERMANENT MOTOR VEHICLE OPERATORS' RECORD

1. HOME ADDRESS (Use for Civilians only) | 2. DATE OF BIRTH

TESTED FOR	QUALIFYING SCORE	DATE LAST TESTED	RESULTS	NAME OF EXAMINER
3. Color Perception	Can distinguish red, yellow and green	17 JUL '53	Satisfactory ~~Unsatisfactory~~	M. W. STAAB, HMC, USN
4. Hearing	Hears spoken voice with better ear at 15 feet	17 JUL '53	Left 15/15 Right 15/15 ~~with~~/without hearing aid.	M. W. STAAB, HMC, USN
5. Vision	20/30 Required	17 JUL '53	Left 20/20 Right 20/20 ~~with~~/without glasses	M. W. STAAB, HMC, USN
6. Field of Vision	75° each side of focus line required		Average of_____ Trials	
7. Depth perception			Average of_____ Trials	
8. Reaction	Seconds Feet		Average of_____ Trials: Sec./ft.	
9. Road Test			Number of errors:	
10. Written Exam.			%	
11. Oral Exam			%	
12. Other tests				

13. PRIOR DRIVING EXPERIENCE

Size and type of Vehicle	Years	Mileage	Number of Accidents	Cause and consequence of each Accident
Passenger Cars	15	300,000	0	
Trucks to 1½ ton	2	20,000	0	

14. TYPES OF VEHICLES FOR WHICH QUALIFIED
- Passenger, Pick-up, Panel trucks
- X Trucks over 3/4 ton to 1½ ton
- X Semitrailer, single axle
- Semitrailer, tandem axle
- Busses and Emergency vehicles

15. QUALIFIED ON BASIS OF:
- Tests
- Previous mileage statement
- X ment

16. QUALIFIED AS:
- Incidental operator
- X Chauffeur

17. RESTRICTIONS:
- Must wear glasses
- Other (describe)

18. PERMITS ISSUED

PERMIT NO.	DATE ISSUED	EXP. DATE	UNIT ASSIGNED	SIGNATURE AND DUTY TITLE OF ISSUING OFFICER
03-510000-660	8/18/53	6/30/55	Group, Atlantic City	E. A. ERICKSON, CAPT, USCG Chief, SAR Section

NAME: (last-first-middle) Payne, Shelbert R. | SERVICE NO. 224-016

PERMANENT MOTOR VEHICLE OPERATOR'S RECORD

19. ACCIDENT RECORD

DATE	TOTAL DAMAGE	CHARGEABLE OR NON-CHARGEABLE	UNS[illegible] PRACTICE OF THIS OPERATOR	ACTION TAKEN	[illegible]GNATURE AND TITLE

20. TRAFFIC VIOLATIONS

(List all moving vidations reported, omit overtime parking and similar offenses)

DATE	VIOLATION	OF THIS OPERATOR	REPORTED BY	ACTION TAKEN	SIGNATURE AND TITLE

21. ISSUANCE OF SAFE DRIVER AWARD OR OTHER COMMENDATION FOR SAFE OPERATION

DATE	DESCRIBE (Include awards claimed prior CG Exp. Periods, Mileage)	SIGNATURE AND TITLE

22. REMARKS

INSTRUCTIONS:

(1) Prior to issuance of a permit, original and one copy shall be submitted to issuing officer with identification data required to be shown on permit. Upon completion of action by issuing officer (whether the examinee passes or fails) the original shall be placed in the service record. The duplicate shall be retained by the issuing officer.

(2) When a permit is to be renewed, the original shall be submitted to the issuing officer and shall be replaced in the service record upon completion of action. Current identification data, required for permit, must also be submitted.

(3) Items 3,4, and 5 must be completed for original permit. Results of a physical examination given within previous year may be accepted; operator may be reexamined at any time.

(4) Items 6 to 12 are not mandatory in all cases but when applicable, the qualifying scores must be stated.

(5) Item 12 - furnish as much data as possible covering all experience prior to date of first preparation of this form. Include any permit suspension or revocation and convictions of driving while intoxicated.

(6) Item 18 -if permit issued does not qualify operator for all vehicles previously qualified as per item 14,place asterisk after permit number and explain in item 22.

(7) Item 19-record all accidents as they occur.Chargeable or nonchargeable shall be determined by CO depending on whether he believes operator could have avoided the accident.This fact shall also be reported on the accident report.

(8) Item 20-keep current. Inform issuing officer of all violations.So state when"onduty" violation.

(9) Upon transferof an operator to another district or Headquarters unit, issuing officer's copy and supporting papers ahll be transmitted to issuing officer of the cognizant district or Headquarters unit.

(10) Upon separation without immediate reenlistment, the original shall remain in the service record.In the case of immediate reenlistment, the original shall be trans.to new service record

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

U. S. COAST GUARD BASE, ST. GEORGE, STATEN ISLAND, NEW YORK

THE FOLLOWING IS A TRANSCRIPT OF MAN'S MARKS EQMs ONLY.

DATE	PIR	CONDUCT
12-31-51	3.6	4.0
3-31-52	3.6	4.0
6-30-52	3.6	4.0
9-30-52	3.6	4.0
12-31-52	3.6	4.0
3-31-53	3.6	4.0
6-30-53	3.6	4.0
9-30-53	3.8	4.0
12-31-53	3.8	4.0
3-31-54	3.8	4.0
6-30-54	3.8	4.0
9-30-54	3.8	4.0
12-31-54	3.8	4.0
3-31-55	3.71	4.0
6-30-55	3.7	4.0
9-30-55	3.7	4.0
12-31-55	3.7	4.0
3-31-56	3.8	4.0
6-30-56	3.8	4.0
9-30-56	3.8	4.0
12-31-56	3.8	4.0
3-31-57	3.9	4.0
6-30-57	3.9	4.0
9-30-57	3.9	4.0

W. K. EVANS, SCLK, W-1, USCG
Personnel Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE,	Shelbert	Ruel	224-016

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

U. S. COAST GUARD BASE, ST. GEORGE, STATEN ISLAND, NEW YORK

20 December 1957: REENLISTED in the Regular Coast Guard for a period of THREE (03) full years in the rating DCC (Permanent) date of rank from 12-1-53, within 24 hours of discharge from the Regular Coast Guard. AUTH: Art. 1-G-57(a), Personnel Manual.

Entitled to the National Defense Service Medal and the Coast Guard Good Conduct Bar.

Subject man has received training in the "Code of Conduct for Members of the Armed Forces of the United States" in accordance with Commandant's Instruction No. 2-56 dated 11 January 1956.

2 September 1956: Reported to current assignment of board the CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK.

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer, By direction

20 December 1957: Code of Conduct for Memebers of the Armed Forces of the United States, printed on a small card was issued to me on 12-20-57.

SHELBERT RUEL PAYNE

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE	Shelbert	Ruel	224-016

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK

6 December 1957: Conducted pre-discharge interview thisdate. Expressed intention to reenlist. RECOMMENDED FOR REENLISTMENT. Section 12-B-30 Personnel Manual.

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer

19 December 1957: Issued Honorable Discharge by reason of expiration of enlistment as DCC. Section 12-3-42A(1) CG Regulations.

Period from 21 December 1951 to 19 December 1957 creditable for Good Conduct.

Served outside CONLUS ~~XX~~ during period fm 24 January 1955 to 2 September 1956 - Reference CGC MACKINAC letter dated 5 December 1957.

Previously paid MOP in the amount of $200.00 under the MOP Act of 1952 - entitled to $100.00 MOP this enlistment.

Completed 05 years, 11 months, and 29 days active service this period. 00 DAYS DEDUCTIBLE TIME.

HA: 100 New Hampshire Ave., Bay Shore, Long Island, New York

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE,	Shelbert	Ruel	224-016

16—66780-2

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK

6 December 1957: Conducted pre-discharge interview thisdate. Expressed intention to reenlist. RECOMMENDED FOR REENLISTMENT. Section 12-B-30 Personnel Manual.

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer

19 December 1957: Issued Honorable Discharge by reason of expiration of enlistment as DCC. Section 12-3-42A(1) CG Regulations.

Period from 21 December 1951 to 19 December 1957 creditable for Good Conduct.

Served outside CONUS during period fm 24 January 1955 to 2 September 1956 - Reference CGC MACKINAC letter dated 5 December 1957.

Previously paid MOP in the amount of $200.00 under the MOP Act of 1952 - entitled to $100.00 MOP this enlistment.

Completed 05 years, 11 months, and 29 days active service this period. 00 DAYS DEDUCTIBLE TIME.

HA: 100 New Hampshire Ave., Bay Shore, Long Island, New York

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY	
RATE / DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)	SERVICE NO.

NAME (Last) PAYNE, (First) Shelbert (Middle) Ruel

SERVICE NO. 224-016

PAGE 7 3

16—66780-2

ADMINISTRATIVE REMARKS

R.

SERVICE NO. 224-016

PAGE 7 2

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CGC MACKINAC (WAVP-371) c/o Postmaster, SINY

3-13-56 - Received instructions on the "CODE OF CONDUCT FOR MEMBERS OF THE ARMED FORCES OF THE UNITED STATES" in accordance with Commandant's Instruction No. 2-56.

R. F. HENDERSON, LCDR, USCG, XO

9-2-56 - Completed one (1) years, seven (7) months, and nine (9) days' sea duty aboard this vessel. Transferred administratively to the CO, CGB, St. George, SINY while in-patient at USPHS Hospital, SINY.

R.F. HENDERSON
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
9-2-56	CCGD3/L dtd 12-30-54, P16-3/MM.		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
DCC	12-1-53	R. F. HENDERSON	LCDR, XO

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)	
CG BASE, ST.GEO,SINY	9-2-56	J. D. GOOLSBY, CHSCRK, USCG, PO	
NAME (Last)	**(First)**	**(Middle)**	**SERVICE NO.**
PAYNE,	Shelbert	R.	224-016

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG Base, St. George, Statein Island, New York

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
1-24-55	CGD3 SL dtd 1-14-55, P16-3 MM, Order No. 1557-55		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
DCC	12-1-53	M. A. HUTCHINSON	CHSCLK, PERSONNEL OFFICER

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CGC MACKINAC (WAVP-371)	1-24-55	R. H. WELTON, LCDR., USCG, XO

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE	Shelbert	Ruel	224-016

ADMINISTRATIVE REMARKS

16—66780-1

INSTRUCTIONS

This side of the service record is for all official and unofficial correspondence concerning the individual, such as: Transfer Orders, official requests, personal documents, i. e., Discharge Certificates, Training Course Certificates, original of Citations or Commendations, etc.

Upon separation from the Coast Guard, all personal documents should be removed and returned to the individual concerned. Obtain a receipt for papers so delivered and file with the remaining correspondence in the service record.

Eliminate correspondence which has served its purpose and arrange remaining papers in chronological order, latest dated papers on top. Forward with closed-out service record to Commandant (PE).

Identification Card No. ~~52195~~ 102334

INTERNATIONAL BLOOD TYPE "O" pos.

CONTENTS CHECKED FOR ACCURACY

(REQUIRED: 1. WHEN REPORTING ABOARD. 2. WHEN TRANSFERRED. 3. ON DISCHARGE OR RETIREMENT)

DATE	STATION	BY (NAME AND GRADE)	INITIALS
1-24-55	CGB, ST. GEO., S.I.N.Y.	M.K. HUTCHINSON, CHSCCKP	
1-24-55	CGC MACKINAC (WAVP-371)	R.H. WELTON, LCDR., XO	
JUL 1[illegible]	~~USCGC MACKINAC (WAVP-371)~~	~~R.F. HENDERSON, LCDR, USCG XO~~	
8-2-56	CGC MACKINAC (WAVP-371)	R.F. HENDERSON, LCDR, XO	KAD
[illegible]	CGB, ST. GEO, SINY CGB, ST. GEO. SINY	J. D. COOLSEY, SCLK-2, USCG.	
18 DEC 57	CG BASE, St. George, SINY	W.A. EVANS, SCLK, W-1, USCG, PO	

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
*12-31-55	EQM RQM	DCC	3.7	3.7	4.0	MACKINAC (WAVP-371)	C. L. OLSON, LCDR, CO
*3-31-56	RQM	DCC	3.8	3.7	4.0	CGC MACKINAC (WAVP-371)	C. L. OLSON, LCDR, CO
	ADAPT.	FOR WARRANT	GRADE		3.6	CGC MACKINAC (WAVP-371)	C. L. OLSON, LCDR, CO
*6-30-56	RQM	DCC	3.8	3.7	4.0	CGC MACKINAC (WAVP-371)	C. L. OLSON, CDR, CO
9-2-56	TRANS	DCC	3.8	3.7	4.0	CGC MACKINAC (WAVP-371)	C. L. OLSON, CDR, CO
	ADAPT.	FOR WARRANT	GRADE		3.6	CGC MACKINAC (WAVP-371)	C. L. OLSON, CDR, CO
9-30-56	EQM	DCC	PIT	PIT	4.0	CGB, ST. GEORGE, SINY	B.H. BARTLETT, CDR, Acting
* 9-30-56	RQM	DCC	3.8	3.7	4.0	CGB, ST. GEORGE, SINY	B.H. BARTLETT, CDR, Acting
12-31-56	EQM	DCC	PIT	PIT	4.0	CG BASE, ST. GEORGE	A.S.MARSDALE,CHSCLK,PO W2
12-31-56	RQM	DCC	3.8	3.7	4.0	CG BASE, ST. GEORGE	A.S.MARSDALE,CHSCLK,PO W2
* 3-31-57	EQM	DCC	AFWG 3.9	3.8 ~~3.8~~	4.0	CG BASE, ST. GEORGE	A.S.MARSDALE,CHSCLK,PO,W-2
* 6-30-57	EQM	DCC	~~AFWG 3.8~~ 3.9	3.9	4.0	CG BASE, ST. GEORGE	By dir A. C. UNGER, CAPT. CO
* 9-30-57	EQM	DCC	AFWG 3.9	3.8 3.9	4.0	CG BASE, ST. GEORGE	A. C. UNGER, CAPT., CO
12-19-57	DISCH	DCC	3.9	3.9	4.0	CG BASE, ST. GEORGE	A. C. UNGER, CAPT., CO
12-19-57	FINAL AVG.	DCC	3.75	- -	4.0	CG BASE, ST. GEORGE	A. C. UNGER, CAPT., CO

NAME (Last) PAYNE, (First) Shelbert (Middle) R. | SERVICE NO. 224-016

MARKS

16—66652-1

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
* 9-30-52	RQM	DCC(P)	3.6	3.6	4.0	CG Base, St. Geo. SINY	W. E. EHRMAN, LCDR, Bydir.
9-30-52	Adapt. for Warrant Grade				3.5	CG Base, St. Geo. SINY	W. E. EHRMAN, LCDR, Bydir.
*12-31-52	EQM RQM	DCC/P	3.6	3.6	4.0	CG Base, St. Geo. SINY	W. E. EHRMAN, LCDR, XO
* 3-31-53	EQM RQM	DCC/P	3.6	3.6	4.0	CG Base, St. Geo. SINY	W. E. EHRMAN, LCDR, XO
3-31-53	Adapt. for Warrant Grade				3.5	CG Base, St. Geo. SINY	W. E. EHRMAN, LCDR, XO
* 6-30-53	RQM	DCC	3.6	3.6	4.0	CG Base, St. Geo. SINY	W. E. EHRMAN, LCDR, XO
* 9-30-53	RQM	DCC	3.8	3.8	4.0	CGB, ST. GEO, SINY	G. GARRETT, LT, XO
9-30-53	Adapt. for Warrant Grade				3.5	CGB, ST. GEO, SINY	G. GARRETT, LT, XO
* 12-31-53	RQM	DCC	3.8	3.8	4.0	CGB, ST. GEO, SINY	G. GARRETT, LT., XO
*3-31-54	RQM	DCC	3.8	3.8	4.0	CGB, ST. GEO., SINY	F. FITCH, LT., XO
3-31-54	Adapt. for Warrant Grade				3.8	CGB, ST. GEO., SINY	F. FITCH, LT., XO
*6-30-54	RQM	DCC	3.8	3.8	4.0	CGB, ST. GEO, SINY	M.K.HUTCHINSON,CHSCLK,PO
* 9-30-54	EQM	DCC	3.8	3.8	4.0	CG BASE, ST. GEO. SINY	F. FITCH, LT. USCG
9-30-54	ADAPT FOR WARRENT GRADE				3.8	CG BASE, ST. GEO. SINY	F. FITCH, LT. USCG
*12-31-54	RQM	DCC	3.8	3.8	4.0	CGB, ST. GEO., SINY	F. FITCH, LT, XO
1-24-55	TRANS	DCC	3.8	3.8	4.0	CGB, ST. GEO., SINY	M.K. HUTCHINSON,CHSCLK,PO
1-24-55	TRANS	DCC	AFWG:	3.8		CGB , ST. GEO., SINY	M.K. HUTCHINSON,CHSCLK,PO
3-17-55	DET CO	DCC	3.7	3.7	4.0	CGC MACKINAC (WAVP-371)	C. W. HOLTZMAN, CDR, CO
3-31-55	EQM	DCC	3.7	3.7	4.0	MACKINAC (WAVP-371)	R.H.WELTON,LCDR, CO Acting
*3-31-55	RQM	DCC	3.71	3.71	4.0	MACKINAC (WAVP-371)	R.H.WELTON,LCDR, CO Acting
*6-30-55	EQM RQM	DCC	3.7	3.7	4.0	MACKINAC (WAVP-371)	R. H. WELTON, LCDR, CO Acting
*9-30-55	EQM RQM	DCC	3.7	3.7	4.0	MACKINAC (WAVP-371)	R. H. WELTON, LCDR, CO Acting
NOV 1 1955	DET-CO	ADAPTABILITY FOR WO 3.5 DCC	3.7	3.7	4.0	MACKINAC (WAVP-371)	R.H. WELTON, LCDR, CO Acting
		ADAPTABILITY FOR WO 3.5					

NAME (Last) PAYNE (First) SHELBERT (Middle) R. SERVICE NO. 224-016

MARKS

PAGE 6 1

RECORD OF _____

(Full name, surname to the left) _____ (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature

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—9676e-4

RECORD OF _____ _____

(Full name, surname to the left) (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
12-31-48	BM1	LESS	THAN	ONE	MONTH	4.0	/s/ B. R. HENRY CO
3-31-49	BM1	3.7	3.5	3.7	3.7	4.0	/s/ B. R. HENRY CO
6-30-49	DC1	3.7	3.5	3.7	3.7	4.0	/s/ JAMES L. MORRISON CO
9-30-49	DC1	3.7		3.7	3.7	4.0	/s/ JAMES L. MORRISON CO
11-1-49	DC1	3.7		3.7	3.7	4.0	/s/ M. J. SIEBERT CO
12-31-49	DC1	3.5		3.6	3.6	4.0	/s/ W. H. MOULTON, XO, BY DIR.
3-31-50	DC1	3.5	3.5	3.6	3.6	4.0	/s/ W. H. MOULTON, XO, BY DIR.
6-30-50	DC1	3.5	3.5	3.6	3.6	4.0	/s/ W. H. MOULTON, XO, BY DIR.
12-31-50	DC1	3.6	3.6	3.6	3.6	4.0	/s/ W. H. MOULTON, XO, BY DIR.
3-31-51	DC1	3.6	3.6	3.6	3.6	4.0	/s/ P. J. SMENTON, CDR., CO
6-30-51	DC1	3.6	3.6	3.6	3.6	4.0	/s/ P. J. SMENTON, CDR., CO
9-30-51	DC1	3.6	3.6	3.6	3.6	4.0	/s/ W. E. EHRMAN, LCDR., XO, BY DIR.
12-20-51	DC1	3.6	3.6	3.6	3.6	4.0	/s/ W. E. EHRMAN, LCDR., XO, BY DIR.
							CERTIFIED TO BE A TRUE COPY
							W. E. EHRMAN, LCDR., USCG
AVERAGE	x x x x						

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—0676e-4 U. S. GOVERNMENT PRINTING OFFICE

CG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF PAYNE, Shelbert Ruel (Full name, surname to the left) 224-016 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
			CGB,ST.GEO.SINY REENL. IN USCG OF SIX (6) YRS.	12-21-51 FOR A PER. THIS DATE	W.E.EHRMAN, LCDR., Executive Officer

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
CGC SASSAFRAS	CR fm BM1 to DC1. Auth: H/L 4-49-49.	5-16-49	/s/ M. J. SEIBERT, M. J. SEIBERT, LTJG, USCG, XO, By Dir. Transcribed from old service record.
CGB,ST.GEO.,SINY	CR fm DC1 to DCC(P) Auth: HL dtd 2-15-52, PE-1,MM and Article 12-3-23B CG REGS.	2-16-52	W. E. EHRMAN, LCDR., XO, CGB,ST.GEO.SINY W. E. EHRMAN, LCDR, XO, Bydir.

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—6076e-4

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (Rev. 1-57)

LEAVE RECORD

DATE: 30 June 1957

CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD — DAYS: 18

AUTHENTICATED BY: A.S.MARSDALE, CHSCLK, PO, Bydir.

LEAVE TAKEN (Inclusive dates) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	BALANCE DAYS	SHIP OR STATION	SIGNATURE
				ANCR 6-30-57	30	48	CGB, SINY	A.S.MARSDALE, CHSCLK, PO, Bydi
				Discharged 12-19-57	11½	60	CGB, SINY	W.A.EVANS, SCLK, W-1, PO
				ELECTS AND IS ENTITLED TO CASH COMPENSATION FOR SIXTY (60) DAYS UNUSED LEAVE.				
				W. A. EVANS, SCLK, W-1, USCG Personnel Officer				
				Paid $725.40 cash compensation for 60 days lv-subs;qtrs on 12/20/57 at CG BASE, ST. GEORGE, SINY by J.F.CANNON, Chief Disbursing Officer, Symbol 5340 Pay Roll No. 320-78-50				
				A. B. MEYER, SPCK W-1, USCG Authorized Certifying Officer				
				F-27-50				

DEDUCTIBLE TIME (Inclusive dates)

PERIOD (Inclusive dates) FROM	TO	REASON (AOL, AOM, etc.)	TIME LOST BASIC PAY AND LEAVE MONTHS	DAYS	EXTENSION OF ENLISTMENT DAYS	SHIP OR STATION	SIGNATURE
"ZERO DAYS DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT."						CGB, ST. GEO. SINY	W.A.EVANS, SCLK, W-1, USCG, PO

NORMAL DATE OF EXPIRATION OF ENLISTMENT

NAME (Last)	(First)	(Middle)	SERVICE NO.
PAYNE,	Shelbert	Ruel	224-016

GPO 920974

DATE: 1-7-52 Credit brought forward from previous record 6 DAYS W. E. EHRMAN, LCDR, USCG

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
12-24-52	1-1-53	9	A			-3	CGB,STGEO,SINY	W.E.EHRMAN,LCDR,USCG,XO
			ANCR	1-7-53	30	27	CGB.ST.GEO,SINY	W.E.EHRMAN,LCDR, By dir.
6/2/54	6/28/54	27	A			0	CGB.ST.GEO,SINY	M.K. HUTCHINSON,CHSCLK,
				30 JUN 54	30	30	CGB.ST.GEO,SINY	M.K. HUTCHINSON,CHSCLK,
~~7/9/54~~ 7/20/54	8/11/54	23	A			07	CGB,ST.GEO,SINY	M.K. HUTCHINSON,CHSCLK,PO
21-12-54	30-12-54	10	A			-03	CGB,ST.GEO,SINY	M.K.HUTCHINSON,CHSCLK,PO
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY.							CG BASE, ST. GEORGE, SINY	M.K. HUTCHINSON,CHSCLK,PO
				30 Jun 55	30	27	MACKINAC	M. F. KEYZER, LTJG, XO Act.
21 Feb. 56	23 Feb. 56	3	A			24	CGC MACKINAC (WAVP-371)	R.F. HENDERSON, LCDR, XO
3 Apr. 56	6 Apr. 56	4	A			20	CGC MACKINAC (WAVP-371)	R.F. HENDERSON, LCDR, XO
8 June 56	14 June 56	7	A			13	MACKINAC (WAVP-371)	R. F. HENDERSON, LCDR, XO
				30 June 56	30	43	CGC MACKINAC (WAVP-371)	R. F. HENDERSON, LCDR, XO
NO LV TAKEN SINCE DATE OF LAST ENTRY. LVRATS CREDITED ARE NOT IN EXCESS OF LV TAKEN							CGC MACKINAC (WAVP-371)	R. F. HENDERSON, LCDR, XO
15 Aug. 56	19 Aug. 56	5	A			38	CGC MACKINAC (WAVP-371)	R. F. HENDERSON, LCDR, XO
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY.							CGC MACKINAC (WAVP-371)	R. F. HENDERSON, LCDR, XO
8 JUN 57	27 JUN 57	20	A			18	CGB, SINY	A.S. MARSDALE, CHSCLK, PO.

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE

NAME (Last) PAYNE (First) Shelbert (Middle) Ruel SERVICE NO. 224-016

LEAVE RECORD 16—66741-1 PAGE 5 1

RECORD OF PAYNE, Shelbert Ruel (Full name, surname to the left) 224-016 (Service number) Sheet 2

8. LEAVE RECORD

ACCRUED LEAVE: Reason and Date	Creditable service for leave purposes: Months	Days	Number of days earned	LEAVE TAKEN: Departed Hour	Departed Date	Returned Hour	Returned Date	Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
				RECEIVED CASH COMPENSATION FOR UNUSED LEAVE IN THE AMOUNT OF SIXTY (60) DAYS SHOWN ON LEAVE ACCOUNT ON DATE OF DISCHARGE							
IC 12-21-51	0	0	0								
				Paid $528.60 cash compensation for 60 days lv; subs; qtrs on 12/21/51 at Office, Comdr., 3rd CG District by PAUL D. BANNING, Chief Disbursing Officer Symbol No. 1375; Vo. No. 403-244; Pay Roll No. 03-PR-285						0	W. E. EHRMAN, LCDR XO, CGB, ST. GEO. SINY
				H. T. DOHERTY AUTHORIZED CERTIFYING OFFICER							
				0800	12-22-51	0830	1-2-52	REG-ADV	10	-10	W.E.EHRMAN, LCDR. XO CGB. ST. GEO. SINY
ANCR 6-30-52	6	10	16							6	W.E.EHRMAN, LCDR XO, CGB, ST. GEO, SINY
BBF 7-1-52			6							6	W.E.EHRMAN, LCDR, CGB, ST.GEO, SINY

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

16—9676-3

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. SERVICE	5. DATE OF BIRTH
PAYNE, Shelbert Ruel	224-016	DCC	USCG	2-6-21

6. HOME ADDRESS AT TIME OF LAST ENTRY INTO SERVICE (*City, county, and State*)	7. FORMER SERVICE NO.
(Suffolk County) 68 West Union St., Bay Shore, Long Island, New York	Not applicable

DESIGNATIONS

			FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
8. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			Elinor Frances Payne	100 New Hampshire Ave. Bay Shore, LINY	Wife
9. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD		PRINCIPAL	ALLIE Alleen Lee Payne Greik	239 Maple Street Islip, LINY	Mother
		CONTINGENT	None		
10. BENEFICIARY FOR SERVICEMEN'S INDEMNITY (*PL 23, 82d Congress*) (*All prior designations are canceled. Designation for indemnity does not affect insurance (NSLI or USGLI) beneficiary designation*)	PRINCIPAL(S)	SHARE $10,000	Elinor Frances Payne	Same as No. 8	Wife
		SHARE $			
	CONTINGENT(S)	SHARE $10,000	ALLIE Alleen Lee Payne Greik	Same as No. 9	Mother
		SHARE $			
11. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (*PL 147, 84th Congress*)		SHARE 100 %	Elinor Frances Payne	Same as No. 8	Wife
		SHARE %			
12. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS		PERCENT OF PAY EACH MO. 100%	Elinor Frances Payne	Same as No. 8	Wife
13. PERSON TO RECEIVE PERSONAL EFFECTS FOR SAFEKEEPING			Elinor Frances Payne	Same as No. 8	Wife

14. COMMERCIAL INSURANCE COMPANIES TO BE NOTIFIED IN CASE OF DEATH IN ACTIVE SERVICE

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
None		

FIRST NAME—MIDDLE NAME—LAST NAME (*If deceased, so state*)	ADDRESS
15. FATHER Deceased	
16. MOTHER Alleen Lee Payne Greik	Same as No. 9
17. WIFE OR HUSBAND (*If none, so state*) Elinor Frances Payne	Same as No. 8

18. NAME OF CHILDREN (*If none, so state. If step or adopted, so state*)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Shelbert John Payne	Same as No. 8		x	M	11-7-41
Robert Leroy Payne	Same as No. 8		x	M	7-21-45
Ronald Moran Payne	Same as No. 8		x	M	8-4-51

19. ORGANIZATION AND ADDRESS OF DESIGNATOR	20. DATE SIGNED
USCGC MACKINAC (WAVP-371), St. George, SINY	3-16-56

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
R. F. Henderson R.F. HENDERSON, LCDR, USCG	Shelbert R. Payne

DD FORM 1 OCT 55 93-1 *For Navy, Marine Corps, and Coast Guard use:* Will be used in lieu of DD Form 93.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit
12-1-53	DCC			AUTH: (a) H/L (PE-1) dtd 11/20/53, file MM.	P. Garrett G. GARRETT, LT., XO	CGB ST GEO SINY

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER
49	61	52	71	49	69	53	46	UNK	

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
PAYNE	Shelbert	Ruel		224-016		DCC

2500
June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD [redacted] } SSN-244-16-6565

RE ENLISTMENT OF PAYNE, Shelbert Ruel (Full name, surname to left); 224-016 (Service number); $205.80 (Pay per month)

Accepted for enlistment at St. George, Staten Island, New York; DC1 (Rating in which enlisted)

Enlisted at U. S. COAST GUARD BASE; 21 December, 1951 (Date of enlistment)

Transferred to - - -

Occupation Coast Guardsman Citizenship * NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 6 February, 1921 Place of birth Elizabeth City, N. C.

Home address 68 West Union St., (Street and number) Bay Shore (Town) Nassau (County) New York (State)

Married or single Married Name and address of next of kin or legal guardian

WIFE (Relationship) Elinor Frances Payne 68 West Union St. Bay Shore, L.I., N.Y. (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard [redacted] } 12 (Years) 2 (Months) 25 (Days)

First enlisted 25 September, 1939 (Date) at New York, New York (Place) and was last discharged 20 December, 1951 (Date) from CG Base, St. George, Staten Island, N.Y. (Unit) with HONORABLE (Character) discharge as DC1 (Rate) No. - - -

Previous Navy service -0- (Years) -0- (Months) -0- (Days) Previous Marine Corps service -0- (Years) -0- (Months) -0- (Days)

Previous Army service -0- (Years) -0- (Months) -0- (Days) Age 30 years 10 months.

Height FIVE feet TEN inches. Weight ONE SEVENTY-FIVE pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color Caucasian

Personal characteristics NONE marks, etc. ____

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 W.E.EHRMAN, LCDR., 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 { SIX (6) years from 21 December, 1951; during minority until 20 December, 1957 } 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, SHELBERT RUEL PAYNE, 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.

Shelbert Ruel Payne

Shelbert Ruel Payne

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 21st day of DECEMBER, A. D. 1951

W. E. EHRMAN, LCDR., U.S.C.G.

(Commanding officer, notary public, or other officer qualified to administer oaths)

Executive Officer

(Title)

Citizenship substantiated and contract perfected.

W. E. EHRMAN

LCDR., USCG, *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)

16—8420-2

_____

(Signature of commanding officer)

USCGC MACKINAC (WPG-371)

(Date) AUG 15 1955

I, the undersigned, hereby acknowledge that Articles 2, 3, 7 thru 15, 25, 27, 31, 37, 38, 55, 77 thru 134, 137, 138 and 139 of the UNIFORM CODE OF MILITARY JUSTICE have been explained to me in accordance with Article 137, UCMJ, under one of the following conditions (Check which one):

(a) Original enlistment in USCG

(b) Re-enlistment in USCG

(c) Recall to active duty from a reserve component

(d) Completion of six (6) months active duty

Shellert R. Payne — Signature

224-016 — Serial Number

DCC — Rating

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3313 (Rev. 2-54)
Form approved by
Comp. Gen., U. S.
March 5, 1954

ORDER TO ENTER ACCOUNT

INSTRUCTIONS

1. To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (*Chapter V, Section A*). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

2. Section I will be completed for commencement of pay in the following cases:

a. Upon enlistment, induction, or reenlistment.

b. For enlisted members of the Reserve or retired enlisted members reporting for active duty or for training duty with pay.

3. Section II will be completed, in addition to Section I, when the enlisted person is eligible for reenlistment bonus or enlistment allowance upon reenlistment. (*Page 1b, of the service record [Form CG-3301B], is used for payment of reenlistment bonus upon extension of enlistment.*)

4. Section III will be completed upon the surrender, apprehension, or delivery of a deserter by the first Coast Guard unit taking custody of the deserter. Return of an absentee will be entered in Item 1 of page 12, of the service record (*Form CG-3312*), not on this page.

SECTION I — ACCEPTANCE

ACCEPTED FOR (Check appropriate box)					DATE OF ENLISTMENT, INDUCTION OR REENLISTMENT
ENLISTMENT		INDUCTION	X	REENLISTMENT	20 December 1957
LOCATION (City and state)					PERIOD OF ENLISTMENT OR REENLISTMENT
St. George, Staten Island, New York					Three (03) years

FILL IN THE FOLLOWING INFORMATION REGARDING ACTIVE DUTY IN CASES OF RESERVISTS AND RETIRED ENLISTED MEN

ORDERED TO ACTIVE DUTY FROM (City and state)	DATE OF ENTRY TO PAY STATUS	DATE REPORTED FOR ACTIVE DUTY

SECTION II — LAST PREVIOUS ENLISTMENT (For reenlistment bonus or enlistment allowance)

DATE OF DISCHARGE	TYPE OF DISCHARGE	REASON FOR DISCHARGE
19 December 1957	HONORABLE	EXPIRATION OF ENLISTMENT

NET ACTIVE SERVICE DURING THIS ENLISTMENT			NET ACTIVE SERVICE TO DATE OF DISCHARGE			NUMBER OF DAYS TIME LOST AWOL, AOM, NPDI
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
05	11	29	18	02	25	NONE (00)

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (If none paid, so state)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
NONE	ONE (01)

SECTION III — RETURN OF A DESERTER

DESERTED FROM		TAKE UP ACCOUNT (Enter date following day of return to Coast Guard jurisdiction)
SHIP OR STATION	DATE	

SECTION IV — REMARKS (Refer to section number and item in question in each instance)

Section II CG BASE, SINY 20 December 1957
Paid $357.72 REEN BONUS this date under CCA of 1949
Sec 208 as amended and settled in the accounts of
J. F. Cannon, CDO, Bymbol 5340, basis 2nd reenl.

A. B. MEYER, SPCK, USCG, ACO

SECTION V — CERTIFICATION

THE AUTHORIZED CERTIFYING OFFICER IS AUTHORIZED AND DIRECTED TO ENTER ACCOUNT OF THE INDIVIDUAL NAMED BELOW AND TO CREDIT PAY AND ALLOWANCES AS PROVIDED BY LAW AND REGULATIONS.

SHIP OR STATION		NAME OF A.C.O.	
USCG BASE, St. George, Staten Island, New York			
C. O. ORDER NO.	TYPED NAME, GRADE AND TITLE	SIGNATURE	
225-58	W.A.EVANS,SCLK,W-1,USCG,PO,Rydir.		
NAME (Last, first, middle)		SERVICE NO.	RATE
PAYNE, Shelbert Ruel		224-016	DCC

NOTE: ALL ITEMS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1954—J-261732

REVERSE for (CI-3313)

I, SHELBERT RUEL PAYNE (224-016) DCC, U. S. Coast Guard, having reenlisted in the Regular Coast Guard on 20 December 1957 for a period of THREE (03)- - - years, being eligible to receive a reenlistment bonus under the provisions of Section 207 of the Career Compensation Act, of 1949, as amended, do hereby elect to receive a reenlistment bonus under Section 208 of the Career Compensation Act of 1949, as amended.

Shelbert R. Payne

SHELBERT RUEL PAYNE

It has been determined from the records available at this unit, that this is the SECOND reenlistment or extension of enlistment, in the case of subject named man, for which the reenlistment bonus is payable under the provisions of Section 208 of the Career Compensation Act of 1949, as amended; that he has 18 years, 02 months and 25 days active federal service to date of this reenlistment or extension of enlistment, as distinguished from creditable service for basic pay; that he has received previous payments of reenlistment bonuses on the dates and in the amounts as indicated below:

DATE OF ENTITLEMENT Reenlistment Bonus	AMOUNT OF ENTITLEMENT
12-21-51	$360.00

J. W. Evans

W. A. EVANS, SCLK, W-1, USCG
Personnel Officer, By direction

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. SERVICE	5. DATE OF BIRTH
PAYNE, Shelbert Ruel	224-016	DCC	USCG	2-6-21

6. HOME ADDRESS AT TIME OF LAST ENTRY INTO SERVICE (*City, county, and State*)	7. FORMER SERVICE NO.
100 New Hampshire Avenue, Bay Shore, (Suffolk County, Long Island, New York	Not Applicable

DESIGNATIONS

			FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
8. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			Elinor Frances Payne	100 New Hampshire Ave. Bay Shore LINY	Wife
9. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD		PRINCIPAL	Allie Lee Payne Creik	Same as #8	Mother
		CONTINGENT			
10. BENEFICIARY FOR SERVICEMEN'S INDEMNITY (*PL 23, 82d Congress*) (*All prior designations are canceled. Designation for indemnity does not affect insurance (NSLI or USGLI) beneficiary designation*)	PRINCIPAL(S)	SHARE $			
		SHARE $			
	CONTINGENT(S)	SHARE $			
		SHARE $			
11. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (*PL 147, 84th Congress*)		SHARE 100 %	Elinor Frances Payne	Same as #8	Wife
		SHARE %			
12. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS		PERCENT OF PAY EACH MO. 100%	Elinor Frances Payne	Same as #8	Wife
13. PERSON TO RECEIVE PERSONAL EFFECTS FOR SAFEKEEPING			Elinor Frances Payne	Same as #8	Wife

14. COMMERCIAL INSURANCE COMPANIES TO BE NOTIFIED IN CASE OF DEATH IN ACTIVE SERVICE

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
NONE		

	FIRST NAME—MIDDLE NAME—LAST NAME (*If deceased, so state*)	ADDRESS
15. FATHER	Deceased	
16. MOTHER	Allie Lee Payne Greik	Same as #8
17. WIFE OR HUSBAND (*If none, so state*)	Elinor Frances Payne	Same as #8

18. NAME OF CHILDREN (*If none, so state. If step or adopted, so state*)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Shelbert John Payne	Same as #8		x	M	11-7-41
Robert Leroy Payne	Same as #8		x	M	7-21-45
Ronald Moran Payne	Same as #8		x	M	8-4-51

19. ORGANIZATION AND ADDRESS OF DESIGNATOR	20. DATE SIGNED
USCG BASE, St. George, Staten Island, New York	20 DEC 57

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
W. A. EVANS, SCLK, W-1, USCG	Shelbert R. Payne SHELBERT RUEL PAYNE

DD FORM 1 OCT 55 93-1 *For Navy, Marine Corps, and Coast Guard use:* Will be used in lieu of DD Form 93.

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. SERVICE	5. DATE OF BIRTH
PAYNE, Shelbert Ruel	224-016	DCC	USCG	2-6-21

6. HOME ADDRESS AT TIME OF LAST ENTRY INTO SERVICE (*City, county, and State*)	7. FORMER SERVICE NO.
100 New Hampshire Avenue, Bay Shore, (Suffolk County, Long Island, New York	Not Applicable

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
8. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		Elinor Frances Payne	100 New Hampshire Ave. Bay Shore LINY	Wife
9. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD	PRINCIPAL	Allie Lee Payne Greik	Same as #8	Mother
	CONTINGENT			
10. BENEFICIARY FOR SERVICEMEN'S INDEMNITY (*PL 23, 82d Congress*) (*All prior designations are canceled. Designation for indemnity does not affect insurance (NSLI or USGLI) beneficiary designation*)	PRINCIPAL(S) SHARE $			
	PRINCIPAL(S) SHARE $			
	CONTINGENT(S) SHARE $			
	CONTINGENT(S) SHARE $			
11. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (*PL 147, 84th Congress*)	SHARE 100 %	Elinor Frances Payne	Same as #8	Wife
	SHARE %			
12. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS	PERCENT OF PAY EACH MO. 100%	Elinor Frances Payne	Same as #8	Wife
13. PERSON TO RECEIVE PERSONAL EFFECTS FOR SAFEKEEPING		Elinor Frances Payne	Same as #8	Wife

14. COMMERCIAL INSURANCE COMPANIES TO BE NOTIFIED IN CASE OF DEATH IN ACTIVE SERVICE

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
NONE		

FIRST NAME—MIDDLE NAME—LAST NAME (*If deceased, so state*)	ADDRESS
15. FATHER Deceased	
16. MOTHER Allie Lee Payne Greik	Same as #8
17. WIFE OR HUSBAND (*If none, so state*) Elinor Frances Payne	Same as #8

18. NAME OF CHILDREN (*If none, so state. If step or adopted, so state*)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Shelbert John Payne	Same as #8		x	M	11-7-41
Robert Leroy Payne	Same as #8		x	M	7-21-45
Ronald Moran Payne	Same as #8		x	M	8-4-51

19. ORGANIZATION AND ADDRESS OF DESIGNATOR	20. DATE SIGNED
USCG BASE, St. George, Staten Island, New York	20 DEC 57

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
W. A. Evans	Shelbert R. Payne
W. A. EVANS, SCLK, W-1, USCG	SHELBERT RUEL PAYNE

DD FORM 1 OCT 55 93-1

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

Remarks (Continued)

CERTIFICATION

In regard to any part of this questionnaire concerning which I have had any question as to the meaning, I have requested and have obtained a complete explanation. I certify that the statements made by me under Part IV above and on any supplemental pages hereto attached, are full, true, and correct.

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NUMBER (If any)	SIGNATURE OF PERSON MAKING CERTIFICATION
SHELBERT RUEL PAYNE	224-016	Shelbert R. Payne
TYPED NAME OF WITNESS	DATE	SIGNATURE OF WITNESS
W. A. EVANS, SCLK, W-1, USCG	20 December 1957	

☆U. S. GOVERNMENT PRINTING OFFICE: 1956 O-F—397976

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
USCGC MACKINAC (WAVP-371)
c/o Postmaster
Staten Island, N. Y.

5 December 1957

From: Commanding Officer, USCGC MACKINAC (WAVP-371)
To: Commanding Officer, USCG Base, St. George, SINY

Subj: PAYNE, Shelbert R. (224-016)DCC, USCG

1. This is to certify that subject named man served on board the USCGC MACKINAC (WAVP-371) from 24 January, 1955 to 2 September, 1956 and that during this period of active service while attached to this vessel, he had served outside the continental limits of the United States.

R. G. SCHWING
Executive Officer

Copy to:
COMDT (PE)

Commanding Officer
USCGC MACKINAC (WAVP-371)
c/o Postmaster
Staten Island, N. Y.

5 December 1957

From: Commanding Officer, USCGC MACKINAC (WAVP-371)
To: Commanding Officer, USCG Base, St. George, SINY

Subj: PAYNE, Shelbert R. (224-016)DCC, USCG

1. This is to certify that subject named man served on board the USCGC MACKINAC (WAVP-371) from 24 January, 1955 to 2 September, 1956 and that during this period of active service while attached to this vessel, he had served outside the continental limits of the United States.

R. G. SCHWING
Executive Officer

Copy to:
COMDT (PE)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3490 (10-53)

ELECTION OF OPTIONS UNDER THE UNIFORMED SERVICE CONTINGENCY OPTION ACT OF 1953

DATE: 23 Sept. 1957

LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NUMBER	GRADE OR RATE
PAYNE	Shelbert	Ruel	224-016	DCC

PERMANENT ADDRESS	STATUS	DATE OF BIRTH	YEARS SERVICE FOR PAY PURPOSES
100 New Hampshire Avenue Bayshore, Long Island, New York	[X] ACTIVE [ ] INACTIVE [ ] RETIRED	6 Feb. 1921	Seventeen (17) IF RETIRED, DATE OF RETIREMENT: Not applicable

CHECK APPROPRIATE SQUARES

A. [X] I DO *NOT* DESIRE TO ELECT ANY OF THE OPTIONS UNDER PUBLIC LAW 239. *(See Note 1 on reverse of form)*

B. I HEREBY ELECT THE FOLLOWING OPTION OR OPTIONS: *(See Note 2 on reverse of form)*

OPTION	1/8	1/4	1/2	
1				OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY WIDOW. *(See Note 3 on reverse of form)*
2				OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY SURVIVING CHILDREN. *(See Note 4 on reverse of form)*
3				OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY WIDOW *AND* SURVIVING CHILDREN. *(See Note 5 on reverse of form)*
4	[ ] NO FURTHER DEDUCTIONS SHALL BE MADE FROM MY RETIRED PAY COMMENCING WITH THE FIRST DAY OF THE MONTH FOLLOWING THE DATE ON WHICH THERE IS LEFT NO BENEFICIARY ELIGIBLE TO RECEIVE THE ANNUITY SELECTED. I WISH TO COMBINE THIS OPTION WITH OPTION NUMBER_____. *(See Note 6 on reverse of form)*			

C. *IMPORTANT:* IF EITHER OPTION 1 OR OPTION 3 IS ELECTED, FURNISH THE FOLLOWING INFORMATION:

FULL NAME OF SPOUSE	DATE OF BIRTH OF SPOUSE
PLACE OF MARRIAGE *(City, County, State)*	DATE OF MARRIAGE

HAVE YOU BEEN MARRIED PREVIOUSLY? [ ] YES [ ] NO IF "YES" GIVE THE FOLLOWING INFORMATION CONCERNING EACH PREVIOUS MARRIAGE:

DATE DISSOLVED	PLACE OF DISSOLUTION	METHOD OF DISSOLUTION

HAS YOUR SPOUSE BEEN MARRIED PREVIOUSLY? [ ] YES [ ] NO IF "YES" GIVE THE FOLLOWING INFORMATION CONCERNING EACH PREVIOUS MARRIAGE:

DATE DISSOLVED	PLACE OF DISSOLUTION	METHOD OF DISSOLUTION

D. *IMPORTANT:* IF EITHER OPTION 2 OR OPTION 3 IS ELECTED, FURNISH THE FOLLOWING INFORMATION:
(If child is step-child or adopted child, so indicate in remarks column)

NAME OF EACH ELIGIBLE CHILD	DATE OF BIRTH	REMARKS

I UNDERSTAND THAT IF I HAVE AN OPTION IN EFFECT DURING ANY PERIOD WHEN I AM NOT RECEIVING RETIRED PAY FROM THE COAST GUARD I WILL BE REQUIRED TO DEPOSIT WITH THE TREASURER OF THE UNITED STATES THE AMOUNT OF MONEY THAT WOULD HAVE BEEN WITHHELD FROM MY RETIRED PAY WERE I RECEIVING SUCH PAY. I REALIZE THAT A FAILURE TO MAKE ANY SUCH DEPOSIT WILL MAKE ME LIABLE FOR THE AMOUNT OF SUCH REQUIRED DEPOSIT, AND I HEREBY CONSENT TO THE DEDUCTION, FROM ANY COMPENSATION SUBSEQUENTLY DUE TO ME FROM THE COAST GUARD, OF AN AMOUNT SUFFICIENT TO PAY ANY SUCH ARREARS, PLUS COMPOUND INTEREST. I HAVE CAREFULLY READ THE COMPLETED FORM, AND I CERTIFY THAT THE INFORMATION CONTAINED THEREIN IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Shelbert R. Payne

Shelbert Ruel Payne
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS_____DAY

_____,19_____.

SIGNATURE AND TITLE OF ATTESTING OFFICER OR NOTARY PUBLIC *(Note 7)*

p
9 April 1957
P16-3/MM

From: Commander, 3rd CG District
To: Commanding Officer, CG Base, St.George

Subj: PAYNE, Shelbert R. (224-016) DCC, USCG; permanent assignment to duty

1. Upon receipt hereof, remove subject man from administrative rolls and assign him for permanent duty at your command.

M. M. SPECTOR
By direction

Copy to:
file

p
9 April 1957
P16-3/MM

From: Commander, 3rd CG District
To: Commanding Officer, CG Base, St.George

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M. M. SPECTOR
By direction

Copy to:
file

UNITED STATES COAST GUARD

Address reply to:
COMMANDING OFFICER
CG BASE, ST. GEORGE
Staten Island, N. Y.

6 September 1956
P18-1

From: Commanding Officer, CG BASE, ST. GEORGE, SINY
To: PAYNE, Shelbert R. (224-016) DCC, USCG

Subj: Sick leave

Ref: (a) COMMANDANTS CIRCULAR NO. 31-47
(b)

1. In accordance with recommendation, Medical Officer, U. S. Public Health Service Hospital, Stapleton, Staten Island, N. Y., and references (a) and (b), you are hereby granted SIX(06) days sick leave to expire at CG BASE, ST. GEORGE, SINY prior to 0900, 13 September 1956

2. You give your address while on leave to be:

100 New Hamshire Ave., Bayshore Long Island, N.Y.

3. Delivered and departed 1100, this date and place.

J. D. GOOLSBY
By direction

FIRST ENDORSEMENT to CO, CGB, ST.GEO,SINY ltr of 13 September 1956

CG BASE, ST. GEORGE, SINY

1. Reported 0750, this date and place having used 6 days sick leave.

J.D. GOOLSBY, CHSCIK., USCG, PO
By direction

2 September 1956

FIRST ENDORSEMENT ON CGC MACKINAC LTR DTD 2 September 1956 P16-3/MM

From: Commanding Officer, CG Base, St. George, SINY
To: Commanding Officer, CGC MACKINAC

1. Records received this date for PAYNE, Shelbert R. (224-016) DCC, REAGAN, Bernard (n) (259-973) EN1, USCG for administrative transfer while inpatient at the USPHS, SINY,

2. Transfer effective this date.

J. D. GOOLSBY
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
CGC MACKINAC (WAVP-371)
% Postmaster
St. George, Staten Island, N.Y.

2 September 1956
P16-3/MM

From: Commanding Officer, CGC MACKINAC (WAVP-371)
To: Commanding Officer, CGB, St. George, SINY

Subj: Administrative transfer

Ref: (a) CCGD3/L dtd 12-30-54, P16-3/MM

1. In accordance with reference (a), the below named men, who are presently in an in-patient status at USPHS Hospital, Staten Island, N.Y., are hereby administratively transferred to your command:

PAYNE, Shelbert R. (224-016) DDC, USCG
REAGAN, Bernard (n) (259-973) EN1, USCG

2. No travel or proceed time is involved in the execution of this order.

3. The pay records, service records, health records, and personnel data cards of the above listed men are enclosed herewith.

4. CO, CGB, ST. GEO., SINY IS ACCOUNTABLE UPON DETACHMENT.

R. F. Henderson
R. F. HENDERSON
Executive Officer

2 September 1956

FIRST ENDORSEMENT ON CGC MACKINAC LTR DTD 2 September 1956 P16-3/MN

From: Commanding Officer, CG Base, St. George, SINY
To: Commanding Officer, CGC MACKINAC

1. Records received this date for PAYNE, Shelbert R. (224-016) DCC, REAGAN, Bernard (n) (259-973) EN1, USCG for administrative transfer while inpatient at the USPHS, SINY,

2. Transfer effective this date.

J. D. GOOLSBY
By direction

CGC MACKINAC (WAVP-371), c/o Postmaster, SINX 9/2/56

1956

224-016	PAINE, Sholbert R.	Tr. CG BASE, St. Geo., SINX for adm. purposes, while IP USPHS, SINX. Auth: CCGD3/ ltr 12-14-54 p P16-3/MM.	PO	9/2
259-973	REAGAN, Barnard (n)	DO.	PO	9/2

R. F. HENDERSON, LCDR, USCG, XO

Commanding Officer
USCGC MACKINAC (WAVP-371)
c/o Postmaster
Staten Island, N.Y.

22 June, 1956
P17

From: PAINE, Shelbert R. (22b-016) BCC, USCG
To: Commandant (PO)
Via: (1) Commanding Officer, CGC MACKINAC (WAVP-371)
(2) Commander, Third CG District (p)

Subj: Application for consideration for appointment to warrant grade; cancellation of; cancellation of; request for

Ref: (a) Personnel Instruction No. 56-55
(b) Commander, Third CG District ltr 4 June, 1956 o

1. It is requested that my application for consideration for appointment to warrant grade, submitted in accordance with reference (a), be cancelled.

2. My reason for the above request is that I plan to seek retirement under the 20 Year Enlisted Retirement Law at such time as I become eligible.

SHELBERT R. PAINE

FIRST END ORSEMENT

22 June, 1956
P17

From: Commanding Officer, CGC MACKINAC (WAVP-371)
To: Commandant (PO)
Via: Commander, Third CG District (p)

1. Forwarded, approved.

UNITED STATES COAST GUARD

...s reply to:
...ANDER
...rd Coast Guard District
80 Lafayette Street
New York 13, N. Y.

RECEIVED
USCGC MACKINAC
JUN 7 1956

4 June 1956

From: Commander, THIRD Coast Guard District
To: PAYNE, Shelbert Ruel (224-016) DCC, USCG
Via: Commanding Officer, CGC MACKINAC(WAVP-371)

Subj: NAC forms and completed DD 398; submission of

Ref: (a) Commandant (OIN) ltr dated 4-27-56

1. Reference (a) indicated that you are being considered for appointment to warrant grade. Accordingly, it is requested that appropriate forms for a National Agency Check (2765), (DD 369 in duplicate), and a completed Statement of Personal History (DD 398) (in triplicate) be submitted to this office prior to 20 June 1956.

2. Particular care should be taken to supply full and accurate data in completion of the Personal History Statement, Form DD 398. All applicable questions must be answered to the fullest extent, especially, birth and/or naturalization data and complete addresses where required.

3. The Request for Agency Check, Form CG 2765, and the Fingerprint Charts, Form DD 369, must be typewritten, except for required signature.

4. It is further directed that the above indicated "Via addressee" review the completed Personal History Statement prior to returning it to the district. This is in order to insure completeness of the applicable statements made by the "To addressee".

E. W. HOLTZ
By direction

Encl: (1) Form 2765 (1)
(2) Form DD 369 (2)
(3) Form DD 398 (4)

- -

8 June, 1956
P20

FIRST ENDORSEMENT on CCGD3(o) ltr of 4 June, 1956

From: Commanding Officer, CGC MACKINAC (WAVP-371)
To: PAYNE, Shelbert Ruel (224-016) DCC, USCG

1. Delivered with enclosures.

C. L. Olson
C. L. OLSON

Commanding Officer
USCGC MACKINAC (WAVP-371)
St. George
Staten Island, N.Y.

17 April, 1956
F17

From: Commanding Officer, USC MACKINAC (WAVP-371)
To: Commandant (PC3)
Via: Commander, Third Coast Guard District (p)

Subj: PAINE, Shelbert R. (22h-016) BCC,USCG;CARLILE, Paul L.(27h-159) BMC(P),USCG; application for appointment to warrant grade

Ref: (a) Commander, Third Coast Guard District letter dtd 13 April, 1956 p F17-2

1. In accordance with the above reference, the enclosed completed Fitness Reports, Form NAVPERS 310 (Rev. 10-51) for subject men are forwarded herewith for substitution of the original reports.

C. L. OLSON

Encl:
(1) Forms NAVPERS 310 (Rev.10-51)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3288 (2-52)

APPLICATION FOR CONSIDERATION FOR APPOINTMENT TO WARRANT GRADE

1. WARRANT SPECIALTY FOR WHICH APPLYING: Carpenter

2. DATE: 1/10/56

PART I INDIVIDUAL'S APPLICATION

3. LAST NAME, FIRST, INITIAL	4. SERVICE NUMBER	5. RATING	6. UNIT
PAYNE, Shelbert R.	22h-016	DCC	CGC MACKINAC (WAVP-371)

7. EDUCATION *(Fill in Equivalent School Years Fully Completed with passing Grades)*

GRAMMAR 8 JUNIOR HIGH 2 SENIOR HIGH — COLLEGE — VOCATIONAL — TRADE —

8. SERVICE SCHOOLS ATTENDED *(Include dates and courses list only ones completed)*

a. None
b.
c.
d.
e.

9. CORRESPONDENCE COURSES COMPLETED *(Give dates if known)*

a. CQI - Cox
b.
c.
d.
e.
f.

10. OTHER EDUCATIONAL INFORMATION IF ANY *(Degrees, etc.)* None

11. LICENSES OR CERTIFICATES HELD None

12. HIGHER RATINGS OR GRADES PREVIOUSLY HELD

GRADES	BRANCH OF SERVICE	FULL MONTHS HELD	REASON TERM.
None			

13. TOTAL MONTHS SEA DUTY AS A PETTY OFFICER 26

14. PHYSICAL DEFECTS KNOWN WHICH REQUIRE CORRECTING, IF ANY None

15. BRIEF RESUME OF EXPERIENCE HAVING DIRECT BEARING ON QUALIFICATIONS FOR WARRANT GRADE OF

Assigned to various maintenance and repair duties in the Third Coast Guard District. Also served aboard a buoy tender, buoy boat, one lifeboat station and one light station, prior to my present assignment - CGC MACKINAC. During my off-duty hours, I have built my own home as well as a number of small boats.

DO NOT WRITE IN THIS SPACE

16. I DESIRE CONSIDERATION FOR APPOINTMENT TO WARRANT GRADE INDICATED ABOVE. I WILL ACCEPT SUCH APPOINTMENT IF TENDERED WITHIN THE NEXT TWENTY-SEVEN (27) MONTHS AND WILL AGREE NOT TO SEEK RETIREMENT WITHIN TWO (2) YEARS THEREAFTER. I FURTHER AGREE TO ACCEPT A PERMANENT WARRANT APPOINTMENT IF TENDERED PRIOR TO BEING AUTHORIZED FOR RETIREMENT. I ALSO CERTIFY THAT THE INFORMATION AND STATEMENTS MADE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TPCF

Shelbert R. Payne

SHELBERT R. PAYNE
(Signature)

INCL: Form NAVPERS-310

INSTRUCTIONS: Original to Commandant (PO) via Commanding Officer and appropriate District Commander
Inclosed Form NAVPERS-310 need not be sent as "Private Official."

C 3379

16--70109-1

PART II COMMANDING OFFICER'S INDORSEMENT

(Fill in all blocks for which verification can be made from records on board)
(Forward completed form to district indicated at right)

1. UNIT: CGC MACKINAC (WAVP-371)
2. DISTRICT AND DATE: Third 4/10/56

3. TOTAL MONTHS ACTIVE MILITARY SERVICE TO 198 *(Dead line date)* (16 yrs. 6 mos. 23 dys.)

4. TOTAL MONTHS CREDITABLE LIGHT HOUSE SERVICE None

5. HAS CG AND CGR SERVICE BEEN CONTINUOUS SINCE 1 SEPTEMBER 1945? [X] YES [ ] NO

6. NUMBER MONTHS ACTIVE SERVICE TO DEAD LINE DATE AS PO1C 111 ABOVE PO1C 49

7. TOTAL MONTHS ACTIVE SERVICE IN WARRANT OR HIGHER GRADE None

8. NUMBER OF MONTHS ACTIVE SERVICE THIS ENLISTMENT TO DATE 51

9. ASSIGN EFFICIENCY MARKS THIS DATE AND THEN INDICATE AVERAGE OF FOLLOWING MARKS FOR THIS ENLISTMENT OR FOR LAST FIVE YEARS, WHICHEVER IS THE LESSER PERIOD:

	CURRENT	AVERAGE
PROFICIENCY IN RATING	3.8	3.68
ABILITY AS LEADER OF MEN	3.7	3.68
ADAPTABILITY FOR WARRANT GRADE	3.6	3.68

10. CONDUCT:
AVERAGE MARK THIS ENLISTMENT: 4.0

DATES AND NATURE OF MASTS AND COURTS CURRENT ENLISTMENT: None

11. SCORES ON NAVY BATTERY TESTS *(Converted scores)*

GCT	AR	READ	TOTAL SCORE	AVERAGE

12. COMPLETED FORM NAVPERS-310 MODIFIED TO COVER PERIOD APPLICANT HAS BEEN ASSIGNED UNDER ME AND AS APPROPRIATE FOR OCCASION OF REPORT IS ATTACHED. ANY EXCEPTIONS OR APPLIFICATIONS OF STATEMENTS MADE BY APPLICANT HAVE BEEN ENTERED UNDER ITEM 11 OF THE MODIFIED REPORT OF FITNESS. THE APPLICANT:

(CHECK ONE)

IS DEEMED QUALIFIED TO PERFORM THE DUTIES OF WARRANT AND IS RECOMMENDED FOR CONSIDERATION [X]

IS NOT DEEMED QUALIFIED TO PERFORM THE DUTIES OF WARRANT AND HIS APPLICATION IS DISAPPROVED FOR THE REASONS NOTED ON THE REPORT OF FITNESS ATTACHED. [ ]

C. L. OLSON, CDR, USCG
(Signature)

DO NOT WRITE IN THIS SPACE

TPBF

TOTAL POINTS

PART III DISTRICT COMMANDER'S INDORSEMENT

DATE

FROM: Commander, CG District
TO: Commandant (PO)

(Cross out one).

FORWARDED: Applicant is Recommended as indicated.

FORWARDED: Applicant is not recommended for the following reasons.

UNITED STATES COAST GUARD

Commanding Officer
CG Electronic Engineering
Station, Wildwood, N. J.

14 June, 1951
NL

From: Commanding Officer, Electronic Engineering Station
To: Commander, 3rd Coast Guard District (ecv)

Subj: Third CG District Job Order No. ecv-3891; completion of

1. Subject job order covering clearing and grading of certain areas at this station by Third District bulldozer and operator was satisfactorily completed 11 June, 1951.

2. The work performed under subject job order by PAYNE, Shelbert R. (224-016) DC1 was highly satisfactory and is appreciated by this command. As a result of the areas cleared and/or graded, additional outdoor working space has been made available as well as improved access about the station. Also, damage done to the protective sand dune line on the ocean side of the station during the November 1950 storm was repaired as practicable. The repairs effected will provide a certain degree of immediate protection from high water damage and should contribute to more after installation of snow fence (to serve as a barrier and collector of moving sand) now on hand at this station. During the accomplishment of the work mentioned above, it was obvious that PAYNE'S performance of duty as a bulldozer operator was well above average. Furthermore, he proved himself to be cooperative and dependable as well as willing to attempt any task assigned. These factors were largely contributory to the satisfactory completion of all work which could be scheduled in the three weeks assigned.

H. S. PEARSON

Certified to be a true copy:

R. F. HENDERSON, LCDR, USCG

UNITED STATES COAST GUARD

Address reply to
COMMANDER
3rd Coast Guard District
80 Lafayette Street
New York 13, N.Y.

GD3-3-2
17 July 1953

TO WHOM IT MAY CONCERN

Shelbert R. PAYNE (224016) DCC(P) of U.S. COAST GUARD, has been under my supervision as a member of the USCG Maintenance & Repair Detachment since November, 1949. During this period he has been employed as a Damage Control Chief in charge of a crew of damage controlmen in the repair and construction of units and installations of the U.S. COAST GUARD. He has always been found to be efficient, courteous, reliable and resourceful, performing his duties in a highly satisfactory manner. He is especially skilled in carpentry, welding and in the operation of a bullgrader and/or crane. He has always accomplished the work designated to him with especial care and skill, being industrious and willing at all times.

In all my dealings with PAYNE, I have known him to be honest and to have kept his word under all circumstances. To my knowledge, he has always paid his debts.

I believe PAYNE to be capable of constructing his own home and would not hesitate to encourage him in such an undertaking.

/s/ H. L. DURGIN
H. L. DURGIN
Commander, U.S. COAST GUARD
Chief, Civil Engineering Section

Certified to be a true copy:

R F Henderson
R. F. HENDERSON, LCDR, USCG

16—70109-1

OFFICER ASSIGNMENT

(INITIALS)	(RATE)	(SERVICE NO.)	(PRESENT STATION)	(PRIMARY DUTY)
AT STATION	AT SEA (ASHORE) SINCE:		IS CHANGE OF PRESENT DUTY DESIRED? YES ☐ NO ☐	IF YES, STATE WHEN AND DUTY DESIRED

NEXT ASSIGNMENT DESIRED (*List Four*)

	AT SEA		ASHORE	
	LOCALITY	KIND OF DUTY	LOCALITY	KIND OF DUTY
1				
2				
3				
4				

SOURCE (*Academy Class, BMIN, Merchant Marine, etc.*)

QUALIFICATIONS:

☐ GENERAL DUTY ☐ OTHER (*Specify*)

☐ ENGINEERING

☐ AVIATION

ARE YOU PHYSICALLY QUALIFIED FOR SEA DUTY? ☐ YES ☐ NO ☐ DON'T KNOW

LANGUAGE QUALIFICATIONS

MARITAL STATUS	PRESENT HOME ADDRESS	TELEPHONE

NUMBER OF DEPENDENTS (*Indicate age and sex of children, omit names*)

LOCATION OF DEPENDENTS (*City and State*)

REMARKS

DATE _____ SIGNATURE Herbert R. Payne

CG-3121 (Rev. 2-52)

(LAST NAME)	(INITIALS)	GRADE	DATE OF RANK	PERM. GRADE	SERVICE NO.	YEAR OF BIRTH

16—65764-2

(b) As _____ Watch Officer											
(c) Collateral Duties											
(d) Technical Specialty _____											
(e) Ship Handling											
(f) In Administration											
(g) Ability to Command											
(h) As Executive or Division Officer											
(i) Duty on a Staff											
(j) Other _____											

15. **Considering the possible requirements of war, indicate your attitude toward having this officer under your command. Would you:** **Particularly desire to have him?** ☐ **Prefer him to most?** ☐ **Be pleased to have him?** ☐ **Be satisfied to have him?** ☐ **Prefer not to have him? (Adverse)** ☐

16. (a) In comparison with other officers of his grade and approximate length of service, how would you designate this officer?
(b) For this report period indicate in (b) how many officers of his grade you have designated in each category of (a).

	One of the few highly outstanding officers I know	A very fine officer of great value to the service	A dependable and typically effective officer	An acceptable officer	Unsatisfactory (Adverse)
(a)					
(b)					

17. COMMENTS. *In this section it is important that the outstanding characteristics of the officer, and any weaknesses which seriously affect his performance of duty, be reported. The appraisal should be concise and concrete in terms of specific examples of performance from which the more general factors can be inferred. The appraisal will justify the marks assigned in items 14, 15, and 16, above. In addition, the appraisal should include outstanding qualifications in any field such as the following: administration, planning, logistics, electronics, new weapons, and in dealing with the public in personal or official contacts. This space must not be left blank.*

18. NAME, GRADE, AND FILE NUMBER OF REPORTING OFFICER. OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON.

C. L. OLSON (2541), CDR, USCG — Commanding Officer

16—70109-1

CG-45-310-W (REV. 3-54)

WORKSHEET
REPORT ON THE FITNESS OF OFFICERS

THE OFFICER REPORTED ON WILL FILL IN THE FIRST ELEVEN SECTIONS:

1. NAME (Last, First, Middle)	2. GRADE	3. USN (R)	4. DESIGNATOR	5. REG. NO.
[illegible], Shelbert Randle				22[illegible]016

6. SHIP OR STATION [illegible]BLACKHAC (WAVP-371) St. George, Staten Island, N.Y. 7. DATE REPORTED PRESENT DUTY STATION [illegible]

Appt. to warrant grade

8. OCCASION FOR REPORT: SEMI-ANNUAL ☐ DETACHMENT OF REPORTING SENIOR ☐ DETACHMENT OF OFFICER ☐ [illegible] X

9. TYPE OF REPORT: REGULAR ☐ CONCURRENT ☐ SPECIAL ☐ X

10. PERIOD OF REPORT: FROM 22/4/55 TO 4/10/56

11. DUTIES. *List principal duties assigned including watches, and indicate in parentheses after each the number of months during the reporting period. If assignment is in other than regular Navy billet, include duties not well established, give outline of purpose, scope, and significance of such duties. If necessary, use separate sheet and attach to this form.*

[illegible]

FOLLOWING TO BE FILLED IN BY THE REPORTING OFFICER: *Signature of officer reported on:* Shelbert R. Payne

12. EMPLOYMENT OF COMMAND DURING PERIOD OF THIS REPORT

13. REFERENCE HERE AND APPEND ANY COMMENDABLE OR ADVERSE REPORTS ON THIS OFFICER RECEIVED DURING THE PERIOD OF THIS REPORT

14. PERFORMANCE OF DUTIES (*In comparison with other officers of his grade and approximate length of service, consider the requirements of his duties and evaluate his performance.*)

DUTY ASSIGNMENT	NOT OBSERVED	Outstanding performance in most aspects of his duty assignments. Highly qualified.	Excellent performance in most aspects of his duty assignments. Efficient or competent in most of the remaining aspects. Frequently demonstrates outstanding performance.	Competent and efficient performance in most aspects of his duty assignments. Frequently demonstrates excellent performance.	Satisfactory performance in most aspects of his duty assignments. Needs some supervision. Basically qualified.	Inadequate performance in many aspects of his duty assignments. Needs close supervision. He is not qualified. (Adverse)
(a) Present Assignment						
(b) As _____ Watch Officer						
(c) Collateral Duties						
(d) Technical Specialty _____						
(e) Ship Handling						
(f) In Administration						
(g) Ability to Command						
(h) As Executive or Division Officer						
(i) Duty on a Staff						
(j) Other _____						

15. **Considering the possible requirements of war, indicate your attitude toward having this officer under your command. Would you:** Particularly desire to have him? ☐ Prefer him to most? ☐ Be pleased to have him? ☐ Be satisfied to have him? ☐ Prefer not to have him? (Adverse) ☐

16. (a) In comparison with other officers of his grade and approximate length of service, how would you designate this officer?
(b) For this report period indicate in (b) how many officers of his grade you have designated in each category of (a).

	One of the few highly outstanding officers I know	A very fine officer of great value to the service	A dependable and typically effective officer	An acceptable officer	Unsatisfactory (Adverse)
(a)					
(b)					

17. COMMENTS. *In this section it is important that the outstanding characteristics of the officer, and any weaknesses which seriously affect his performance of duty, be reported. The appraisal should be concise and concrete in terms of specific examples of performance from which the more general factors can be inferred. The appraisal will justify the marks assigned in items 14, 15, and 16, above. In addition, the appraisal should include outstanding qualifications in any field such as the following: administration, planning, logistics, electronics, new weapons, and in dealing with the public in personal or official contacts. This space must not be left blank.*

18. NAME, GRADE, AND FILE NUMBER OF REPORTING OFFICER. OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON.

C. L. OLSON (2541), CDR, USCG — Commanding Officer

16—70100-1

NAVPERS-310 (Rev. 10-51)

WORK SHEET

REPORT ON THE FITNESS OF OFFICERS

Date submitted 11 April, 1956

THE OFFICER REPORTED ON WILL FILL IN THE FIRST FIVE SECTIONS:

1. NAME (Last)	(First)	(Middle)	Grade	USN (R)	Designator	File No.
PAYNE,	Shelbert	Ruel	LCC	USCG	-	224-016

2. SHIP OR STATION: USCGC MACKINAC (WAVP-372), St. George, Staten Island, N.Y.

DATE REPORTED PRESENT DUTY STATION: 24 January, 1955

3. PERIOD OF REPORT: FROM 11-2-55 TO 4-10-56

OCCASION FOR REPORT: Semi-annual ____ Detachment of Reporting Senior ____ Detachment of Officer ____ Appt. to warrant grade X

TYPE OF REPORT: Regular ____ Concurrent ____ Special X

4. REGULAR AND ADDITIONAL DUTIES. List all duties assigned, including watches. List courses of study or instruction carried on. After each item insert in parentheses number of months this reporting period.

Assistant to Damage Control officer

5. PROFICIENCY IN FOREIGN LANGUAGES, STATING WHICH ONES AND ABILITY THEREIN

None

Shelbert R. Payne
(Signature of officer reported on)

FOLLOWING TO BE FILLED IN BY THE REPORTING OFFICER:

6. EMPLOYMENT OF COMMAND DURING PERIOD OF THIS REPORT

7. REFERENCE HERE AND APPEND COPY OF ANY COMMENDABLE OR ADVERSE REPORTS ON THIS OFFICER RECEIVED DURING THE PERIOD OF THIS REPORT

8. PERFORMANCE. Assign marks on a scale of 0 to 4.0 on the appropriate qualifications listed, and on any other significant qualification, on which observation has been sufficient to justify marking. "PRESENT ASSIGNMENT" must always be marked where any other marks or comments relative to performance are made. A mark below 2.5 constitutes an adverse entry.

PRESENT ASSIGNMENT . . . ____	ABILITY TO COMMAND ____	AS STAFF OFFICER . ____
AS EXECUTIVE OR DIVISION OFFICER . ____	AS ____ (Type watch) WATCH OFFICER . ____	IN ADMINISTRATION ____
SHIP HANDLING . ____	TECHNICAL COMPETENCE IN ____ (State specialty) . ____	____

9. CONSIDERING THE POSSIBLE REQUIREMENTS OF WAR, INDICATE YOUR ATTITUDE TOWARD HAVING THIS OFFICER UNDER YOUR COMMAND. WOULD YOU

PARTICULARLY DESIRE TO HAVE HIM?	BE PLEASED TO HAVE HIM?	BE SATISFIED TO HAVE HIM?	PREFER NOT TO HAVE HIM? (Adverse)
____	____	____	____

10. IN COMPARISON WITH OTHER OFFICERS OF HIS GRADE AND APPROXIMATE LENGTH OF SERVICE, HOW WOULD YOU DESIGNATE THIS OFFICER?

OUTSTANDING ____	EXCELLENT ____	ABOVE AVERAGE ____	AVERAGE ____	BELOW AVERAGE ____

11. COMMENTS. Give in this space a concise appraisal of the officer reported on. Comment on any outstanding characteristics of value to the naval service, including ability to command and outstanding qualifications in any field such as administration, planning, logistics, electronics, new weapons, or new developments. Comment on observed skill in dealing with the public in personal or official contacts. Any mental, moral, or physical weaknesses which might affect his efficiency, or failure to meet qualifications normally expected of an officer of his grade and designation should be indicated. Any adverse entry made in any part of the report must be explained in this paragraph. *This space must not be left blank.*

12. NAME, GRADE, AND FILE NUMBER OF REPORTING OFFICER. OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON.

C. L. OLSON (2541), LCDR, USCG — Commanding Officer

16—63843a-2

USCGC MACKINAC (WAVP-371)

MINIMUM REQUIREMENTS FOR ALL HANDS

NAME Sheldon R. Payne SERIAL NO 324-016 RATE DCC

Initial of certifying officer of petty officer to be placed in second blank behind statement.

1. Know general data on vessel machinery & armament.		21. Know how to point and train the 5"38.	"
2. Know frame spacing and decks.		22. Know how to load, aim & fire a Garand.	"
3. Be familiar with compartmentation of vessel & numbering system for compartments & fittings.		23. Know how to load, aim & fire a Colt Automatic pistol.	"
4. Know difference between hatches, doors, manholes & scuttles.		24. Know how to set depth charges on SAFE.	"
5. Be familiar with Ship's Orders.		25. Know location of magazines and magazine keys.	"
6. Know the general requirements for security of classified material.		26. Know how to sprinkle all or any magazine(s) and know when sprinkling may be required.	"
7. Know the signals and action required for attention to port or starboard.		27. Know safety precautions in handling ammunition.	"
8. Know the location of all life ring buoys.		28. Know telephone talker procedure.	"
9. Know relative bearings.		29. Know how to take care of telephones & how to make them up for stowage.	"
10. Article 137, UCMJ.		30. Know location of pyrotechnic locker, impulse charges, detonators & safety precautions regarding them.	"
11. Know how to administer first aid and self aid.		31. Know location of all fire plugs and main cut-out valves.	
12. Survival in water.		32. Know location of all CO2 fire extinguishers & how to operate them.	
13. Know how to render artificial respiration.		33. Know location of all portable submersible pumps & how to operate them.	
14. Know necessity for conservation of fresh water on board ship & how fresh water is made.		34. Know location of electrical outlets for above pumps.	
15. Know how to lower away boats (how many turns on cleat and which direction).		35. Know location of all gasoline dirven handy billies & how to operate them.	
16. Know how to pass a stopper on boat falls.		36. Know how to make foam with a handy billy.	
17. Know how to release life rafts.		37. Know location & use of duplex pressure proportioners.	
18. Know how to throw a heaving line.		38. Know how to wear oxygen breathing apparatus; how to insert oxygen containers & precautions to be observed after using.	
19. Know how to tie a bowline, square knot and clove hitch.			
20. Act as helmsman on the bridge.			

OVER

55-56

USCGC MACKINAC (WAVP-371) 4 October 1955

1-9-5-5-

307-649	CANELL, James W.	Completed (2) two years creditable service for pay purposes effective 8/24/55	8/25	FO
309-967	ENNIS, James (n)	Completed (2) two years Creditable service for pay purposes effective 9/7/55	9/8	FO
307-787	FIELDS, Donald K.	Completed (2) two years creditable service for pay purposes effective 8/19/55	8/20	FO
310-055	GATRELL, Ralph F.	Completed (2) two years creditable service for pay purposes effective 8/24/55	8/25	FO
306-975	MILLER, Harry R.	Completed (4) four years creditable service for pay purposes effective 8/17/55	8/18	FO
2012-339	MULLEN, Francis O.	Completed (4) four years creditable service for pay purposes effective 6/21/55	6/22	FO
305-833	NICKERSON, Archer S.	Completed (2) two years creditable service for pay purposes effective 8/24/55	8/25	FO
224-016	PAYNE, Shelbert R.	Completed (16) sixteen years creditable service for pay purposes effective 9/24/55	9/25	FO
296-907	RAPHAEL, Curtis A.	Completed (2) two years creditable service for pay purposes effective 8/4/55	8/5	FO
310-165	SEVAHA, Donald (n)	Completed (2) two years creditable service for pay purposes effective 8/31/55	9/1	FO
312-431	SUAREZ, Jose E.	Completed (2) two years creditable service for pay purposes effective prior to ENL. in USCG	6/14	FO

R. F. HENDERSON, LCDR, USCG, XO

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88
(Amended Feb. 20, 1952)

TRAVEL VOUCHER

D. O. Vou. No. 5109

Bu. Vou. No. 03 2241

U. S. TREASURY DEPARTMENT *** COAST GUARD
(Department, bureau, or establishment)

Payee's name SHELBERT R. PAYNE

Mailing address CG BASE, ST. GEORGE
STATEN ISLAND, N.Y.

AS ABOVE
(Official duty station)

(Residence—For use by Postal Service employees only)

PAID BY
J. F. CANNON
CHIEF
DISBURSING OFFICER
FEB 11 1955
1375

Travel and other expenses in the discharge of official duty from 4 Jan. 1955 (Date) to 18 Jan. 1955 (Date) under authority No. #032612 dated 4 Jan. 1955, copy of which is attached, or has been previously furnished. I have a travel advance of $ _____ to which $ _____ of this voucher should be applied.

SHELBERT R. PAYNE MEMORANDUM 27 Jan. 1955
DCC(244-016)USCG

	DOLLARS	Cents
AMOUNT CLAIMED →	6	75
Differences:		
FS	6	75
NET AMOUNT TO TRAVELER	6	75

(For Administrative Use)

APPROVED: L.D. EDWARDS, CRMT, USCG
CHIEF, ENGINEERING DIV.

Total verified correct for charge to appropriation(s) (initials) _____

Applied to travel advance (appropriation symbol) _____

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

FEB 10 1955

MEMORANDUM [illegible] CHPCLK, USCG

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

20X0201	OPERATING EXPENSES, COAST GUARD			6.75
03-20-55	#032612	#03-210372	0211	6.75

JOB ORDER NO. 3077-55 and 3126-55

Paid by Check No. _____

Dated _____

MEMORANDUM

16—63078-2

PAYEE COPY

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19 55	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ XXXX cents per mile	AMOUNT CLAIMED: MILEAGE	SUBSISTENCE	OTHER
4 Jan.	-0820 Dep. St. George, SINY				
	-1000A rr. Gloucester, N.J.				
18 Jan.	-0920 Dep. Gloucester, N.J.				
	-1230 Arr. St. George, SINY				
	No delay or leave taken during the period covered by this claim.				
	PER DIEM CLAIMED AS FOLLOWS:				
	0820,1/4/55 to 2400,1/4/55 3/4 day @ $9.00 per day less $2.25 less $3.00			1 50	
	0001,1/18/55 to 1230,1/18/55 3/4 day @ $9.00 per day less $1.50			5 25	
	I certify that all of the above travel was performed via Gov't owned conveyance. I further certify that during the period covered by this voucher Gov't quarters as defined in Para. 1150-5 and Gov't mess as defined in Para. 1150-4 were not available except as indicated in endorsements by installation commanders. Subs and Qtrs available fm 1000, 1/4/55 to 0920, 1/18/55				
	Grand total to face of voucher → (Subtotals, to be carried forward if necessary)	$6.75	XXXX	XX XX	6 75	XX XX

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL: FROM—	TO—

UNITED STATES COAST GUARD

Commanding Officer
CG BASE, St. George
Staten Island, New York

4 January 1955

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: PAYNE, Shelbert R. (246-016) BM2

Subj: Orders; temporary additional duty; travel

Ref: (a) C3CGD/Speed ltr dtd 30 DEC 1954, P16-3/MM, Order No. 1436-55

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Commanding Officer, CG BASE, Gloucester, N.J., and other units in New Jersey and Delaware for assignment to temporary additional duty to expire on or about 31 January 1955.

2. Travel necessary to the execution of this orders is chargeable against Third CG District travel allotment symbol 03-20-210372, Authorization No. 032612, Job Order No. 3077-55 and 3126-55.

3. Travel is authorized via all modes.

4. No proceed time is allowed.

5. Government messing and berthing facilities will be utilized where available. Per diem as prescribed in paragraph 4205 JTR is authorized where applicable.

6. Upon completion of this temporary additional duty, you will report to this unit for resumption of your regular station and duty.

7. CO, CGBSTGEOSINY,, REMAINS ACCOUNTABLE.

8. Delivered and departed 0820, this date.

M.K. HUTCHINSON
By direction

FIRST ENDORSEMENT on CG BASE SINY ltr of 4 Jan 1955,
P16-3/MM

Copy to:
C3CGD(p)
C3CGD(f)
C3CGD(ecv)

CG BASE, Gloucester, N.J. 18 January 1955

1. Reported at 1100 4 January 1955.
2. Departed at 0920 18 January 1955. Quarters and messing facilities furnished while present at this unit.

J. MC MENAMIN

SECOND ENDORSEMENT
CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK 18 JANUARY 1955

1. Reported aboard this unit at 1230 this date and place in compliance with basic orders having completed temporary additional duty xxxix at Gloucester, New Jersey.

2. Government messing and berthing facilities were available and furnished while on this TAD.

3. Travel to and from Gloucester, New Jersey was via Government vehicle.

M.K. HUTCHINSON
By direction

Certified to be a true copy
M. K. HUTCHINSON, CHSCLK., USC
Personnel Officer

SECOND ENDORSEMENT
CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK 18 JANUARY 1955

1. Reported aboard this unit at 1230 this date and place in compliance with basic orders having completed temporary additional duty ~~xxdx~~ at Gloucester, New Jersey.

2. Government messing and berthing facilities were available and furnished while on this TAD.

3. Travel to and from Gloucester, New Jersey was via Government vehicle.

M.K. HUTCHINSON
By direction

Ind-3 OCCGD3, NEW YORK, NY DATE: FEB 10 1955
Voucher covering per diem as follows:
1-4-55 to & incl 1-4-55, 3/4 days @ $9.00 less 5.25 $ 1.50
1-18-55 to & incl 1-18-55, 3/4 days @ $9.00 less 5.25 $ 5.25
_____ to & incl _____, ____ days @ $_____ $_____
and local travel from _____ to _____
and reimbursement for travel as follows:
from: _____ to _____
from: _____ to _____
from: _____ to _____
_____ miles @ $____ per mile amt of $_____, and taxi fares, tips, etc., $_____: TOTAL AMOUNT OF $6.75
certified for payment this date in accounts of J. F. CANNON, CDO, Symbol 1375 on DOV 5109, BU VOU 03 2241

NO Bas

U S COAST GUARD
FINANCE OFFICE
JAN 26 1955
RECEIVED
NEW YORK, N.Y.

D. W. BOWLING, CPCLK, USCG
AUTHORIZED CERTIFYING OFFICER

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
CG BASE, St. George
Staten Island, N.Y.

24 January 1955
P16-3/MM

From: Commanding Officer, CG BASE, St. George, Staten Island, N.Y.
To: PAYNE, Shelbert R. (224-016) DCC, USCG

Subj: Orders; transfer

Ref: (a) CCGD3/SL dtd 1-13-55, P16-3/MM, Order No. 1557-55

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Commanding Officer, CGC MACKINAC (WAVP-371), St. George Base, Staten Island, New York, for assignment to duty.

2. No travel is authorized in the execution hereof.

3. No travel or proceed time is allowed.

4. You are handed herewith your service record, health record, and personnel data card for safe delivery to proper authority at destination. Your pay account will be forwarded.

5. CO, CGC MACKINAC IS ACCOUNTABLE UPON DETACHMENT.

6. Delivered and departed at 1145, this date and place.

J. R. HUTCHINSON
By direction

FIRST ENDORSEMENT
CO, CGB, ST. GEO., SINY

24 January 1955

1. Receipt of orders and records is hereby acknowledged.

Shelbert R. Payne
SHELBERT R. PAYNE

SECOND ENDORSEMENT
CGC MACKINAC (WAVP-371)

24 January 1955

1. Reported aboard at 1150 this date for assignment to duty in compliance with basic orders.

R. H. WELTON
Executive Officer

UNITED STATES COAST GUARD

Commanding Officer
CG BASE, St. George
Staten Island, N.Y.

1 November 1954
P16-4/MM

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: PAYNE, Shelbert R. (22h-016) DCC, USCG

Subj: Orders; temporary additional duty; travel

Ref: (a) C3CGD/Speed letter dtd 27 October 1954, P16-3/MM Order No. 928-55

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report on or about 1 November 1954, to the Commanding Officer, CG BASE, Gloucester, New Jersey and other units in New Jersey and Deleware for assignment to temporary additional duty to expire on or about 3 December, 1954.

2. Travel necessary for the execution of this order is chargeable against Third CG District travel allotment symbol 03-20-210372, Authorization No. 032125. Job No. 3077-55.

3. Travel is authorized via all modes.

4. No proceed time is allowed.

5. Government messing and berthing facilities willbe utilized where available. Per diem is authorized where applicable.

6. Upon completion of this temporary additional duty, you will return to this unit for resumption of your regular duty and station.

7. CO, CG BASE, ST. GEORGE, STATEN ISLAND, N.Y., REMAINS ACCOUNTABLE.

8. Dolivered and departed _____, this date.

M.K. HUTCHINSON
By direction

Copy to:
C3CGD(p)
Pay
File
CIV ENG SECT

43-55

ACCOUNT NO.

CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK (03-210372) 6 January 1955

1955

294-266	JONES, Edward M.	REG LV RATS fm 0900,12-24-54 to 0830,1-3-55. Nine(9)das reg lv chgd to lv acct. NOT AWOL.	12/25	1/2
306-362	DEMSKI, Andrew J.	REG LV RATS fm 0900,12-24-54 to 0830,1-3-55.Nine(9)das reg lv chgd to lv acct. NOT AWOL.	12/25	1/2
2 24-016	PAYNE, Shelbert R.	REG LV RATS fm 0900,12-20-54 to 0805,12-31-54. TEN(10) das reg lv chgd to lv acct. NOT AWOL.	12/21	12/30
258-661	SEXTON, James M.	REG LV RATS fm 0900,12/22/54 to 0830,1-3-55. Eleven(11) das reg lv chgd to lv acct. NOT AWOL.	12/23	1/2
276-461	PARKER, Goard C.	REG LV RATS fm 0900,12-24-54 to 0730,1-3-55.Nine (9)das reg lv chgd to lv acct. NOT AWOL.	12/25	1/2

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer,
CG Base, St. George,
Staten Island, N. Y.

7 September 1954
P16-4/MM

From: Commanding Officer, CG Base, St. George, Staten Island, New York
To: PAYNE, Shelbert R. (224-016) DCC, USCG
Subj: Orders; temporary additional duty; travel

Ref: (a) C3CGD/L dtd 1 September 1954, P16-3/MM, Order No. 452-55

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed on or about 7 September 1954, to Bellport, Long Island, N. Y., for assignment to temporary additional duty to expire on or about 17 September 1954.

2. Upon completion of this temporary additional duty you will return to this unit for resumption of your regular duty and station.

3. Travel necessary to the execution of this order is authorized chargeable against 3rd CG District travel allotment symbol 03-20-210372, authorization No. 031705. Job Order No. 3049-55.

4. Travel is authorized via all modes.

5. No proceed time is allowed.

6. Per diem as prescribed in paragraph 4205, JTR, is authorized.

7. CO, CG BASE, ST. GEORGE, STATEN ISLAND, N.Y., REMAINS ACCOUNTABLE.

8. Delivered and departed 1410, this date.

NOV 13 9 05 AM '54

M. K. HUTCHINSON
By direction

Copy to:
C3CGD(pers)
Pay
File
CIV ENG DIV

Ind. 4 OCCGD3, NEW YORK, NY DATE: NOV 12 1954

Voucher covering per diem as follows:

9-7	to & incl	9-7-54	1/2 days @ $	9.00	$ 4.50
9-8	to & incl	9-9-54	2 days @ $	9.00	$ 18.00
9-10	to & incl	9-10-54	3/4 days @ $	9.00	$ 6.75
			~13-14		$11.26

and local travel for
and reimbursement for travel as follows:
from: to
from: 3042
from: to
miles @ $ per mile amt of $ and taxi fares, tips, etc., $: TOTAL AMOUNT OF $ 40.50
certified for payment this date in accounts of J. F. CANNON, CDO, Symbol 1375 on DOV , BU VO 03 1358

D. W. BOWLING, CPCLK, USCG
Authorized Certifying Officer

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

Job Order No. 3089-55

DATE 19 54	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ 0.05 cents per mile	AMOUNT CLAIMED: MILEAGE	SUBSISTENCE	OTHER
7 Sept	Departed St. George, SINY - 1410				
7 Sept	Arrived Bellport, LINY - 1700				
14 Sept	Departed East Moriches, LINY - 0800				
14 Sept	Arrived St. George, SINY - 1030				
	PER DIEM CLAIMED AS FOLLOWS:				
	9/7/54 - 1/2 day @ $9.00 per day			4 50	
	9/8 to 9/9/54 - 2 days @ $9.00 per day			18 00	
	9/10/54 - 3/4 day @ $9.00 per day			6 75	
	9/13/54 - 3/4 day @ $9.00 per day			6 75	
	9/14/54 - 1/2 day @ $9.00 per day			4 50	
	Per Diem Status Terminated at 1700, 9/10/54				
	Per Diem Status Commenced at 0800, 9/13/54				
	I certify that during the period covered by this voucher Gov't quarters as defined in para. 1150-5 and Gov't mess as defined in para. 1150-4 were notavailable except on the following dates: NONE.				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →	$40.50	XXX	40 50	

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL: FROM—	TO—

†"Pullman accommodations: MR, ... room; DR, drawing room; CP, compartment; BR, ... room; DS, ... single occupancy section; LB, lower berth; UB, upper berth; DB, lower and upper berths; ...

9/14/54

E. Moriches, LINY

14 September 1954
P16-4/MM

FIRST ENDORSEMENT TO CO, CG Base, St. George ~~ESSEX~~ SINY ltr dtd 9-7-54, P16-4/MM

From: Commander, CG Group MORICHES
To: PAYNE, Shelbert R. (224-016) DCC, USCG

1. You reported aboard Bellport LBSTA, Bellport, LINY 1700, 7 September 1954 in accordance with basic orders for assignment to temporary additional duty.

2. Government subsistence and quarters were not available or furnished. Travel performed via Government conveyance.

3. Your TAD is completed as of this date. You are directed to return to ST. George Base, SINY for resumptiom of your regular duty status.

4. Delivered and departed 0800, from East Moriches, LINY.

P. A. WOODARD

Second Endorsement
CG Base, St. George, SINY.

Per diem Status Terminated at 1700, 10 September 1954
Per diem Status Commenced at 0800, 13 September 1954

Shelbert R. Payne.

- -

Third Endorsment
CG Base, St. George, SINY

14 September 1954

1. Reported this unit at 1030, this date for resumption of regular duty and status. Travel performed via government truck.

M. K. HUTCHINSON
By direction

U. S. COAST GUARD
FINANCE OFFICE
SEP 16 1954
RECEIVED
NEW YORK, N. Y.

30 November 1954
P16-3/MM

M& R Detachment
CG BASE
St. George, SINY

From: PAYNE, Shelbert R. (224-016)DCC
To: Commander, Third CG District (p)
Via: (1) Commanding Officer, CG BASE, St. George, SINY
(2) Commander, Third CG District (e)

Subj: Change of duty assignment; preference of; request for

1. I have been advised by competent authority that a change of duty assignment is contemplated for me in the near future. In the event this is true, I request consideration of preference for reassignment.

2. I am advised that the Damage Controlman on the CGC TAMAROA has requested transfer; if so, and if his transfer is effected, I request to be assigned to duty aboard the CGC TAMAROA.

3. My next preference of duty is to any unit in the Third CG District having Aids to Navigation activities, as I have nine (9) years experience with Aids to Navigation.

Shelbert R. Payne

FIRST ENDORSEMENT to PAYNE, Shelbert R.(224-016)DCC, USCG ltr of 11-30-54

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: Commander, 3rd CG District (e)

1. Forwarded approved. No disciplinary action pending in this case.

2. PAYNES's efficiency marks for the past six months are as follows:

PIR	ALOM	CONDUCT
3.8	3.8	4.0
3.8	3.8	4.0

F. FITCH
By direction

UNITED STATES COAST GUARD

Commanding Officer,
CG Base, St. George,
Staten Island, N. Y.

21 September 1954
P16-4/M1

From: Commanding Officer, CG Base, St. George, Staten Island, N. Y.

To: PAINE, Shelbert R. (224-016) BOC, USCG

Subj: Orders; temporary additional duty; travel

Ref: (a) C3CGD/Speed ltr dated 20 September 195 , P16-3/RR, Order No. 576-5

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Fire Island Lifeboat Station and all other units in the Short Beach Group for assignment to temporary additional duty to expire on or about 15 October 1954.

2. Upon completion of this temporary additional duty, you will return to this unit for resumption of your regular duty and station.

3. Travel necessary to the execution of this order is authorized chargeable against third CG District travel allotment symbol 03-20-2.0372, authorization No. 031803. Job Order No. 060-55.

4. Travel is authorized via all modes.

5. No proceed time is allowed.

6. Government subsistance and quarters are available and will be utilized while on temporary additional duty.

7. CO, CG BASE, ST. GEORGE, STATEN ISLAND, NEW YORK REMAINS ACCOUNTABLE.

8. Delivered and reported _____ for duty.

M. F. [illegible]
By direction

Copy to:
C3CGD(pers)
Pay
File
CIV LNO SLOT

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88
(Amended Feb. 20, 1952)

To St Georg Base

TRAVEL VOUCHER

D. O. Vou. No. 03 500

Bu. Vou. No. _____

U. S. TREASURY DEPT COAST GUARD
(Department, bureau, or establishment)

PAID BY

Payee's name SHELBERT R. PAYNE

Mailing address U. S. Const Guard Base
St. George, SINY

NSR DETACH
(Official duty station)

(Residence—For use by Postal Service employees only)

Travel and other expenses in the discharge of official duty from 6 July, 1954 (Date) to 16 July, 1954 (Date) under authority No. 031321 dated 1 July, 1954, copy of which is attached, or has been previously furnished. I have a travel advance of $ 135.00 to which $ 135.00 of this voucher should be applied.

SHELBERT R. PAYNE (224-01 MEMORANDUM 7/20/54

	DOLLARS	Cents
AMOUNT CLAIMED →	92	25
(For Administrative Use) Differences:		
APPROVED: L. D. EDWARDS, CAPT, USCG Chief, Engineering Division		
Total verified correct for charge to appropriation(s) (initials) (LJ)	92	25
Applied to travel advance (appropriation symbol) 20X0201 2420 03-210372	(135	00)
NET AMOUNT TO TRAVELER	(42	75)

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. Bu Seh 03-50 80, paid 7/7/54 (Month—year) by J. F. CANNON, CDO, SYH 2375 (Insert name and symbol of disbursing officer)

MEMORANDUM C. C. WEST, PCIK, USCG

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

20X0201	Operating Expenses, Coast Guard			(42.75)
03-20-55	#031321	03-210372	0211 2420	92.25 (135.00)

Collection Received by
No. 03-154 dated 8/19/54

E. SAMUELS
Collection Clerk
3rd CG District

Paid by Check No. _____

Dated _____

MEMORANDUM

16—63078-2 ST. GEO BASE (INDUST. ACCTS) COPY.

P
1 July 1954
P16-3/MM
2-55

From: Commander, Third CG District
To: PAYNE, Shelbert R. (224-016) DCC(P), USCG
Via: Commanding Officer, CG BASE, St. George, Staten Island, N. Y.

Subj: Orders; temporary additional duty; travel

1. You are hereby directed to proceed and report on or about 6 July 1954, to the BURLINGTON LIGHT ATTENDANT STATION, Burlington, Vermont, for assignment to temporary additional duty to expire on or about 16 July 1954.

2. Upon completion of this temporary additional duty, you will return to the CG BASE, St. George, Staten Island, N. Y., for resumption of your regular station and duty.

3. Travel necessary to the execution of this order is chargeable against Third CG District allotment symbol 03-20-210372, authorization No. 031321. Job Order No. 3770-54

4. Travel is authorized via all modes.

5. No proceed time allowed.

6. Per diem as prescribed in paragraph 4205, JTR, is authorized.

7. CO, CG BASE, ST. GEO., SINY., REMAINS ACCOUNTABLE.

/s/
R. J. CARSON
By direction

Copy to:
Pers
Pay
Class
File
B&A
CIV ENG SECT

2nd End. 03 50 6 July 1954

Paid $135.00 advance Per Diem, at the rate of $9.00 per day for 15 days.

/s/
G. C. WERTH, PCLK,, USCG
Authorized Certifying Officer

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19 54	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ XXX cents per mile	AMOUNT CLAIMED Mileage	Subsistence	Other
6 Jul:	Dptd. CG Base, St. George, S-NY - 1300.				
7 Jul:	Rptd. LAS, Burlington, Vt. - 1000.				
16 Jul:	Dptd. LAS, Burlington, Vt. - 0800.				
	Rptd. CG Base, St. George, S-NY - 1345.				
	No delay or leave taken during above period:				
	ALL TRAVEL PER OWNED VIA GOVERNMENT OWNED VEHICLE.				
	PER DIEM CLAIMED AS FOLLOWS:				
	1300-6 July, 1954 to 1345-16 July, 1954, 10-1/4 @ $9.00			92 25	
	I certify that govt. qtrs as defined in para 1150-5 JTR and govt. messing facilities as defined in para 1150-4 JTR were not avail. on any date during period covered by this voucher				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →	$92.25	XXX	92 25	

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

(Not to be claimed by traveler)

Transportation Request Number	Agent's Valuation of Ticket	Initials of Carrier Issuing Ticket	Mode and Class of Service†	Date Issued	Points of Travel From—	Points of Travel To—

†"Pullman accommodations: MR, master room[illegible] roomette; SOS, single compartment

INFORMATION FOR MILITARY SERVICE RECORDS
Name used in Service (Please Print): Payne, Shelbe
Branch of Service: Army, Air Force, Army, Marines, Coast Guard, Unknown
Type of Rank: Enlisted, Officer, Unknown
Date & Place of Death: 2000
Other Identifying Information (Parent's Names, CSC Num
Researcher Signature:
Appointment Time and Date
CMRS Service Request Num
CMRS Search Request Num
SCREE
Reviewed and Nothing Removed
Hold Requested: Yes No
Additional charge outs and signa
NATIONAL ARCHIVES A
— 1957 —
Burns, Andrew
Email Address: athg4@umsl.edu

FIRST ENDORSEMENT
CG Base, St. Geo., SINY

6 July 1954

1. Delivered and departed 1300, this date.

/s/
M. K. HUTCHINSON
By direction

---

7 July 1954

SECOND ENDORSEMENT
Burlington LAS, Burlington, Vermont

1. Arrived at 1000 this date according to basic orders. No subsistence or quarters available while attached to this unit.

/s/
Rolla W. Hill, Lt. Att'd.
Officer in Charge

---

16 July, 1954

THIRD ENDORSEMENT
Burlington LAS, Burlington, Vt.

1. Departed this unit 0800 this date. No quarters or subsistance available while attached this unit.

/s/
Rolla W. Hill, Lt. Att'd
Officer In Charge

CG Base, St. Geo.,SINY

16 July 1954

FIFTH ENDORSEMENT

1. Reported this unit at 1345, this date for resumption of regular duty and station. Travel performed via (government conveyance)~~(privately owned conveyance at own expense)~~.

/s/
M. K. HUTCHINSON
By direction

Certified to be a true copy

M. K. HUTCHINSON, CHSCLK, USCG
Personnel Officer

COPYMATE II

TREASURY DEPARTMENT
U. S. COAST GUARD CG-2688 REV. (7-50)
Form approved by Comptroller General, U. S.
June 13, 1950

COLLECTION RECEIPT

DATE: 8-19-54

No. 63511

RECEIVED FROM:
Shelbert R. Payne (224-016) DCC(P)
Via: ADO, 3rd CG District

RECEIVED AT:
3rd CG District(03)
NY 13

THE SUM OF FORTY-TWO AND ---------- 75/100 DOLLARS $ 42.75

PURPOSE OF COLLECTION: Refund for overpayment of adv. travel. Advanced $135.00 Authority BuSched 03-50;DOV 80, paid 7/7/54. Settlement on Bu Vou 03-500 in the amt. of $42.75. Actual travel amt. $92.25. Accts. of J.F. Cannin, CDO, symbol 1375.

REMITTANCE BY:	NUMBER	AMOUNT	CREDIT	
			APPROPRIATION OR FUND SYMBOL	ACCOUNT CLASSIFICATION
CHECK				
P. O. M. O. 2-21	346,948	$42.75	20X0201	03-20-55 S.R.PAYNE 2420
CASH	xxxxxxxxxx			
DEPOSIT MADE BY:	NUMBER	DATE		
(C/D FORM 209)	03-132	8-19-54		

E. Samuels, Collection Clerk, 3rd CG District
NAME AND TITLE OF RECEIVING OFFICER

U. S. GOVERNMENT PRINTING OFFICE 16—62051-1

SHELBERT R. PAYNE (224-016) 8/19/54

MEMORANDUM

	DOLLARS	Cents
AMOUNT CLAIMED →	92	25
Differences:		
(LJ)	92	25
	(135	00)
NET AMOUNT TO TRAVELER	(42	75)

(For Administrative Use)

APPROVED: L. D. EDWARDS, CAPT, USCG
Chief, Engineering Division

Total verified correct for charge to appropriation(s) (initials) (LJ)

Applied to travel advance (appropriation symbol) 20X0201 2420 03-210372

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. Bu Sch 03-50 80, paid 7/7/54 (Month—year) by J.F. CANNON PAUL B. LAWRENCE, CDO, SYM 1375
(Insert name and symbol of disbursing officer)

AUG 18 1954

MEMORANDUM

C. W. WERTH, PCIK, USCG

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

20X0201	Operating Expenses, Coast Guard			(42.75)
03-20-55	#031321	03-210372	0211	92.25
			2420	(135.00)

Collection deposited by C. D.
No. 03-132 Dated 8/19

Paid by Check No.

Dated

E. SAMUELS
Collection Clerk
3rd CG District

MEMORANDUM

16—63078-2

PAYEE COPY

Comptroller General
November 7, 1950
General Regulations No. 88
(Amended Feb. 20, 1952)

PAID BY

U. S. TREASURY #### COAST GUARD
(Department, bureau, or establishment)

Payee's name SHELBERT R. PAYNE

Mailing address U. S. Coast Guard Base
St. George, SINY

M&R DETACH
(Official duty station)

(Residence—For use by Postal Service employees only)

Travel and other expenses in the discharge of official duty from 6 July, 1954 (Date) to 16 July, 1954 (Date) under authority

No. 031321 dated 1 July, 1954, copy of which is attached, or has been previously furnished. I have a

travel advance of $ 135.00 to which $ 135.00 of this voucher should be applied.

	DOLLARS	Cents
SHELBERT R. PAYNE (22h-OI MEMORANDUM 54 AMOUNT CLAIMED →	92	25
(For Administrative Use) Differences:		
APPROVED: L. D. EDWARDS, CAPT, USCG Chief, Engineering Division		
Total verified correct for charge to appropriation(s) (initials) (LJ)	92	25
Applied to travel advance (appropriation symbol) 20X0201 2420 03-210372	(135	00)
NET AMOUNT TO TRAVELER	(42	75)

The next previous voucher paid under the same travel authority was:

Bu Sch 03-50
D. O. Vou. No. 80, paid 7/7/54 (Month—year) by J.F. CANNON [illegible], CDO, SYM 1375
(Insert name and symbol of disbursing officer)

AUG 18 1954

MEMORANDUM C. C. WERTH, PCIK, USCG

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

20X0201	Operating Expenses, Coast Guard			(42.75)
03-20-55	#031321	03-210372	0211	92.25
			2420	(135.00)

Collection deposited by C. D.
No. 03-1336 dated 8/19/54

Paid by Check No. [illegible]

Dated [illegible]

E. SAMUELS
Collection Clerk
3rd CG District

MEMORANDUM

16—63078-2

PAYEE COPY

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19 54	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ XXX cents per mile	AMOUNT CLAIMED — MILEAGE	SUBSISTENCE	OTHER
6 Jul:	Dptd. CG Base, St. George, S-NY - 1300.				
7 Jul:	Rptd. LAS, Burlington, Vt. - 1000.				
16 Jul:	Dptd. LAS, Burlington, Vt. - 0800.				
	Rptd. CG Base, St. George, S-NY - 1345.				
	No delay or leave taken during above period:				
	ALL TRAVEL PERFORMED VIA GOVERNMENT OWNED VEHICLE.				
	PER DIEM CLAIMED AS FOLLOWS:				
	1300-6 July, 1954 to 1345-16 July, 1954, 10-1/4 @ $9.00			92 25	
	I certify that govt. qtrs as defined in para 1150-5 JTR and govt. messing facilities as defined in para 1150-4 JTR were not avail. on any date during period covered by this voucher				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →	$92.25	XXX	92 25	

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL — FROM—	TO—

(Gen. Reg. No. 51, Supp. No. ...
(Amended February 20, 1952)

U.S. TREASURY DEPARTMENT ***** COAST GUARD
(Department, bureau, or establishment)

Voucher prepared at New York, N.Y. 7-6-54
(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To SHELBERT R. PAYNE
(Payee)

U.S. Coast Guard Base, St. George, Staten Island, N.Y.
(Address) (City) (State)

PAID BY
J. F. CANNON
CHIEF
DISBURSING OFFICER
JUL - 7 1954
1375

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Discount Terms					
		For travel advance as per travel Order No. 031321 dated 1 July, 1954, certified copy of which is attached hereto.				135	00
PAYMENT: Complete ☐ Partial ☐ Final ☐		Use continuation sheet(s) if necessary			Total	135	00

Shipped from to Weight Government B/L No.

(Payee must NOT use this space)

Differences

SIGNATURE NOT REQUIRED

Amount verified; correct for 135 00

(Signature or initials) ...

Contract No. Date Req. No. Date Invoice Rec'd.

135.00

G. C. WERTH, PCLK., USCG

MEMORANDUM

6 July 1954

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

20X0201 Operating Expenses, Coast Guard 135.00

03-20-54 #031321 03-210372 2420 135.00

Paid by { Check No. ... dated ..., 19..., for $... } on Treasurer of the United States in favor of payee named above.
{ Cash, $..., on ..., 19... }

PAYEE COPY

FIRST ENDORSEMENT
CG Base, St. Geo., SINY

6 July 1954

1. Delivered and departed 1300, this date.

M. K. HUTCHINSON
By direction

---

7 July, 1954

SECOND ENDORSEMENT
Burlington LAS, Burlington, Vermont

1. Arrived at 1000 this date according to basic orders. No subsistance or quarters available while attached to this unit.

Rolla W. Hill, Lt. Att'd.
Officer In Charge

---

16 July, 1954

THIRD ENDORSEMENT
Burlington LAS, Burlington, Vt.

1. Departed this unit 0800 this date. No quarters or subsistance available while attached this unit.

Rolla W. Hill, Lt. Att'd.
Officer In Charge

CG Base, St. Geo., SINY
FIFTH ENDORSEMENT

16 July 1954

1. Reported this unit at 1345, this date for resumption of regular duty and station. Travel performed via (government conveyance) ~~(privately owned conveyance at own expense)~~.

UNITED STATES COAST GUARD

RECEIVED
JUL 6 8 16 AM '5
COAST GUARD
ST. GEORGE, S.I.

ADDRESS REPLY TO:
COMMANDER
3RD COAST GUARD DISTRICT
80 LAFAYETTE ST.
NEW YORK 13, N.Y.

p
1 July 1954
P16-3/MM
2-55

From: Commander, Third CG District
To: PAYNE, Shelbert R. (224-016) DCC(P), USCG
Via: Commanding Officer, CG BASE, St. George, Staten Island, N. Y.

Subj: Orders; temporary additional duty; travel

1. You are hereby directed to proceed and report on or about 6 July 1954, to the BURLINGTON LIGHT ATTENDANT STATION, Burlington, Vermont, for assignment to temporary additional duty to expire on or about 16 July 1954.

2. Upon completion of this temporary additional duty, you will return to the CG BASE, St. George, Staten Island, N. Y., for resumpiton of your regular station and duty.

3. Travel necessary to the execution of this order is chargeable against Third CG District allotment symbol 03-20-210372, authorization No. 031321. Job Order No. 3770-54

4. Travel is authorized via all modes.

5. No proceed time allowed.

6. Per diem as prescribed in paragraph 4205, JTR, is authorized.

7. CO, CG BASE, ST. GEO., SINY., REMAINS ACCOUNTABLE.

R. J. Carson
R. J. CARSON
By direction

Copy to:
Pers
Pay
Class
File
B&A
CIV ENG SECT

2nd End. 03 50 6 July 1954

Paid $135.00 advance Per Diem, at the rate of $9.00 per day for 15 days.

G. C. WERTH, PCIK., USCG
Authorized Certifying Offfcer

SIXTH ENDORSEMENT
Date AUG 18 1954
CCGD3 (f), New York, N.Y.

SF 1012 liquidating advances under these orders in net amount of $42.75 due the government certified this date and collection of $42.75 processed for deposit by Accounting Section, 3rd CGD on C/D No. _____.

G. C. WERTH, PCIK, USCG
AUTHORIZED CERTIFYING OFFICER

73-55

CG BASE ST. GEORGE, SINY

Accounting No
(03-210372)

13 August 1954

1954

(I)

224-016 PAYNE, Shelbert R.

LV RATS FM 0900 7/19/54 to 0900 8/12/54, twenty-three (23) das reg lv chgd to LV ACCT, NOT AWOL. 7/20 8/11

Above change supersedes and cancels any entries made on military pay order no. 38-55.

M. K. HUTCHINSON, CHSCLK, USCG

LV RATS NO. 38-55 has been red lined at DIST pay office. Not entered on Lv ACCT.

LV RATS NO. 73-55 was destroyed in lieu of new lv rats no. 73-55.
(23) das chgd to lv acct.

[redacted] 73 [redacted] 74-55

CG BASE ST. GEORGE, SINY

Accounting No
(03-210372)

13 August 1954

1954

(I)

224-016 [redacted] R. LV RATS FM 0900 7/8/54 to 0715 8/12/54, twenty-three (23) das reg lv chgd to LV ACCT, NOT AWOL. 7/9 8/11

M. K. HUTCHINSON, CHSCLK, USCG

38-55

CG BASE ST. GEO, SINY

Accounting No
(03-210370)

20 July 1954

1954

(I) 224-016	PAYNE, Shelbert R.	LV RATS FM 0900 7/8/54 to 1045 7/19/54, eleven (11) das reg lv ~~EXCHGE~~ chgd to LV ACCT, NOT AWOL.	7/9	7/19
(O) 217-381	TABILLA, Tomas A.	LV RATS FM 0815 7/7/54 to 0900 7/19/54, eleven (11) das reg lv chgd to LV ACCT, NOT AWOL.	7/8	7/18
(I) 278-231	LEDFORD, Edward E.	LV RATS FM 0950 7/6/54 to 0900 7/19/54, twelve (12) das chgd to LV ACCT, NOT AWOL.	7/7	7/18

M. K. HUTCHINSON,CHSCLK,USCG

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
3RD COAST GUARD DISTRICT
80 LAFAYETTE ST.
NEW YORK 13, N. Y.

RECEIVED
JUN 30 8 40 AM '54
P S. COAST GUARD
S E
ST. GEORGE, S. I.

28 June 1954
P16-4/MM
3795-54

From: Commander, Third CG District
To: PAYNE, Shelbert R. (224-016) DCC(P), USCG
Via: Commanding Officer, CG BASE, St. George, Staten Island, N. Y.

Subj: Orders; temporary additional duty; travel

1. You are hereby directed to proceed and report on or about 29 June 1954, to the SHORT BEACH LIFEBOAT STATION, Freeport, N. Y., and to the ATLANTIC BEACH LIFEBOAT STATION, Atlantic Beach, N. Y., for assignment to temporary additional duty to expire on or about 2 July 1954.

2. Travel necessary to the execution of this order is chargeable against Third CG District travel allotment symbol 03-20-210372, authorization No. 034602. Job Order No. 3775-54.

3. Travel is authorized via all modes.

4. No proceed time allowed.

5. Upon completion of this temporary additional duty, you will return to the CG BASE, St. George, Staten Island, N. Y., for resumption of your regular station and duty.

6. Government subsistence and quarters are available and will be furnished.

7. CO, CG BASE, ST. GEO., SINY., REMAINS ACCOUNTABLE.

R. J. Carson
R. J. CARSON
By direction

Copy to:
Pers
Pay
Class
File
B&A
CIV ENG DIV

CG Base, St. George, SINY 29 June 1954 1030/2

FIRST ENDORSEMENT

1. Delivered and departed at 1330, this date.

M. K. HUTCHINSON
By direction

SECOND ENDORSEMENT 2 July 1954
SHORT BEACH LBSTA
Freeport, New York

Reported aboard this unit 1500, 29 June 1954 fm CG BASE, SINY for TAD.
Departed 1230, this date and place. TAD Completed.
Subsistence and quarters were available and furnished.

L.G. FARROW, BMLC, OIC

UNITED STATES COAST GUARD

RECEIVED
MAR 11 8 42 AM '54
U.S. COAST GUARD
B A S E
ST. GEORGE, S.I.

Address reply to:
COMMANDER
3rd CG District
80 Lafayette St.
New York 13, N. Y.

P
10 March 1954
P16-4/MM
2567-54

From: Commander, Third CG District
To: **PAYNE, Shelbert R. (224-016) DCC, USCG**
Via: Commanding Officer, CG BASE, St. George, Staten Island, N. Y.

Subj: Orders; temporary additional duty, travel

1. You are hereby directed to proceed and report, on or about 12 March 1954, to the ATLANTIC BEACH LIFEBOAT STATION, Atlantic Beach, Long Island, N. Y., for assignment to temporary additional duty, to expire on or about 9 April 1954.

2. Upon completion of this temporary additional duty, you will return to the CG Base, St. George, Staten Island, N. Y., for resumption of your regular station and duty.

3. Travel necessary for the execution of this order is required by the public interests and is authorized chargeable against Third CG District travel allotment symbol 03-20-210371, authorization No. 033713 . Job Order No. 3744-54.

4. Travel is authorized via all modes.

5. No proceed time allowed.

6. Government subsistence and quarters are available and will be furnished at the ATLANTIC BEACH LIFEBOAT STATION. However, if at any time government subsistence and quarters are not available, per diem as prescribed in paragraph 4205, JTR, is authorized.

for R. J. Carson, LT
E. T. CALAHAN
By direction

Copy to:
Pers
Pay
Class
File
B&A
ENG DIV

FOURTH ENDORSEMENT

Rockaway Lifeboat Station
Fort Tilden 95, New York

25 May 1954
F16

1. Reported aboard this unit 1245 above date in compliance with basic orders.

O. Estelle
O. ESTELLE

- -

FIFTH ENDORSEMENT

Rockaway Lifeboat Station
Fort Tilden 95, New York

1 June 1954

1. Departed 0900 this date. TAD completed. Subsistance and Quarters avalible and furnished while attached. All travel performed by Government Conveyance.

O. Estelle
O. ESTELLE

- -

1 June 1954

SIXTH ENDORSEMENT
CG Base, St. George, SINY

1. Reported this unit at 1000, this date for resumption of regular duty and status.

M. K. HUTCHINSON
By direction

CG Base, St. George, Staten Island, N.Y.

11 March 1954
P16-4/MM

FIRST ENDORSEMENT

1. Orders forwarded to Officer-in-Charge, ATLANTIC BEACH LIFEBOAT STATION, Atlantic Beach, Long Island, N.Y., for compliance. No travel performed from St. George, SINY to Atlantic Beach, Long Island, N. Y.

F. Fitch

F. FITCH, LT.
By direction

Atlantic Beach LBSta.,Atlantic Beach, N.Y.

12 March 1954
File: P16

SECOND ENDORSEMENT

1. Reported at 1330 this date for assignment to T.A.D., from T.A.D. at Oak Island, N.Y.

2. Travel was performed via government conveyance.

3. Subsistance and quarters were not available nor furnished while attached to Oak Island, N.Y.

H. M. Joynes

H. M. JOYNES

THIRD ENDORSEMENT

Atlantic Beach LBSta.
Atlantic Beach, N.Y.

25 May 1954

1. Delivered and departed at 1200 this date for assignment to T.A.D. at Rockaway LBSta.

2. Subsistance and quarters were available and furnished while attached to this Unit.

H. M. Joynes

H. M. JOYNES, BOSN.

XXXX 636-54

Accounting No
(03-210370)

CG BASE ST. GEORGE, SINY

30 June 1954

1954

(I)
224-016 PAYNE, Shelbert R.

LV RATS fm 1030 6/1/54 to 0705 6/29/54, twenty seven (27) das chgd to LV ACCT, NOT AWOL. 6/2 6/28

M. K. HUTCHINSON, CHSCLK, PO

472-54

Accounting No. 03-210370

Coast Guard Base, Saint George, Staten Island, New York April 9, 1954

1954

294-791	CARMEAN, Herman C.	DPTD: 1000, 2-9-54 to 41st Street & 2nd Ave., Bklyn, N.Y. for TAD. AUTH: C3CGD/L dtd 2-1-54, P16-4/MM, Order No. 2149-54.	2/9	XX
244-016	PAYNE, Shelbert R.	DO	DO	
294-791	CARMEAN, Herman C.	RPTD: 1315, 2-23-54 for res-reg-du, TAD at 41st Street & 2nd Ave., Bklyn, N.Y. terminated. AUTH: C3CGD/L dtd 2-1-54, P16-4/MM, Order No. 2149-54.	2/23	
244-016	PAYNE, Shelbert R.	DO	DO	
		NO GOVERNMENT QUARTERS OR SUBSISTENCE AVAILABLE OR FURNISHED.		
		Entitled to receive Subsistence Allowance of 2.51 and Quarters Allowance of 1.71 per day while on TAD at 41st Street & 2nd Ave., Bklyn,NY AUTH: C3CGD/L dtd 2-1-54, P16-4/MM, Order No. 2149-54.		

F. FITCH, LT., USCG

UNITED STATES COAST GUARD
1 BAY STREET
ST. GEORGE, STATEN ISLAND, N.Y.

ADDRESS REPLY TO
COMMANDING OFFICER
COAST GUARD BASE
REFER TO FILE:



4 January 1954
P16-4/MM

From: Commanding Officer, CG Base, St. George, Staten Island, New York
To: PAYNE, Shelbert R. (224-016) DCC, USCG

Subj: Orders, temporary additional duty, travel

Ref: (a) CCGD3 ltr. dtd 30 December 1953, P16-4/MM, Order No. 1848-54

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Officer-in-Charge, Moriches Lifeboat Station, East Moriches, Long Island, N.Y., on temporary additional duty to expire on or about 5 February 1954.

2. Upon completion of this temporary additional duty, you will return to this unit for resumption of your regular duty.

3. Travel necessary for the execution of this order is required by the public interests and is authorized, chargeable against 3rd CG District travel allotment symbol 03-20-210371, Authorization No. 032704.

4. Travel is authorized via all modes.

5. No proceed time is allowed.

6. Subsistence and Quarters are available and will be furnished at the Lifeboat Station.

7. CO, CG BASE, ST. GEORGE, SINY WILL REMAIN ACCOUNTABLE.

8. Delivered and departed 1030, this date.

G. Garrett

G. GARRETT
By direction

Copy to:
C3CGD(p)
Pay
File
ENG DIV

FIRST ENDORSEMENT 4 January 1954

I hereby acknowledge receipt of basic orders and understand contents therein.

Shelbert R. Payne

Shelbert R. Payne

RPTD 1155 2/8/54

1 February 1954

SECOND ENDORSEMENT TO CO, ST. GEO. BASE SINY ltr dtd 4 January, 1954, P16-4/MM

From: Commander, CG Group MORICHES
To: PAYNE, Shelbert R. (224-016) DCC, USCG.

Subj: Temporary additional duty, ammendments to; termination of

Ref: (a) C3CGD/L dtd 1-27-54, P16-4/MM

1. Reported to this Command in compliance with basic orders on 4 January 1954 at 1430 for Temporary additional duty. In accordance with reference (a) you are to proceed to Short Beach Lifeboat Station, TAD, to expire on or about 2-5-54. Temporary additional duty at Moriches LBSTA is completed this date.

2. Subsistence and quarters were available and furnished while attached to this Command.

3. Travel from St. George, SINY to E. Moriches, N.Y. was performed via Government conveyance.

4. Delivered and departed 0600, this date. EDA: Short Beach LBSTA, Freeport, N.Y. 2-1-54.

C.M. THOMAS

THIRD ENDORSEMENT
SHORT BEACH LBSTA
Freeport, New York

1 February 1954

1. Reported aboard this unit 0800 in compliance with orders this day for TAD.

2. Subs and quarters were available and furnished while attached to this unit.

3. Travel from E. Moriches, N.Y. to SHORT BEACH LBSTA was performed via Govt. vehicle.

4. Departed 1000, 8 February 1954. TAD completed.

~~L.C. FARROW~~
~~Officer-in-Charge~~

FOURTH ENDORSEMENT
CG Base, St. Geo., SINY

8 February 1954

1. Reported this unit at 1155, this date for resumption of regular duty and status. Travel performed via Govt. vehicle.

G. GARRETT, LT.
By direction

RECEIVED
Nov 16 9 04 AM '53
U. S. COAST GUARD
B A S E
ST. GEORGE, S. I.

UNITED STATES COAST GUARD

Address reply to:
COMMANDER
3rdCG DISTRICT
80 LAFAYETTE ST.
NEW YORK 13, N. Y.

P
10 November 1953
P16-4/MM
1390-54

From: Commander, Third CG District
To: PAYNE, Shelbert R. (224-016) DCC, USCG
Via: Commanding Officer, CG BASE, St. George, Staten Island, N. Y.

Subj: Orders; temporary additional duty, travel

1. You are hereby directed to proceed and report, on or about 17 November 1953, to the Officer in Charge of the Moriches and Short Beach Lifeboat Stations for assignment to temporary additional duty, to expire on or about 21 December 1953.

2. Upon completion of this temporary additional duty, you will return to the CG Base, St. George, Staten Island, New York, for resumption of your regular duty.

3. Travel necessary for the execution of this order is required by the public interests and is authorized, chargeable against Third CG District travel allotment symbol 03-20-210671, authorization No. 032346.

4. Travel is authorized via all modes.

5. No proceed time is allowed.

6. Government subsistence and quarters are available and will be furnished at the Moriches and Short Beach Lifeboat Stations.

7. CO, CG BASE, ST. GEO., SINY WILL REMAIN ACCOUNTABLE.

E. T. Calahan
E. T. CALAHAN
By direction

Copy to:
Pers
Pay
Class
File
B&A
Eng Div

CG Base, St. George, SINY 17 November 1953

FIRST ENDORSEMENT

1. Delivered and departed 1420, this date.

G. GARRETT
By direction

---

17 November 1953

SECOND ENDORSEMENT

1. Receipt of basic orders acknowledged and contents therein understood.

Shelbert R. Payne

---

2 December 1953
P16-4/MM

THIRD ENDORSEMENT ON CDR. THIRD CG DISTRICT ltr dtd, 10 NOVEMBER 1953, P16-4/MM.

From: Officer-in-Charge, Moriches Lifeboat Station
To: PAYNE, Shelbert R. (224-016) DCC, USCG.

Subj: TAD; Shark River LBSTA, Avon, N.J.

Ref: (a) CCGD3/D R012225Z (December 1953)

1. In accordance with reference (a) you are directed to proceed to the Shark River Lifeboat Station, Avon, N.J. for temporary additional duty of approximately one (1) weeks duration. Upon completion of this TAD, you will return to this unit and comply with basic orders.

2. Reported to this unit 2000, 17 November 1953 on TAD. Subsistence and quarters were available and furnished while attached to this unit. Travel from St. George, SINY, to E. Moriches, N.Y. performed via Government Owned vehicle.

3. Delivered and departed 1000 this date ad place. EDA: 12-2-53.

W. L. LANE BM1
OFFICER-in-CHARGE (ACTING)

FOURTH ENDORSEMENT
Shark River Lifeboat Station

2 December, 1953
P16-4/MM

Reported this unit 1515 this date in compliance with reference (a) of third endorsement.

William J. Sturgis

FIFTH ENDORSEMENT
Shark River Lifeboat Station

11 December, 1953
P16-4/MM

From: Officer in Charge, Shark River Lifeboat Station
To: PAYNE, Shelbert R. (224-016) DCC USCG

Subj: TAD; Monmouth Beach Lifeboat Station, Monmouth Beach, N.J.

Refe: (a) CCGD3/D R102108Z (December 1953)

1. In compliance with reference (a) you are directed to proceed to Monmouth Beach Lifeboat Station for further TAD to expire on or about 24, December, 1953, upon completion resume regular duties.

2. Subsistance and quarters were available and furnished while attached this unit.

3. TAD completed and departed 1315, this date.

William O. Sturgis

SIXTH ENDORSEMENT
MONMOUTH BEACH LB STATION:

11 December, 1953

Reported this unit at 1400 this date, for TAD.
Depated this unit at 0830 24 December, 1953. TAD completed. Subsistance and quarters furnished while attached.

BYRON E. MATHIS

SEVENTH ENDORSEMENT CG Base, St. George, SINY 24 December 1953

1. Reported aboard 1000, this date for resumption of regular duty status. Temporary additional duty being terminated.

G. GARRETT
By direction

182-54

Accounting No. 03-210370

Coast Guard Base, Saint George, Staten Island, New York 1 December 1953

1953

291-774	HANDSLEY, James H.	C/R from SA to SN, effective 1 December 1953. AUTH: (a) Your recommendation dated 11/13/53, file P17-2. (b) Article 5-C-2, Personnel Manual.	12/1	XXX
295-550	KUPRIS, Richard W.	C/R from SK3(P) to SK2(P), effective 1 December 1953. AUTH: (a) H/L (PE-1) dtd 11/24/53, file MM.	12/1	XXX
284-712	LEWIS, Stanley F. S/R	C/R from EM3(P) to EM2(P), effective 1 December 1953. AUTH: (a) H/L (PE-1) dtd 11/24/53, file MM.	12/1	XXX
221-016	PAYNE, Shelbert R.	C/R from DCC(P) to DCC, effective 1 December 1953. AUTH: (a) H/L (PE-1) dtd 11/20/53, file MM.	12/1	XXX
291-796	SACCO, Anthony P.	C/R from EM3(P) to EM2(P), effective 1 December 1953. AUTH: (a) H/L (PE-1) dtd 11/24/53, file MM.	12/1	XXX

C. GARRETT, LT., USCGR

UNITED STATES COAST GUARD

Address reply to:
COMMANDER
3rd Coast Guard District
80 Lafayette Street
New York 13, N. Y.

P
27 November 1953
P17-2/MM

From: Commander, Third Coast Guard District
To: Commanding Officer, CG Base, St. George, Staten Island, N. Y.
Via:

Subj: Personnel; permanent appointments

Ref: (a) H/L (PE-1) dtd 11/20/53, file MM

1. In accordance with reference (a), the provisional rates of the below-named men are hereby made permanent, effective 1 December 1953 , with seniority in rate from the dates indicated, provided their conduct and performance of duty since date of advancement have been satisfactory. Certificate of Appointment are inclosed for delivery to the men concerned. The certificates for any men not considered qualified for permanent appointment will be returned to the Commandant (PE) for cancellation. Order of seniority of men advanced to this rating on the same day is indicated after name.

PAYNE, Shelbert R. (224-016) DCC(P) - 2-16-52 - No. 1

2. Make necessary entries in service records and on personnel reports showing permanent appointments, citing reference (a) as the authority therefor.

S. L. BROWN
By direction

Encl: (1) 1 Certificates of Appointment

Reported duct
1410
11/17/53

FIFTH ENDORSEMENT on C3CGD/L dtd 7-7-53, P16-4/MM, 66-54

17 November 1953
P16-4/MM

From: Commander, CG GROUP, Atlantic City, N. J.
To: PAYNE, Shelbert R. (224-016) DCC(P), USCG

SR

Subj: Orders; travel, termination of temporary additional duty

Ref: (a) CO, CGB, SINY/L dtd 9-2-53, P16-4/MM
(b) CO, CGB, SINY/L dtd 10-15-53, P16-4/MM

1. Upon receipt hereof your temporary additional duty is terminated and you are directed to carry out the remainder of basic orders as amended by references (a) and (b). Report to Commanding Officer, CG BASE, Staten Island, N. Y. prior to 2400, 17 November 1953.

2. Subsistence and quarters were available and furnished during the entire period of temporary additional duty at Atlantic City Lifeboat Station.

3. No proceed time is allowed.

4. Delivered and departed at 0800, this date at Atlantic City Lifeboat Station, Atlantic City, N. J. EDA: 11-17-53.

K. E. Gibson
K. E. GIBSON

- -

CG Base, St. Geo., SINY 17 November 1953

SIXTH ENDORSEMENT

1. Reported this unit at 1410, this date for resumption of regular duty. Travel performed via government truck.

P. Garrett
G. GARRETT
By direction

COMMANDING OFFICER
CG Base, St. George,
Staten Island, N. Y.

4 November 1953
P17-2/MM

From: Commanding Officer, CG Base, St. George, Staten Island, New York
To: Commandant (PE)
Via: Commander, 3rd Coast Guard District (p)

Subj: PAYNE, Shelbert R. (224-016) BCC(P), USCG; permanent appointment; recommendation for

Ref: (a) ML dated 29 October 1953, PE-1, file P17-2/MM

1. In accordance with reference (a), and Article 5-C-30(b), Personnel Manual, the subject man is recommended for appointment to permanent Chief Petty Officer.

2. The subject man is deemed qualified for permanent appointment as outlined in Article 5-C-30(b) (1 to 6 inclusive), below:

(1) He is a leading person of strong character.
(2) Is capable of directing the work of a force under him and planning details for its best employment.
(3) Is capable of performing the required duties of his rate both ashore and afloat.
(4) Is capable of maintaining discipline.
(5) Has had no mark below 3.5 in Proficiency in Rating or below 4.0 in Conduct during the year immediately preceding.
(6) PAYNE is recommended by this command for permanent appointment.

J. HOWE

CG-2511

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD

Date: 28 October 1953

From: Commanding Officer, CG Base, St. George, Staten Island, New York
To: Disbursing Officer, Third Coast Guard District

Subj: PAYNE, Shelbert R. (224-016) DCC, 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)
USCG 9-25-39				
Enl. Ext. 3 years from				
9-25-42	12-18-45 HD	None	None	None
12-19-45	12-20-48 HD	None	None	None
12- 12-21-48	12-20-51 HD	None	None	None
12-21-51				
Now Serving				

Completed fourteen (14) years creditable service for pay purposes on 24 September 1953.

16

16

49

G. GARRETT, LT., USCGR
Executive Officer

Rtd 1700

GL
13 July 1953
P16-4

THIRD ENDORSEMENT on CO, CG Base St., George ltr

From: Commanding Officer, ROCKAWAY LIFEBOAT STATION
To: PAYNE, Shelbert R. (224-016) DCC(P), USCG

Subj: Orders, temporary additional duty; termination of

1. Having completed temporary additional duty at this unit, you are directed to report to CO, CG Base St. George, for resumption of your regular duties.

2. Delivered and departed at 1300 this date and place.

J. J. Gibbs
J. J. GIBBS

GD3-3-2
13 July 1953
P16-4/MM

FOURTH ENDORSEMENT on CO, CG Base St. George ltr of 25 May 1953, 3787-53

From: Chief, Civil Engineering Section
To: Commanding Officer, USCG Base, St. George, S.I., N.Y.

1. This is to certify that PAYNE, Shelbert R. (224-016) DCC(P), USCG arrived at this office at 1430 and departed at 1545 this date.

H. L. Durgin
H. L. DURGIN

CG Base, St. George, SINY 13 July 1953

FIFTH ENDORSEMENT on CO, CG Base, St. George ltr of 25 May 1953, P16-4/MM

1. Reported this unit at 1700, this date for resumption of regular duty and status.

P. Garrett
G. GARRETT
By direction

1015

UNITED S[illegible]ES COAST GUARD

[illegible]Y STREET

ST. GEOR[illegible] STATEN ISLAND, N.Y.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
COMMANDING OFFICER
COAST GUARD OPERATING BASE
REFER TO FILE:

25 May, 1953
P16-4/MM
3787-53

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: PAYNE, Shelbert R. (224-016) DCC(P), USCG

Subj: Orders, temporary additional duty

Ref: (a) COMTHREECGD/D R 212021Z (May, 1953), Order No 3787-53

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Officer-in-Charge, ROCKAWAY LIFEBOAT STATION, Fort Tilden, New York, for temporary additional duty for approximately one (1) month duration.

2. Travel necessary for the execution of this order will be performed via government conveyance.

3. CO, CG BASE, ST. GEO, SINY WILL REMAIN ACCOUNTABLE UNIT.

4. Upon completion of this temporary additional duty and when so directed by proper authority, you will return to this unit for resumption of your regular status.

5. Subsistence and quarters are available and will be furnished at the Lifeboat Station.

6. Proceed without delay.

7. Delivered and departed 0900, this date and place.

W. E. EHRMAN
By direction

CCGD3(p)
Pay
File

FIRST ENDORSMENT TO CO CG BASE, ST. GEO, SINY ltr dtd 25 May, 1953
25 May, 1953

I hereby acknowledge receipt of basic orders and understand contents therein.

SHELBERT R. PAYNE

Commanding Officer
Rockaway LBSTA.
Fort Tilden, N.Y.

Reported aboard this unit at 1015 in compliance with basic orders.

J.J. GIBBS

REQ

Name (Please Print – Last, First, Middle)
Burns, Andrew

E-Mail Address:
abfg4@umsl.edu

INFORMATION NEEDED TO

Name used in Service (Please Print – Last, First, M
Payne, Shelbert, Ruel

MILITARY SERVICE

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

Type of Rank:
☐ Enlisted
☐ Officer
☐ Unknown

Service Period (Check all that ap
☐ 1939 & Prior
☑ 1940 - 1950
☑ 1950 & After

Date & Place of Death:
2000

State of Residenc (upon entry into

Other Identifying Information
(Parent's Names, CSC Number, etc.)

Researcher Signature:

Appointment Time and Date:

CMRS Service Request Number:
C-0008344394

CMRS Search Request Number(s):
CG-396582401

SCREENING NOTES

☒ Reviewed and Nothing Removed
☐ Items Remo
User Informe

Hold Requested:
☐ Yes ☐ No

Additional charge outs and signatures on reverse side

NATIONAL ARCHIVES AND RECORDS ADM

— 197 —

Payne, Shelbert R - 224-01-[redacted]
color - ok
vision - 20/20 R&L
hearing - 15/15

Goosby, Charles K
Color - OK
vision 20/20 R&L
hearing - 15/15

John Timmons HMC

COPYMATE II

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88
(Amended Feb. 20, 1952)

TRAVEL VOUCHER

D. O. Vou. No. 403 6388

Bu. Vou. No. 03 23660

U. S. TREASURY DEPT COAST GUARD
(Department, bureau, or establishment)

Payee's name Shelbert R. Payne

Mailing address Coast Guard Base
3 Bay Street
St. George, SIBY

as above
(Official duty station)

(Residence—For use by Postal Service employees only)

PAID BY
PAUL D. BANNING
CHIEF
DISBURSING OFFICER
MAY 20 1953
1375

Travel and other expenses in the discharge of official duty from 1/5/53 (Date) to 2/5/53 (Date) under authority No. 032918 dated 1/5/53, copy of which is attached, or has been previously furnished. I have a travel advance of $ _____ to which $ _____ of this voucher should be applied.

SHELBERT R. PAYNE (22[illegible]) MEMORANDUM 3/17/53

	DOLLARS	Cents
AMOUNT CLAIMED →	4	30
(For Administrative Use) / Differences:		
APPROVED:		
Total verified correct for charge to appropriation(s) (initials) JRC	4	30
Applied to travel advance (appropriation symbol)		
NET AMOUNT TO TRAVELER	4	30

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

MAY 15 1953 MEMORANDUM D. SHOST, CHPCLK, USCG

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

20X0201	Operating Expenses, Coast Guard	$4.30

03-20-53	#032918	03-210370	0212	$4.30

Paid by Check No. _____

Dated _____

PAYEE COPY
MEMORANDUM

16—63078-2

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 1953	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES 0.05 cents per mile	AMOUNT CLAIMED Mileage	Subsistence	Other
	MONEY ALLOW IN LIEU OF TRANSP. AUTH IN ACCORD WITH PARA 4209, JTR				
5 Jan.	Departed Staten Island, N. Y. - 0905				
5 Jan.	Arrived Bay Shore, N. Y. - 1100	43			2 15
5 Feb.	Departed Bay Shore, N. Y. - 0800				
5 Feb.	Arrived Staten Island, N. Y. - 0905	43			2 15
	No delay or leave taken during the period covered by this claim.				
	I certify that all of the above travel was performed via commercial carrier at my own expense and that no part of this travel was performed on Gov't T/R's or via Gov't owned conveyance and that no CCMT's were issued to me.				
	SHELBERT R. PAYNE (224-016) DCC(P), USCG				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →	$4.30	86	XX XX	XX XX 4 30

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS
(Not to be claimed by traveler)

Transportation Request Number	Agent's Valuation of Ticket	Initials of Carrier Issuing Ticket	Mode and Class of Service†	Date Issued	Points of Travel From—	Points of Travel To—

HKGI DE HUNE NR08F

R 3119452
FM CCGD THREE
TO COGARD BASE STGEO SINY
GRNC

FROM P X DIRECT PAYNE SHELBERT R 228-016 DCC X CARMEAN HERMAN C 294-791 FN/DC/ X KOSTEN WILLIAM H 295-512 FN/DC/ X CABOOT NICHOLAS 294-182 SN AND RIZZO JOSEPH 295-155 SN TO REPORT ON OR ABOUT 5 JAN 1953 TO OINC RADIO TRANSMITTER ANNEX FIRE ISLAND NY ON TEMADD TO EXPIRE ON OR ABOUT 4 FEB 1953 X COMPRET X NO PROCEED TIME ALLOWED X QUARTERS AVAILABLE AND WILL BE FURNISHED AT FIRE ISLAND RADIO TRANSMITTER ANNEX X DAILY SUBSISTENCE ALLOWANCE OF 2.57 A DAY AUTHORIZED WHEN GOVERNMENT MESSING FACILITIES ARE NOT AVAILABLE X TRAVCHAR 03-20 AUTH NR 032918 AND ORDER NR 1985-53 ASSIGNED

TOD 31/1947Z DEC TW TO AC OUTOVN

CERTIFIED TO BE A TRUE COPY

W. E. EHRMAN, LCDR, USCG

(Name) (Rank)

HKGI DE HUNE NR08F

R 3119452
FM CCGD THREE
TO COGARD BASE STGEO SINY
GRNC

FROM P X DIRECT PAYNE SHELBERT R 223-016 DCC X CARMEAN HERMAN C 294-791 FN/DC/ X KOSTEN WILLIAM H 295-512 FN/DC/ X CABOOT NICHOLAS 294-182 SN AND RIZZO JOSEPH 295-155 SN TO REPORT ON OR ABOUT 5 JAN 1953 TO OINC RADIO TRANSMITTER ANNEX FIRE ISLAND NY ON TEMADD TO EXPIRE ON OR ABOUT 4 FEB 1953 X COMPRET X NO PROCEED TIME ALLOWED X QUARTERS AVAILABLE AND WILL BE FURNISHED AT FIRE ISLAND RADIO TRANSMITTER ANNEX X DAILY SUBSISTENCE ALLOWANCE OF 2.57 A DAY AUTHORIZED WHEN GOVERNMENT MESSING FACILITIES ARE NOT AVAILABLE X TRAVCHAR 03-20 AUTH NR 032918 AND ORDER NR 1985-53 ASSIGNED

TOD 31/1947Z DEC TW TO AC OUTOVN

CERTIFIED TO BE A TRUE COPY

W. E. EHRMAN, LCDR, USCG

(Name) (Rank)

UNITED STATES COAST GUARD

Address reply to:
COMMANDING OFFICER,
CG BASE, St. George,
Staten Island, N. Y.

Date: 5 FEB 1953
File: L20

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: Commander, 3rd CG District (fd)

Subj: Travel orders; reimbursement request for

Inclosed find original travel orders and certified copies for reimbursement in accordance with Joint Travel Regulations.

NAME	SERVICE NO.	RATE
PAYNE, Shelbert R.	224-016	DCC/P

Orders Originated at: CGB ST GEO SINY
Dated: 5 January 1953
Auth No. 032918

File: P16-4/MM

W. E. EHRMAN
By direction

UNITED STATES COAST GUARD

1 BAY STREET

ST. GEORGE, STATEN ISLAND, N. Y.



ADDRESS REPLY TO
COMMANDING OFFICER
COAST GUARD OPERATING BASE
REFER TO FILE:

5 January, 1953
P16-4/MM

From: Commanding Officer, CG BASE, St. George, Staten Island, N.Y.
To: PAYNE, Shelbert R. (224-016) DCC(P), USCG, P R E S E N T

Subj: Orders, temporary additional duty; travel

Ref: (a) COMTHRECGD/D R 311945Z (December, 1952), Order No. 1985-53

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed to the Officer-in-Charge, Radio Transmitter Annex, Fire Island, New York, for temporary additional duty to expire on or about 4 February, 1953.

2. Travel deemed necessary for the execution of this order is required by the public interests and is chargeable against 3rd CG District travel allotment 03-20, authorization No. 032918.

3. CO, CG BASE, ST. GEORGE, SINY WILL REMAIN THE ACCOUNTABLE UNIT.

4. Travel is authorized via all modes.

5. Government Quarters will be furnished.

6. Daily Subsistence allowance of $2.57 a day is authorized when government messing facilities are not available.

7. Upon completion of this temporary additional duty and when so directed by the proper authority, you will return to this unit for resumption of your regular status.

8. Proceed without delay.

9. Delivered and departed 0905, this date and place.

W. E. EHRMAN
By direction

CCGD3(p)
Pay
File
Eng. DIV.

Fire Island Radio Annex
Ind. 1
5 January 1953

1- Payne, Shelbert R. (224-016) DCC (P) reported this unit 1100 this date.

Hull O. L. Tanner

Hull O. L. Tanner ENC
O in C

Ind. 2
Fire Island Radio Annex
5 February, 1953

1. Payne, Shelbert R. (224-016) DCC (P) departed this unit 0800 this date.

2. Quarters were available and furnished, subsistence were not available or furnished, during the period covered by these orders.

Hull O. L. Tanner

Hull O. L. Tanner ENC
O in C

Ind. 3
5 February, 1953

1. All travel was performed at my own expense.

Shelbert R. Payne

Shelbert R. Payne DCC

Ind. 4
CGB ST GEO SINY 5 February 1953

Reported this unit at 0905, this date for resumption of regular duty and status. TAD at Fire Island Radio Annex completed. Travel performed at own expense.

W. E. EHRMAN
By direction

C3 23660

Ind-5
Comdr., 3rd CGD (f)
New York, N. Y.

MAY 15 1953
(date)

Voucher in the amount of $4.30 covering
Money Allowance in Lieu of Transportation
from Staten Island, NY to Bay Shore, NY & return
certified this date for payment in the accts.
of Paul D. Banning, C.D.O., Symbol No. 1375.

403 6388

P. D. SHOST, CPCLK, USCG
Authorized Certifying Officer

MAY 20 1953

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88
(Amended Feb. 20, 1952)

TRAVEL VOUCHER

D. O. Vou. No. 403 6388

Bu. Vou. No. 23659

U. S. TREASURY #### COAST GUARD
(Department, bureau, or establishment)

Payee's name SHELBERT R. PAYNE

Mailing address U.S. Coast Guard Base

St. George, Staten Island, N.Y.

as above
(Official duty station)

(Residence—For use by Postal Service employees only)

PAID BY
PAUL D. BANNING
CHIEF
DISBURSING OFFICER
MAY 20 1953
1375

Travel and other expenses in the discharge of official duty from 10/20/52 (Date) to 12/23/52 (Date) under authority No. 032386 dated 10/20/52, copy of which is attached, or has been previously furnished. I have a travel advance of $ _____ to which $ _____ of this voucher should be applied.

MEMORANDUM

SHELBERT R. PAYNE(224-01[illegible]),USCG 3/3/53

	DOLLARS	Cents
AMOUNT CLAIMED →	4	95

(For Administrative Use)

Differences:

APPROVED:

Total verified correct for charge to appropriation(s) (initials) RVH — 4 95

Applied to travel advance (appropriation symbol)

NET AMOUNT TO TRAVELER — 4 95

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

MAY 15 1953 MEMORANDUM P.D. SHOST, CHPCLK, USCG

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

20X0201 Operating Expenses, Coast Guard $4.95

DATE	DESCRIPTION			AMOUNT CLAIMED
03-20-53	#032386	03-210373	0212	$4.95

Paid by Check No. _____

Dated _____

PAYEE COPY
MEMORANDUM

16—63078-2

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 1952	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @0.05 cents per mile	AMOUNT CLAIMED MILEAGE	SUBSISTENCE	OTHER
	PE DIEM AUTH IN ACCORD WITH PARA 4205, JTR & MONEY ALLOW IN LIEU OF TRANSP AUTH IN ACCORD WITH PARA 4203, JTR				
20 Oct.	Departed St. George, SINY - 0915				
20 Oct.	Arrived Eatons Neck, Northport, LINY - 1245	42			2 10
23 Dec.	Departed Eatons Neck, Northport, LINY - 0800				
23 Dec.	Arrived St. George, SINY - 1030	42			2 10
	No delay or leave taken during this period.				
	PER DIEM CLAIMED AS FOLLOWS: (NOT TO EXCEED TIME REQUIRED VIA COMMON CARRIER, VIZ)				
	0000-1030/23 Dec. 1952, 1/2 day @$9.00 per day, less $2.25 for day of return to perm. duty sta., less $1.50 for 1 meals - - - - - - - - -				75
	I certify that all of the above travel was performed via privately owned conveyance and that no part of this travel was performed on Gov't T/R's or via Gov't owned conveyance and that Gov't mess as defined in para 1150-4 was not available except for the number of meals indicated on the following dates: NONE. No CGMT's issued me in connection with the above travel.				
	SHELBERT R. PAYNE(224-016)DCC,USCG				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →	$4.95	84	XX XX	75 4 20

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS
(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL FROM—	TO—

GA
HKGI DE HUNE NR 05F

R 161715Z
FM CCGDTHREE
TO CO CG BASE ST GEO SINY
GRNC

FROM P X DIRECT PAYNE SHELBERT R 224-016 DCC X NEILL ALBERT
R JR 294-548 SN AND STONE NED L 285-325 DC3 REPORT ON OR ABOUT 20
OCTOBER 1952 TO OINC EATONS NECK LIFEBOAT STATION FOR TEMADD
TO EXPIRE ON OR ABOUT 8 NOVEMBER 1952 X COMPRET X NO PROCEED TIME
ALLOWED X SUBSISTENCE AND QUARTERS AVAILABLE AND WILL BE
FURNISHED BY EATONS NECK LBSTA X TRAVCHAR 03-20
AUTH NR 032386 AND ORDER NR 1248-53 ASSIGNED

TOD 16/1719Z OCT TG TO HN

CERTIFIED TO BE A TRUE COPY.

W. E. EHRMAN, LCDR, USCG

(Name) (Rank)

7 November, 1952
P16-3/SN

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: Commanding Officer, EATONS NECK LIFEBOAT STATION, Northport, N. Y.

Subj: Personnel; orders, temporary additional duty; travel; amendment of

Ref: (a) COMTHREECGD/D 0716322 (November, 1952)

In accordance with reference (a), amend the basic orders issued to the below named men, in that their temporary additional duty at your unit will expire on or about 1 December, 1952, in lieu of 8 November, 1952.

PAYNE, Shelbert R. (224-016) DCC
NEILL, Albert R. Jr. (294-548) SN

W. E. EHRMAN
By direction

Copy to:
COMTHREECGD (p), (f)
file
Eng Div

CERTIFIED TO BE A TRUE COPY
W. E. EHRMAN
W. E. EHRMAN, LCDR, USCG
(Name) (Rank)

From: Commanding Officer, CG BASE, St. George, Staten Island, N.Y.
To: Commander, EATONS NECK GROUP, Eatons Neck Lifeboat Station, Northport, N.Y.

Subj: PAYNE, Shelbert R. (224-016) DCC

Ref: (a) COMTHREECGD/D R 112220Z (December, 1952)

In accordance with reference (a), amend the basic orders issued to the subject named man, in that his temporary additional duty will expire on or about 23 December, 1952 in lieu of 15 December, 1952 at the Eatons Neck Lifeboat Station.

W. E. EHRMAN
By direction

CGGD3(p)
Pay
File
Eng. Div.

CERTIFIED TO BE A TRUE COPY
W. E. Ehrman
W. E. EHRMAN, LCDR, USCG
(Name) (Rank)

ENT to CO, CG BASE, ST. GEO., SINY ltr of 20 Oct 52, P16-4/N
2386

7 November 1952

mmanding Officer, Eatons Neck Lifeboat Station
AYNE, Shelbert R. (224-016) DCC

(a) COMTHREE3GD/Msg 071632Z (November 1952)

accordance with reference (a), your temporary additional duty at this is
mended in that it will expire on or about 1 December 1952 in lieu of 8 November
1952.

ROY MERRILL

SECOND ENDORSEMENT 23 December 1952

From: Commander, CG GROUP, Eatons Neck, Northport, LINY
To: PAYNE, Shelbert R. (224-016) DCC

1. Reported Eatons Neck Lifeboat Station, Northport, LINY at 1245 - 20 September 1952 for assignment to temporary additional duty in compliance with basic orders.

2. Travel was performed via privately-owned conveyance.

3. Government subsistence and quarters were available and furnished during temporary additional duty.

4. [illegible]

From: Commanding Officer, CG BASE, St. George, Staten Island, N.Y.
To: Officer-in-Charge, Eatons Neck Lifeboat Station, Northport, N.Y.

Subj: PAYNE, Shelbert R. (224-016) USCG; orders, temporary additional duty; travel; amendment of

Ref: (a) COMTHREE3GD/Msg 071632Z (November, 1952)

In accordance with reference (a), amend the basic orders issued to the subject named man, to read his temporary additional duty will expire on or about 15 December, 1952, in lieu of 1 December, 1952.

W. E. GRAHAM
By direction

copy(s)
Pay
File
Mbr. Sta.

CERTIFIED TO BE A TRUE COPY
W. E. GRAHAM, LCDR, USCG
(Name) (Rank)

26 November, 1952
P16-4/MM

From: Commanding Officer, CG BASE, St. George, Staten Island, N.Y.
To: Officer-in-Charge, Eatons Neck Lifeboat Station, Northport, N.Y.

Subj: PAYNE, Shelbert R. (224-016) DCC; orders, temporary additional duty; travel; amendment of

Ref: (a) COMTHREECGD/D R 252130Z (November, 1952)

In accordance with reference (a), amend the basic orders issued to the subject named man, in that his temporary additional duty will expire on or about 15 December, 1952, in lieu of 1 December, 1952.

W. E. EHRMAN
By direction

CCGD3(p)
Pay
File
Eng. Div.

CERTIFIED TO BE A TRUE COPY
W. E. EHRMAN, LCDR, USCG
(Name) (Rank)

Updated TAD 1030/23

FIRST ENDORSEMENT to CO, CG BASE, ST. GEO., SINY ltr of 20 Oct 52, P16-4/MM, 1248-53
Auth. No. 03-2386

7 November 1952

From: Commanding Officer, Eatons Neck Lifeboat Station
To: PAYNE, Shelbert R. (224-016) DCC

43 miles.

Ref: (a) COMTHREEEGD/Msg 071632Z (November 1952)

In accordance with reference (a), your temporary additional duty at this is amended in that it will expire on or about 1 December 1952 in lieu of 8 November 1952.

ROY MERRILL

SECOND ENDORSEMENT

23 December 1952

From: Commander, CG GROUP, Eatons Neck, Northport, LINY
To: PAYNE, Shelbert R. (224-016) DCC

1. Reported Eatons Neck Lifeboat Station, Northport, LINY at 1245 - 20 October 1952 for assignment to temporary additional duty in compliance with basic orders.

2. Travel was performed via privately-owned conveyance.

3. Government subsistence and quarters were available and furnished during the period of temporary additional duty at Eatons Neck Lifeboat Station.

4. Temporary additional duty terminated this date. Departed Eatons Neck Lifeboat Station, Northport, L.I., N.Y. for resumption of regular duties at CG BASE, St. George, S.I., N.Y. in compliance with unexecuted portion of basic orders. No Gov't TR issued.

5. Delivered and departed this unit at 0800 this date.

ROY MERRILL

4.50
1.50
3.00
2.00
1.00

Copy to:
CO, CGB, St. Geo, SINY

THIRD ENDORSEMENT
CGB ST GEO SINY

23 December 1952

Reported this unit at 1030 this date for resumption of regular duty and station.
Travel was performed via privately-owned conveyance.

ORIGINAL

1245-20
EATONS NECK

UNITED STATES COAST GUARD

Address reply to:
COMMANDING OFFICER,
CG BASE, St. George,
Staten Island, N. Y.

20 October, 1952
P16-4/MM
1248-53

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: PAYNE, Shelbert R. (224-016) DCC, USCG

Subj: Orders; temporary additional duty; travel

Ref: (a) COMTHREECGD/D 161715Z (October, 1952), Order No. 1248-53

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report to the Officer-in-Charge, Eatons Neck Lifeboat Station, Northport, Long Island, New York, for assignment to temporary additional duty to expire on or about 8 November, 1952.

2. Upon completion of this temporary additional duty, you will return to this unit for resumption of your regular status.

3. Travel necessary for the execution of this order is required by the public interests and is authorized, chargeable against 3rd CG District travel allotment symbol 03-20, authorization No. 032386.

4. Travel is authorized via all modes.

5. Subsistence and Quarters are available and will be furnished.

6. No proceed time is allowed.

7. CO, CG BASE, ST. GEO., SINY WILL REMAIN ACCOUNTABLE.

8. Delivered and departed 0915, this place and date.

W. E. EHRMAN
By direction

03 23659
Ind-4
Comdr., 3rd CGD (f)
New York, N. Y.
Voucher in the amount of $4.95 covering
Per Diem
from 0600-12/23/52 to 1130-12/23/52
and Mileage
from NEW YORK, N.Y. to NORTHPORT, LI N.Y. & RET.
certified this date for payment in the accts.
of Paul D. Banning, C.D.O., Symbol No. 1375.

MAY 15 1953
(date)

Copy to:
Pers
Pay
File
Eng Div
OinC Eatons Neck LBS

4036388 MAY 20 1953

ORIGINAL

P. D. SHOST, CPCLK, USCG
Authorized Certifying Officer

Rptd 0905 5-4 Jan TAD

CENTRAL RECORD COPY

5 January, 1953
P16-4/HH

From: Commanding Officer, CG BASE, St. George, Staten Island, N.Y.
To: PAYNE, Shelbert R. (224-016) DCC(p), USCG, P R E S I D E N T

Subj: Orders, temporary additional duty; travel

Ref: (a) COMTHIRDCOD/D R 311945Z (December, 1952), Order No. 1985-53

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed to the Officer-in-Charge, Radio Transmitter Annex, Fire Island, New York, for temporary additional duty to expire on or about 4 February, 1953.

2. Travel deemed necessar for the execution of this order is required by the public interests and is chargeable against 3rd CG District travel allotment 03-20, authorization No. 032918.

3. CO, CG BASE, ST. GEORGE, SINY ILL REMAIN THE ACCOUNTABLE UNIT.

4. Travel is authorized via all modes.

5. Government Quarters will be furnished.

6. Daily Subsistence allowance of $2.57 a day is authorized when government messing facilities are not available.

7. Upon completion of this temporary additional duty and when so directed by the proper authority, you will return to this unit for resumption of your regular status.

8. Proceed without delay.

9. Delivered and departed _____, this date and place.

W. J. MURRAY
By direction

CCGD3(p)
Pay
File
Eng. DIV.

Fire Island Radio Annex
Ind. 1
5 January 1953

1- Payne, Shelbert R. (224-016) DCC (P) reported this unit 1100 this date.

Null O. L. Tanner ENC
O in C

Ind. 2
Fire Island Radio Annex
5 February, 1953

1. Payne, Shelbert R. (224-016) DCC (P) departed this unit 0800 this date.

2. Quarters were available and furnished, subsistence were not available or furnished, during the period covered by these orders.

Null O. L. Tanner ENC
O in C

Ind. 3
5 February, 1953

1. All travel was performed at my own expense.

Shelbert R. Payne DCC

Ind. 4
COB ST GEO SINY 5 February 1953

Reported this unit at 0905, this date for resumption of regular duty and status. TAD at Fire Island Radio Annex completed. Travel performed at own expense.

W. H. HIRMAN
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PO
9 January 1953

RECEIVED U.S. COAST GUARD JAN 15 1953 PERSONNEL OFFICE NEW YORK, N.Y.

RECEIVED JAN 19 9 11 AM '53 U.S. COAST GUARD BASE ST. GEORGE, S.I.

From: Commandant
To: Commander, 3rd Coast Guard District (p)

Subj: PAYNE, Shelbert R. (224--16), DCC; application for warrant appointment

1. Receipt is acknowledged for the following for use in considering the subject named man for an appointment to warrant grade for temporary service:

(a) Completed Officer Candidate Test Answer Sheet.

2. This application cannot be submitted to the board unless the following is submitted as soon as practicable:

(a) Report of Fitness, NAVPERS Form 310.

(b) Completed Form CG-3288 application for consideration for appointment to warrant grade.

W. L. WOOD
By direction

- -

FIRST ENDORSEMENT

p
16 January 1953

From: Commander, 3rd CG District
To: Commanding Officer, CG BASE, St. George, Staten Island, N. Y.

Forwarded for compliance.

S. L. BROWN
By direction

NAVPERS-310 (Rev. 10-51)

WORK SHEET

File Jacket

SERVICE RECORD [illegible]

REPORTING THE FITNESS OF OFFICERS

Date submitted 21 JAN 1953

THE OFFICER REPORTED ON WILL FILL IN THE FIRST FIVE SECTIONS:

1. NAME (Last)	(First)	(Middle)	Grade	USN (R)	Designator	File No.
PAYNE	Shelbert	Ruel	DCC(P)	USCG		

2. SHIP OR STATION: CG BASE, St. George, Staten Island, New York

DATE REPORTED PRESENT DUTY STATION: 11/6/49

3. PERIOD OF REPORT: FROM 11/6/49 TO 1/21/53

OCCASION FOR REPORT: Semi-annual ____ Detachment of Reporting Senior ____ Detachment of Officer ____

TYPE OF REPORT: Regular ____ Concurrent ____ Special X

4. REGULAR AND ADDITIONAL DUTIES. List all duties assigned, including watches. List courses of study or instruction carried on. After each item insert in parentheses number of months this reporting period.

Maintenance & Repair Detachment

5. PROFICIENCY IN FOREIGN LANGUAGES, STATING WHICH ONES AND ABILITY THEREIN

NONE

Shelbert R. Payne

SHELBERT R. PAYNE

(Signature of officer reported on)

FOLLOWING TO BE FILLED IN BY THE REPORTING OFFICER:

6. EMPLOYMENT OF COMMAND DURING PERIOD OF THIS REPORT

7. REFERENCE HERE AND APPEND COPY OF ANY COMMENDABLE OR ADVERSE REPORTS ON THIS OFFICER RECEIVED DURING THE PERIOD OF THIS REPORT

8. PERFORMANCE. Assign marks on a scale of 0 to 4.0 on the appropriate qualifications listed, and on any other significant qualification, on which observation has been sufficient to justify marking. "PRESENT ASSIGNMENT" must always be marked where any other marks or comments relative to performance are made. A mark below 2.5 constitutes an adverse entry.

PRESENT ASSIGNMENT	3.5	ABILITY TO COMMAND	3.6	AS STAFF OFFICER	—
AS EXECUTIVE OR DIVISION OFFICER	—	AS (Type watch) WATCH OFFICER	—	IN ADMINISTRATION	—
SHIP HANDLING	—	TECHNICAL COMPETENCE IN (State specialty)	—		

9. CONSIDERING THE POSSIBLE REQUIREMENTS OF WAR, INDICATE YOUR ATTITUDE TOWARD HAVING THIS OFFICER UNDER YOUR COMMAND. WOULD YOU

PARTICULARLY DESIRE TO HAVE HIM?	BE PLEASED TO HAVE HIM?	BE SATISFIED TO HAVE HIM?	PREFER NOT TO HAVE HIM? (Adverse)
	✓		

10. IN COMPARISON WITH OTHER OFFICERS OF HIS GRADE AND APPROXIMATE LENGTH OF SERVICE, HOW WOULD YOU DESIGNATE THIS OFFICER?

OUTSTANDING	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
		✓		

11. COMMENTS. Give in this space a concise appraisal of the officer reported on. Comment on any outstanding characteristics of value to the naval service, including ability to command and outstanding qualifications in any field such as administration, planning, logistics, electronics, new weapons, or new developments. Comment on observed skill in dealing with the public in personal or official contacts. Any mental, moral, or physical weaknesses which might affect his efficiency, or failure to meet qualifications normally expected of an officer of his grade and designation should be indicated. Any adverse entry made in any part of the report must be explained in this paragraph. *This space must not be left blank.*

Payne has proven to have a wide degree of skill and knowledge in the performance of his duties with the Maintenance and Repair Detachment. He is very industrious and an excellent leader of men and is considered good Officer material.

12. NAME, GRADE, AND FILE NUMBER OF REPORTING OFFICER. OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON.

JOSEPH HOWE (1388) CDR, USCG; Commanding Officer

16—63843a-2

(Fill in all blocks for which verification can be made from records on board)
(Forward completed form to district indicated at right)

1. UNIT: CGR 88 [illegible]
2. DISTRICT AND DATE: 3CGD 1/21/53

3. TOTAL MONTHS ACTIVE MILITARY SERVICE TO 31 July 1952 (Dead line date) 12 yrs. 10 mos. 27 das.

4. TOTAL MONTHS CREDITABLE LIGHT HOUSE SERVICE

5. HAS CG AND CGR SERVICE BEEN CONTINUOUS SINCE 1 SEPTEMBER 1945? [X] YES [ ] NO

6. NUMBER MONTHS ACTIVE SERVICE TO DEAD LINE DATE AS POIC _____ ABOVE POIC 5 mos.

7. TOTAL MONTHS ACTIVE SERVICE IN WARRANT OR HIGHER GRADE

8. NUMBER OF MONTHS ACTIVE SERVICE THIS ENLISTMENT TO DATE 7

9. ASSIGN EFFICIENCY MARKS THIS DATE AND THEN INDICATE AVERAGE OF FOLLOWING MARKS FOR THIS ENLISTMENT OR FOR LAST FIVE YEARS, WHICHEVER IS THE LESSER PERIOD:

	CURRENT	AVERAGE
PROFICIENCY IN RATING	3.6	3.6
ABILITY AS LEADER OF MEN	3.6	3.6
ADAPTABILITY FOR WARRANT GRADE	3.5	

10. CONDUCT:
AVERAGE MARK THIS ENLISTMENT 4.0

DATES AND NATURE OF MASTS AND COURTS CURRENT ENLISTMENT

11. SCORES ON NAVY BATTERY TESTS (Converted scores)

GCT 49 AR 52 READ 49 TOTAL SCORE 150 AVERAGE 50

12. COMPLETED FORM NAVPERS-310 MODIFIED TO COVER PERIOD APPLICANT HAS BEEN ASSIGNED UNDER ME AND AS APPROPRIATE FOR OCCASION OF REPORT IS ATTACHED. ANY EXCEPTIONS OR APPLIFICATIONS OF STATEMENTS MADE BY APPLICANT HAVE BEEN ENTERED UNDER ITEM 11 OF THE MODIFIED REPORT OF FITNESS. THE APPLICANT:

(CHECK ONE)

IS DEEMED QUALIFIED TO PERFORM THE DUTIES OF WARRANT AND IS RECOMMENDED FOR CONSIDERATION [X]

IS NOT DEEMED QUALIFIED TO PERFORM THE DUTIES OF WARRANT AND HIS APPLICATION IS DISAPPROVED FOR THE REASONS NOTED ON THE REPORT OF FITNESS ATTACHED. [ ]

J. HOWE, CDR, USCG
(Commanding Officer's signature)

DO NOT WRITE IN THIS SPACE

TPBF _____

TOTAL POINTS _____

PART III DISTRICT COMMANDER'S INDORSEMENT

DATE _____

FROM: Commander, CG District
TO: Commandant (PO)

(Cross out one)

FORWARDED: Applicant is Recommended as indicated.

FORWARDED: Applicant is not recommended for the following reasons.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3288 (2-52)

APPLICATION FOR CONSIDERATION FOR APPOINTMENT TO WARRANT GRADE

1. WARRANT SPECIALTY FOR WHICH APPLYING: Carpenter
2. DATE: 21 January 1953

PART I INDIVIDUAL'S APPLICATION

3. LAST NAME, FIRST, INITIAL	4. SERVICE NUMBER	5. RATING	6. UNIT
PAYNE, Shelbert Ruel	224-016	BCC(P)	CGB ST GEORGE STNY

7. EDUCATION *(Fill in Equivalent School Years Fully Completed with passing Grades)*

GRAMMAR 8 JUNIOR HIGH 2 SENIOR HIGH ____ COLLEGE ____ VOCATIONAL ____ TRADE ____

8. SERVICE SCHOOLS ATTENDED *(Include dates and courses list only ones completed)*
a.
b.
c.
d.
e.

9. CORRESPONDENCE COURSES COMPLETED *(Give dates if known)*
a. Cousain
b.
c.
d.
e.
f.

10. OTHER EDUCATIONAL INFORMATION IF ANY *(Degrees, etc.)*

11. LICENSES OR CERTIFICATES HELD

12. HIGHER RATINGS OR GRADES PREVIOUSLY HELD

GRADES	BRANCH OF SERVICE	FULL MONTHS HELD	REASON TERM.

13. TOTAL MONTHS SEA DUTY AS A PETTY OFFICER: Approx 10 months

14. PHYSICAL DEFECTS KNOWN WHICH REQUIRE CORRECTING, IF ANY: None

15. BRIEF RESUME OF EXPERIENCE HAVING DIRECT BEARING ON QUALIFICATIONS FOR WARRANT GRADE OF CARPENTER

Varied experience in Construction and repair work with the Maintenance and Repair Detachment, 3CGD, for the past three years.

DO NOT WRITE IN THIS SPACE

16. I DESIRE CONSIDERATION FOR APPOINTMENT TO WARRANT GRADE INDICATED ABOVE. I WILL ACCEPT SUCH APPOINTMENT IF TENDERED WITHIN THE NEXT TWENTY-SEVEN (27) MONTHS AND WILL AGREE NOT TO SEEK RETIREMENT WITHIN TWO (2) YEARS THEREAFTER. I FURTHER AGREE TO ACCEPT A PERMANENT WARRANT APPOINTMENT IF TENDERED PRIOR TO BEING AUTHORIZED FOR RETIREMENT. I ALSO CERTIFY THAT THE INFORMATION AND STATEMENTS MADE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TPCF

Shelbert R. Payne
SHELBERT RUEL, PAYNE
(Signature)

INCL: Form NAVPERS-310

INSTRUCTIONS: Original to Commandant (PO) via Commanding Officer and appropriate District Commander
Inclosed Form NAVPERS [illegible]0 need not be sent as "Private Official."

C 3379

21 January 1953
P1h-5

FILE COPY

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: Commandant (PO)
Via: Commander, 3rd Coast Guard District (p)

Subj: PAYNE, Shelbert R. (22h-016) DCC(P); application for warrant appointment

Ref: (a) COMDT ltr dated 9 January 1953, PO

1. In accordance with reference (a), Report of Fitness (NAVPERS 310) and Application for consideration for appointment to warrant grade (CG-3288), in the case of subject named man, are forwarded herewith.

W. E. EHRMAN
By direction

Encl: NAVPERS 310 - 0 & 1
CG-3288 - 0 & 2

SERVICE JACKET COPY

From compensation of

APPLICATION FOR ALLOTMENT Q-1

PAYNE, SHELBERT R.,(224-016) [redacted]C,USCG

PAYABLE TO

Monthly allotment in the amount o[redacted]

ONE HUNDRED SEVENTY SIX AND 90/100 (Words) ($ 176.90 (Figures)) Dollars.

Name ELINOR F. PAYNE(W)

Street and No

Post office State

If payable to a bank, business institution, or individual, for credit of*—

Name

Reason for allotment

First payment: Month AUGUST, 19 52

I hereby request and authorize allotment, chargeable to my pay, as above.

Rank or rating U. S. C. G.

, 19

Approved, allotment granted.

Commanding

Commander, District.

Witnessed and registered 30 JULY, 19 52

P. D. SHOST, CPCLK, USCG

Pay office ACO, 3rd CG District

16—12642—1

St. George Bee

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

E. F. LOWRIE, LT, USCG
Authorized Certifying Officer
Allotment Disbursing Officer.

Please insert this copy in man's service record in accordance with Art. 260 P&SI

LBH

DO NOT FOLD – MAIL FLAT

* Allotter or member immediate family

Dtd
0905/5th

5 January, 1953
P16-4/MT

From: Commanding Officer, CG BASE, St. George, Staten Island, N.Y.
To: PAYNE, Shelbert R. (224-016) DCC(p), USCG, P E R S O N N E L

Subj: Orders, temporary additional duty; travel

Ref: (a) COMTHRECGD/D R 311945Z (December, 1952), Order No. 1985-53

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed to the Officer-in-Charge, Radio Transmitter Annex, Fire Island, New York, for temporary additional duty to expire on or about 4 February, 1953.

2. Travel deemed necessar for the execution of this order is required by the public interests and is chargeable against 3rd CG District travel allotment 03-20, authorization No. 032918.

3. CO, CG BASE, ST. GEORGE, SINY WILL REMAIN THE ACCOUNTABLE UNIT.

4. Travel is authorized via all modes.

5. Government quarters will be furnished.

6. Daily subsistence allowance of $2.57 a day is authorized when government messing facilities are not available.

7. Upon completion of this temporary additional duty and when so directed by the proper authority, you will return to this unit for resumption of your regular status.

8. Proceed without delay.

9. Delivered and departed 0905-, this date and place.

W. J. LYNCH
By direction

CCGD3(p)
Pay
File
Eng. DIV.

FILE

NCG 2534
October 1937

APPLICATION TO U. S. PUBLIC HEALTH SERVICE FOR TREATMENT OF COAST GUARD DEPENDENTS

CG Base, St. George,
(Unit)
Staten Island, New York
(Place)
5 January, , 1953

To: MEDICAL OFFICER IN CHARGE:

U. S. P. H. S. Hospital
Stapleton, Staten Island

SIR: You are requested to examine and furnish such treatment as may be required to

Elinor S. Payne (Wife) dependents of
(State name and relationship, such as mother, wife, son, etc.)

Shelbert R. Payne (224-016) DCC under authority of the Act
(Name and rank or rate)

of Congress approved July 30, 1937.

I HEREBY accept full responsibility for all charges incurred should hospitalization become necessary. The person named above is wholly dependent upon me for support.

Shelbert R. Payne
(Signature of man)

W. E. EHRMAN
(Witness to signature)

Present enlistment expires * December 20, 1957

Very truly yours,

W. E. EHRMAN
(Name)

LCDR
(Rank)

Executive Officer
(Commanding officer, etc.)

* To be used only in cases of enlisted personnel.

FOLLOW INSTRUCTIONS ON REVERSE CAREFULLY

16—29038-1

UNITED STATES COAST GUARD

Address Reply to:
Commanding Officer
CG BASE, St. George
Staten Island, New York

arrived 10-18-52 0955

18 October, 1952
P16-4/M.

ORIGINAL

From: Commanding Officer, CG BASE, St. George, Staten Island, N.Y.
To: PAYNE, Shelbert R. (224-016) DC3(P), USCG- PRESENT

Subj: Orders; temporary duty; travel

Ref: (a) CCCD3/D 1717002 (October, 1952), Order No. 1259-53.

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed and report, with and in charge of the below named men, to the Commanding Officer, Port Security Unit, Pier 9, ERRY, for temporary additional duty of approximately two (2) days.

STOPE, Ned L. (285-325) DC3(P), USCG
MHILL, Albert R. Jr. (294-548) SN, USCG

2. No travel expense is deemed necessary for the execution of this order and none is authorized.

3. CO, CG BASE, ST. GEO CH, SINY WILL REMAIN THE ACCOUNTABLE UNIT.

4. SUBSISTENCE AND QUARTERS WILL BE FURNISHED.

5. Upon completion of this temporary additional duty and when so directed by proper authority, you will return to this unit for resumption of your regular status.

6. Proceed without delay.

7. Delivered and departed at 0830, this place and date.

E. Pearson

E. PEARSON, OOD
By direction

ORIGINAL

CC:
CCCD3(ecv)
File

ORIGINAL

ORIGINAL

FIRST ENDORSEMENT to CO, CG BASE, ST. George, SINY ltr
of 10-18-52, P16-4/MM, Order No. 1259-53. 19 October, 1952

PSU, Pier 9, ERNY

Rptd 0855, 18 October, 1952 and departed 1330 this date and place.

DOLLY FULCHER
By direction

SECOND ENDORSEMENT to CO CG BASE ST GEO SINY ltr of
18 Sept 1952, P16-4/MM, 1259-53 19 October, 1952

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: PAYNE, Shelbert R. (224-016) DCC(P), USCG

Reported this unit 1720, this date from PSU P9, ERNY for resumption of regular station and duty. Temporary additional duty terminated.

W. E. EHRMAN
By direction

ORIGINAL

ORIGINAL

UNITED STATES COAST GUARD

Address Reply to:
Commanding Officer
CG BASE, St. George
Staten Island, N.Y.

12 May, 1952
P16-4/MM

From: Commanding Officer, CG BASE, St. George, Staten Island, N.Y.
To: PAYNE, Shelbert R. (224-016) DCC(P), USCG - PRESENT

Subj: Orders; temporary additional duty; travel

Ref: (a) CCGD3/D 121555Z (MAY 1952), Order No. 4014-52.

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed to the Commanding Officer, Fire Island Radio Supply Station, Bayshore Long Island, New York, for temporary additional duty of approximately thirty (30) days' duration.

2. Travel deemed necessary for the execution of this order is required by public interests and chargeable, against 3rd CG District symbol 03-20, authorization No. 034417.

3. CO, CG BASE, ST. GEORGE, SINY WILL REMAIN THE ACCOUNTABLE UNIT.

4. Travel is authorized via all modes.

5. SUBSISTENCE AND QUARTERS WILL BE FURNISHED.

6. Upon completion of this temporary additional duty and when so directed by proper authority, you will return to this unit for resumption of your regular status.

7. Proceed without delay.

8. Delivered and departed at _____, this place and date.

W. E. EHRMAN
By direction

CC:
CCGD3(ecv)
File

Ind. 1
Fire Island Radio Sta.
Bay Shore, N.Y.

12 May 1952

1. Payne reported this unit 1700 this date.
2. Quarters are available and will be furnished, Subsistence is not available and will not be furnished.
3. Transportation to this unit was at own expense.

Hull O. L. Tanner

Hull O. L. Tanner ENC
O in C

Ind. 2
Fire Island Radio Sta.
Bay Shore, N.Y.

1. It is requested that payment be made from 12 May 1952 to 1 June 1952.

Shelbert R. Payne DCC

Ind.-3

25 August, 1952

1. Payne departed this unit this date at 0900
2. Quarters were furnished, subsistance was not available.

Hull O.L. Tanner, ENC(L)
Acting O in C

Ind-4
Ditch Plain LB Station
25 August, 1952

Reported to this unit on additional temporary duty at 1245 this date.
Transportation to this unit was at own expence.

Carl R. Jennett

Carl R. Jennett, BM1(L)

Ind-5
Ditch Plain LB Station
18 October, 1952

Departed this unit at 0400 this date. Subsistance and quarters furnished while at this unit. Subject man furnished his own transportation enroute from this unit.

Carl R. Jennett

Carl R. Jennett, BM1(L)

RECEIVED
Oct 7 8 51 AM '52
U. S COAST GUARD
B A S E
ST. GEORGE, S.I.

UNITED STATES COAST GUARD

Address reply to:
COMMANDING OFFICER,
USCG BASE, St. George,
Staten Island, New York

Date: 3 October, 1952
File: L16

From: Commanding Officer, CG BASE, St. George, Staten Island, New York
To: PAYNE, Shelbert R. (224-016) DCC(P), USCG

Subj: Pay check; forwarding of (MOP)

Forwarded herewith is your pay check No. 347,505 in the amount of $ $200.00 . Please acknowledge receipt by indorsement hereon.

W. E. EHRMAN
By direction

Incl: DD form 214 (Original)

Address mailed to:

68 West Union St.,
Bayshore, Long Island, N. Y.

FIRST ENDORSEMENT to CO CG BASE ST GEO SINY ltr of 3 Oct 1952 , L16

Date:

From: PAYNE, Shelbert R. (224-016) DCC(P), USCG
To: Commanding Officer, CG BASE, St. George, Staten Island, New York

Receipt of the above mentioned pay check and DD form 214 is hereby acknowledged this date.

Shelbert R. Payne
(signature)

OATH OF ALLEGIANCE

I SHELBERT RUEL PAYNE, 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, the regulations governing the Coast Guard and the Uniform Code of Military Justice.

Shelbert R. Payne

SHELBERT RUEL PAYNE

Subscribed and sworn to before me this 21st day of DECEMBER AD. 19 51.

W. E. EHRMAN, LCDR., USCG
Executive Officer

UNITED STATES COAST GUARD

S/S RECEIVED
APR 1 9 08 AM z52
U. S. COAST GUARD
B A S E
ST. GEORGE, S. I.

Address Reply to:
Recruiting Office, 3CGD
80 Lafayette Street
New York 13, N. Y.

31 March, 1952

From: Officer in Charge, Recruiting Office, New York, N. Y.
To: Commanding Officer, CGBASE, St. George, SINY

Subj: Scores for Enlisted Personnel Qualification Tests

The converted scores for the Navy Battery of Tests for PAYNE, Shelbert Paul (224-016) DCC are given below. These are the Navy Standard Scores, converted from the raw scores.

GCT-1 49

MAT-1 _____

READ-1 49

AR-1 52

EK-1 _____

MK-1 _____

CLER _____

SPELL _____

O. L. Seeley

O. L. Seeley, QMC, USCG
Officer in Charge

GENERAL CLASSIFICATION TEST

COMPLETION

SAMPLES

A 1 2 3 4 5
B 1 2 3 4 5
C 1 2 3 4 5
D 1 2 3 4 5
E 1 2 3 4 5

BEGIN TEST HERE

1 1 2 3 4 5
2 1 2 3 4 5
3 1 2 3 4 5
4 1 2 3 4 5
5 1 2 3 4 5
6 1 2 3 4 5
7 1 2 3 4 5
8 1 2 3 4 5
9 1 2 3 4 5
10 1 2 3 4 5
11 1 2 3 4 5
12 1 2 3 4 5
13 1 2 3 4 5
14 1 2 3 4 5
15 1 2 3 4 5
16 1 2 3 4 5
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27 1 2 3 4 5
28 1 2 3 4 5
29 1 2 3 4 5
30 1 2 3 4 5

OPPOSITES

SAMPLES

F 1 2 3 4 5
G 1 2 3 4 5
H 1 2 3 4 5
I 1 2 3 4 5
J 1 2 3 4 5

BEGIN TEST HERE

31 1 2 3 4 5
32 1 2 3 4 5
33 1 2 3 4 5
34 1 2 3 4 5
35 1 2 3 4 5
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37 1 2 3 4 5
38 1 2 3 4 5
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54 1 2 3 4 5
55 1 2 3 4 5
56 1 2 3 4 5
57 1 2 3 4 5
58 1 2 3 4 5
59 1 2 3 4 5
60 1 2 3 4 5

ANALOGIES

SAMPLES

K 1 2 3 4 5
L 1 2 3 4 5
M 1 2 3 4 5
N 1 2 3 4 5
O 1 2 3 4 5

BEGIN TEST HERE

61 1 2 3 4 5
62 1 2 3 4 5
63 1 2 3 4 5
64 1 2 3 4 5
65 1 2 3 4 5
66 1 2 3 4 5
67 1 2 3 4 5
68 1 2 3 4 5
69 1 2 3 4 5
70 1 2 3 4 5
71 1 2 3 4 5
72 1 2 3 4 5
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95 1 2 3 4 5
96 1 2 3 4 5
97 1 2 3 4 5
98 1 2 3 4 5
99 1 2 3 4 5
100 1 2 3 4 5

NAME Gene Hilbert Paul
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

AGE _____ LAST GRADE COMPLETED _____

G. C. T. SCORE 54 (49)

FORM No. (2240 016) Dec x 42 Longe Base

TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2960

IBM FORM I.T.S. 1000 A 1631

UNITED STATES NAVY TESTS OF READING AND ARITHMETICAL REASONING.

READING

NAVPERS 16511

SAMPLES

	a	b	c	d	e
A				●	
B			●		
C	●				

BEGIN TEST HERE

	a	b	c	d	e
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					

ARITHMETICAL REASONING

SAMPLES

	a	b	c	d	e
D		●			
E					
F					

BEGIN TEST HERE

	a	b	c	d	e
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				●	

READING	17 (49)
ARITHMETICAL REASONING	20 (52)

FORM No.

NAME Payne Hallett Rock
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

AGE LAST GRADE COMPLETED

Licensed under Patent 1,536,628

IBM FORM I.T.S. 1000 A 1044 REV.

SERVICE RECORD

(1)-(B) NAME PAYNE, Shelbert Ruel
(PRINT CLEARLY) (LAST) (FIRST) (MIDDLE)

224-016 SERVICE NUMBER | 5 ft 11 in HEIGHT | 175 LBS. WEIGHT | W RACE

(2) HOME ADDRESS 614 Washington St., Cape May, N.J.

(3) BIRTHPLACE Elizabeth City, N.C.
(GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-(R) DATE OF BIRTH 2/6/21 HOW LONG IN U.S. YEARS

(5) CITIZEN [X] L-29 NON-CITIZEN L-28 TAKEN OUT FIRST PAPERS

(6)-(T) MARITAL STATUS Married (7)-(T) NUMBER OF DEPENDENTS Three

(8) EDUCATION NON-E. R-3 ILLITERATE R-2

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	x		Stumpy Point, N.C. Elem.		1936
HIGH SCHOOL	2		x	Same	Gen.	1938
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						

(9)-(R) TOTAL SCHOOL YEARS 10

(10)-(L) LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR S	SPANISH (L-23) S	SPANISH R	SPANISH W	FRENCH (L-24) S	FRENCH R	FRENCH W	GERMAN (L-25) S	GERMAN R	GERMAN W	OTHER LANGUAGES (L-26) S	OTHER R	OTHER W	S	R	W
FAIRLY WELL															
FLUENTLY (L-27)															

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION New York, N.Y. DATE 9/25/39

(12)-(B) BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
x				

(13)-(T) MAIN OCCUPATION Student — 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?

GCT-1: 49 AR-1: 52

TEST	SOCIAL STUDIES (15)-(B)	ARITHMETIC (16)-(B)	MECHANICAL APTITUDE (17)-(B)	READ	EK	MK	CA SP
GRADE —SCORE	46	45	71	~~45~~ 49	69	61	53 46

(18)-(L) SERVICE SCHOOLS QUALIFIED FOR
1.
2.
3.

(19)-(L) SERVICE SCHOOLS DESIRED
1.
2.
3.

(24) RATING

(4) (5) TOP ROW: YEAR OF BIRTH BOTTOM ROW: NUMBER OF SCHOOL YEARS

NON-ENGLISH SPEAKING 3
ILLITERATE 2

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DIS-CHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S	LAST DATE (YEAR)

(21) C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS:

(23) NEXT OF KIN Wife

NAME Mrs. Elinor F. Payne

ADDRESS 614 Washington St.

CITY Cape May STATE New Jersey

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
12/3/49	CGC SASSAFRASS	DC1	Buoy Tender

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2300-C (Supplement) (11-47)

Name	Service No.	Rating
PAYNE, Shelbert Ruel	224-016	DC1
Unit	**Location**	**Date reported**
CG Base, St. George	Staten Island, New York	11-1-49
FINAL AVERAGE EFFICIENCY MARKS	Proficiency in Rating 3.6	Conduct 4.0

Deductible time while attached: None

[ ] Entered in absence from duty article of record

Disposition of identification credentials: Surrendered [Yes] / Not Surrendered (Explanation below) — OLD TYPE CG I.D. CARD

STATEMENTS OF DISCHARGE

Explanation of non-surrender of identification credentials

Place to which travel allowance is elected
PAFE: Cape May, New Jersey
POD: St. Geo., S.I., N.Y.

Receipt of the following is acknowledged
[XXX] Honorable Discharge Button, USCG
[ ] Honorable Service Button
[ ] Honorable Service Emblems
[XXX] Satisfactory Service Card No.
[ ] Information relative to rights and benefits as a veteran

Address subsequent to discharge
68 West Union St.
Bay Shore, L.I., N.Y.

Signature of dischargee
Shelbert Ruel Payne
SHELBERT RUEL PAYNE

Remarks
Reenlisted in the U.S.C.G. for a period of six (6) years on 21 December, 1951.

DISCHARGE

Date: 12-20-51 | Type of discharge: HONORABLE
Reason: EXPIRATION OF ENLISTMENT
Authority: Art. 581(1) CG Regs.

MUSTERING OUT PAY
MUS
[ ] Entitled [XXXX] Not Entitled

Amt. paid | Voucher no. | Check no.

TRAVEL ALLOWANCE AND PAY

Paid TA from	To
New York, NY	Cape May, NJ
Total TA: $10.32	Total TA & pay (in full to date of disch.: $546.12
Check No.	Name of pay officer: HERBERT NEWMAN

CREDITABLE SERVICE THIS ENLISTMENT

Years	Months	Days
THREE	-0-	-0-

REENLISTMENT RECOMMENDATION
[XXXXX] Recommended [ ] Not Recommended

Certified to be correct upon termination of service
W. E. EHRMAN, LCDR., USCG
Executive XXXXXXXXXX Officer

CG-2511 (Revised)
For approved by Comptroller General, U
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-10)
CG-73

STATE[illegible] OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

6 March,1950

om: Commandant.

: Commanding Officer, CG Base, St.George,Staten Island,N.Y.
a: Commander, Third Coast Guard District (pmp)
UBJECT: PAYNE, Shelbert R (224-016) DC1
ef: CGC SASSAFRAS letter dated 19 October,1949
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—
9-25-39 Enl Ext 3 years from 9-25-42	12-18-45 H D	None		None		None	
12-19-45 12-21-48	12-20-48 H D	None		None		None	
Now serving							

B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32058-3

S R.

UNITED STATES COAST GUARD

Address Reply to:
Commanding Officer
CG BASE, St. George
Staten Island, N.Y.

File: ~~19 May, 1952~~ L15

From: Commanding Officer, CG BASE, St. George, Staten Island, N.Y.
To:
PAYNE, Shelbert R.
~~NEILL, Albert R. Jr.~~
Subj: ~~Pay Checks, forwarding of~~

Forwarded herewith is your pay check No. 309,648 ~~309,642~~, in the amount of $77.00 ~~46.00~~
Please acknowledge receipt by indorsement hereon.

W. E. EHRMAN
By direction

Ind-1

From: PAYNE, Shelbert R.
To: ~~Commanding Officer, CG BASE, St. George, Staten Island, N.Y.~~

I do hereby acknowledge receipt of the above mentioned pay check.

(Signature)

CERTIFICATE IN SUPPORT OF CLAIM FOR
SPECIAL INITIAL CLOTHING MONETARY ALLOWANCE

Unit: CG BASE
Address: St. George, Staten Island, N.Y.
Date: 6 March, 1952

I certify that prior to my current advancement to DCC(P)
(CPO designation

on 16 February, 1952, and that prior to this date, I have
(date of advancement)

neither made application for nor received credit of the Special Initial Clothing Monetary Allowance of $300.00 authorized to be paid to enlisted persons upon initially being advanced to the rating of Chief Petty Officer, subsequent to 30 days from date of enlistment or reporting for active duty, in accordance with the provisions of Article 242, Sec. C, (1) (a) (2) (a), Coast Guard Pay and supply instructions.

SR

Shelbert R. Payne
SHELBERT R. PAYNE, DCC(P)
(Signature and rate)

DISPOSITION:
Orig. & 1 copy to be submitted with S&A Form 510.
1 copy to be retained for unit files.
1 copy to be retained in service record of claimant.

98

PAYNE, Shelbert R. 224-016 DCG(P)

CG BASE St. George, SINY 3 March, 1952

From: Commander, Third Coast Guard District
To: Commanding Officer, CG BASE, St. George, SINY

Subj: Personnel; advancement in rating

Ref: (a) HL dated 15 February, 1952, PE-1, file: MM

1. In accordance with reference (a), and under authority of Section 12-3-23B, Coast Guard Regulations, the below-named man is advanced to the rating indicated, effective, 16 February, 1952, provided his conduct and performance of duty since date of examination have been satisfactory. If advancement(s) is not justified, the Commandant (PE) will be immediately advised.

DCl DCC (Provisional) 16 February, 1952

PAYNE, Shelbert R. (224-016) DCl to DCC (provisional)

HL dtd 2-15-52, PE-1, MM and Article 12-3-23B CG Regulations

2. [illegible]

3. Forward Form 2599 and make necessary entry/entries in service record(s) showing advancement(s), citing reference (a), and Section 12-3-23B, Coast Guard Regulations as the authority therefor.

W. E. EHRMAN, LCDR, USCG
XO, By direction

Incl:
Certified copy of ref. (a)

UNITED STATES COAST GUARD

RECEIVED
MAR 5 9 11 AM '52
U. S. COAST GUARD
ST. GEORGE, S. I.

Address reply to:
COMMANDER
THIRD COAST GUARD DISTRICT
80 LAFAYETTE STREET
NEW YORK, N. Y.

P B A S E
29 February, 1952
File: PI7-2/MM

From: Commander, Third Coast Guard District
To: Commanding Officer, CG BASE, St. George, SINY

Subj: Personnel; advancement in rating

Ref: (a) HL dated 15 February, 1952, PE-1, file: MM

1. In accordance with reference (a), and under authority of Section 12-3-23B, Coast Guard Regulations, the below-named man/~~xxxx~~ is/~~xxx~~ advanced to the rating(~~x~~) indicated, effective, 16 February, 1952, provided his/~~xxxxx~~ conduct and performance of duty since date of examination ~~xxx~~/have been satisfactory. If advancement(~~x~~) is/~~axxxx~~not justified, the Commandant (PE) will be immediately advised.

PAYNE, Shelbert R. (224-016) DC1 to DCC (provisional)

2. ~~Advancement(s) shall be effected either on the 1st or 16th of the month, whichever occurs next after receipt of this authorization. To this end, dispatch communication shall be utilized as necessary.~~

3. Forward Form 2599 and make necessary entry/~~exxxxx~~s in service record(~~x~~) showing advancement(~~x~~), citing reference (a), and Section 12-3-23B, Coast Guard Regulations as the authority therefor.

S. L. BROWN
By direction

Incl:
Certified copy of ref. (a)

UNITED STATES COAST GUARD

RECEIVED
MAR 5 9 11 AM '52
U. S. COAST GUARD
B A S E
ST. GEORGE, S. I.

Address Reply to:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

15 February, 1952
File: MM

From: Commandant
To: Commander, 3rd CG District (p)

Subj: Personnel; advancement in rating

1. Under authority of Section 12-3-23A, CG Regulations, the below-named men are advanced to the ratings indicated, effective 16 February, 1952, provided their conduct and performance of duty since date of examination have been satisfactory. If advancements are not justified, the Commandant (PE) will be immediately advised.

ANDERSON, Ivan J. (268-137) SK1 to SKC (provisional)
BENDER, Louis (201-708) EN1 to ENC (provisional)
BISHOP, Daniel S. (264-394) AT1 to ATC (provisional)
CLAYTON, Charles T. (268-118) EN1 to ENC (provisional)
DUGGER, James R. (272-360) EN1 to ENC (provisional)
LIMING, William A. (286-220) RD1(ET) to RDC(ET) (provisional)
PAYNE, Shelbert R. (224-016) DC1 to DCC (provisional)
THRUSH, Raymond L. (247-053) EN1 to ENC (provisional)
WALKER, Charles W. (273-609) SK1 to SKC (provisional)
ZAGIBA, Joseph J. (224-218) SK1 to SKC (provisional)

2. Forward Forms 2599 and make necessary entries in service records showing advancements, citing this letter and Section 12-3-23A, Coast Guard Regulations as the authority therefor.

/s/ B. H. BRALLIER
By direction

CERTIFIED TO BE A TRUE COPY

S. L. BROWN, CSCLK, USCG

Payne

106

DAVIS, Shelbert R.

224-016

DC1

03-210373 CG BASE

St. George, SINY

9 January, 1952

0_3-210373

1345
1-3-52

TAD

CG Group, East Moriches, LINY ✓
EDA: 1-3-52

CCGD3/VO 1-2-52, P16-3, Order No 216-52 File P16-4/MM

Reported 1600
1-3-52

Departed 0900
1-4-52

W. E. EHRMAN, LCDR, USCG,
Executive Officer

SERVICE RECORD COPY

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

Reenlisted - Comst PE 1-6

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PAYNE, Shelbert Ruel	DCC	224-016
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
100 New Hampshire Ave.	Discharge & Reenlistment	11-27-57

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.	18		Treasury Department	St. George Base

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-6-1921	Elizebath City, N.C.	Mother 100 New Hampshire Ave. BAYSHORE L.I.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO, NEW YORK, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements. nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 78*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)*

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* X.—*Missing teeth* (6 × 8).—*Fixed bridge, brackets to include abutments*
/.—*Nonrestorable teeth* XXX.—*Replaced by dentures*

RIGHT																LEFT
	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	X
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	X

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.018			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	NEGATIVE	KAHN NEGATIVE
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
NOT INDICATED			NOT INDICATED	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
72	190	Sandy	Blue		98.2

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 120 / DIAS. 90	RECUMBENT	SYS. 116 / DIAS. 84	STANDING (3 min.)	SYS. 126 / DIAS. 94		

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	112	88	72	84

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. NFA CX	CORR. TO NFA BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

NFA

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT NFA LEFT	PI PLATES NORMAL	NFA	NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15/15 SV 30/30

LEFT WV 15/15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT								
LEFT		NFA						

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

OFFICE OF THE CHIEF MEDICAL OFFICER
USCG HEADQUARTERS, WASHINGTON, D.C.

JAN 6 1958

REPORT OF MEDICAL EXAMINATION APPROVED

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Discharge and reenlistment

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
BURTON L. STERNER, MD. USPHS	Burton L Sterner
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
A.A. KARPINSKI, S.A.D.S. USPHS	A.A. Karpinski
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE : 1952 O - 999997 16—62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PAINE, Shelbert R.	DCG	221-016

(ADDRESS (Number, RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
100 New Hampshire Ave., Bayshore, N.Y.	Retirement	22 July 59

4. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE: MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
M	Can.	20	0	Treasury Dept.	Coast Guard

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
6 Feb. 21	North Carolina	Emmaline Religion; Protestant

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS OTC, 67 Hudson St., New York City, N.Y.	Allie Grick (mother) Trailer Park, Islip, N.Y.

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
	X	33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 74)
X		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

32. Post Operative Fistulectomy.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

O.—Restorable teeth X.—Missing teeth (6 × 8).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X															X	
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT
	X															X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Dentially qualified.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.022			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
neg.	neg.	neg.	neg.	VDRL & MAZZ. NEG.

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Within normal limits.	N. I.	Hematocrit 46%

16—62283-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
70.5	177	Sandy	Blue	X / ☐ / ☐ / ☐	99

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		112	74
RECUMBENT		110	70
STANDING (3 min.)		102	80

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	118	84	76	100

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S. NFA CX	CORR. TO NFA	BY
LEFT 20/ 20	CORR. TO 20/	BY	S. CX	CORR. TO	BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° NFA R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT NORMAL LEFT	PIP - N	NFA	NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
FULL	NFA	NFA	N TO PAL

70. HEARING

RIGHT WV 15/15 SV 30/30 NS

LEFT WV 15/15 SV 30/30 NS

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT		NFA						
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

32. Postoperative Fistulectomy - assymptomatic.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☐ IS ☐ IS NOT QUALIFIED FOR Is qualified for retirement.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN
G.F. LEISTER, SA., SURG., USPHS.

SIGNATURE G. F. Leister

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
J.S.MILLER DENT., DIR., USPHS

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—82258-1

Standard Form 502
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A - 32

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
4/20/59	5/1/59	11

(Sign and date at end of narrative)

HISTORY: This 38 year-old Coast Guardsman, gave a history of a draining anal fistula for the past three months. He was seen here in January for a small thrombosed hemorrhoid at 12 o'clock. This subsequently was opened, and the patient had noted some drainage from this area.

PAST HISTORY: Pasthistory and systems review are non-contributory to the present illness.

PHSICAL EXAM: Revealed a well-developed, well-nourished white male, in no acute distress, with normal vital signs. The only pertinent physical finding was that of a fistulous opening at 12 o'clock, approximately half an inch from the anal verge, with purulosanguineous drainage.

LAB. & X-RAY DATA: Hematology, urinalysis, and serology were within normal limits. Photofluorogram was negative.

HOSPITAL COURSE: The patient had a fistulectomy done on 4/22/59, and this was performed under caudal anesthesia. The area was packed, and the patient had abenign postoperative course, with clean healing. He was sufficiently recovered for out-patient care, by 5/1/59.

DIAGNOSIS: 1. Fistula-in-ano.

CONDITION: Improved.

OPERATION: 1. Fistulectomy.

PROGNOSIS: Good.

DISPOSITION: It was advised that the patient be given 2 weeks additional convalescence leave for frequent sitz bathing at home. He was to return to the Rectal Clinic on 5/5/59.

in 1205

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
/s/ SYMON SATOW, SURGEON/pc	dict. 4/30/59		CG.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle initial; grade; date, hospital or medical facility)*
PAYNE, SHELBERT
USPHS HOSPITAL STATEN ISLAND, 4, NY.

REGISTER NO.	WARD NO.
32107	AB4

NARRATIVE SUMMARY
Standard Form 502

☆ U. S. GOVERNMENT PRINTING OFFICE: 1957—J - 445426

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

PAYNE.
(Surname)

Shelbert Rual
(Given name-s)

A.S. 224-016
(Rank or rate) (Service number)

INSTRUCTIONS

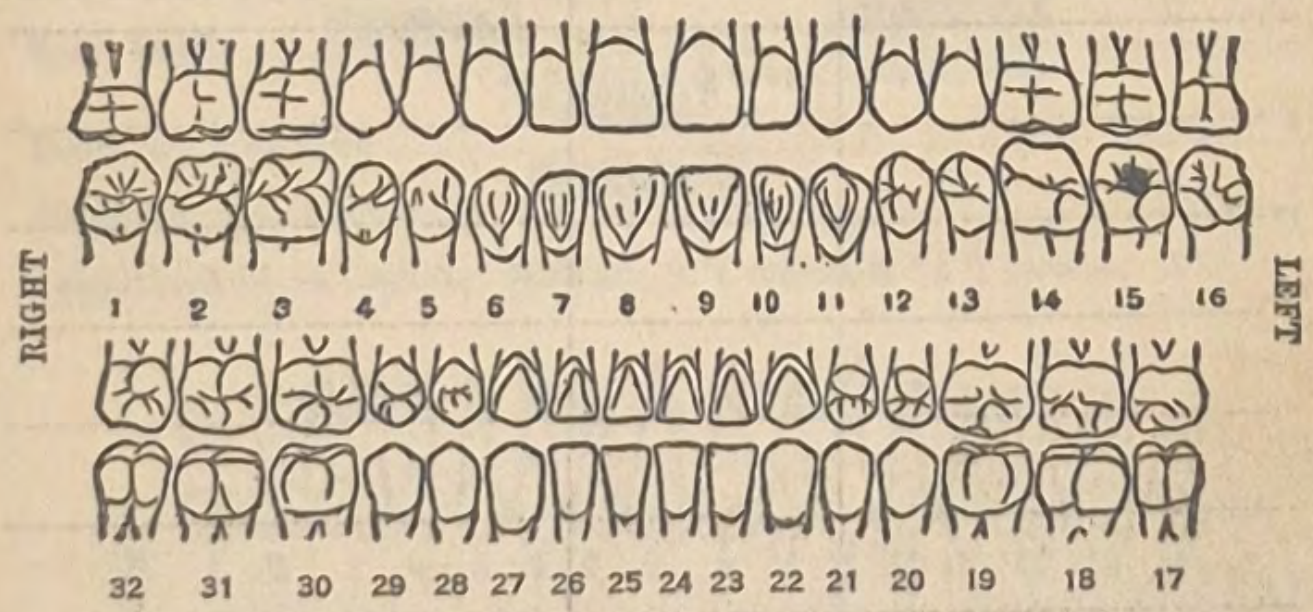
The Dental Record will be inserted as the top sheet in the Health Record.

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

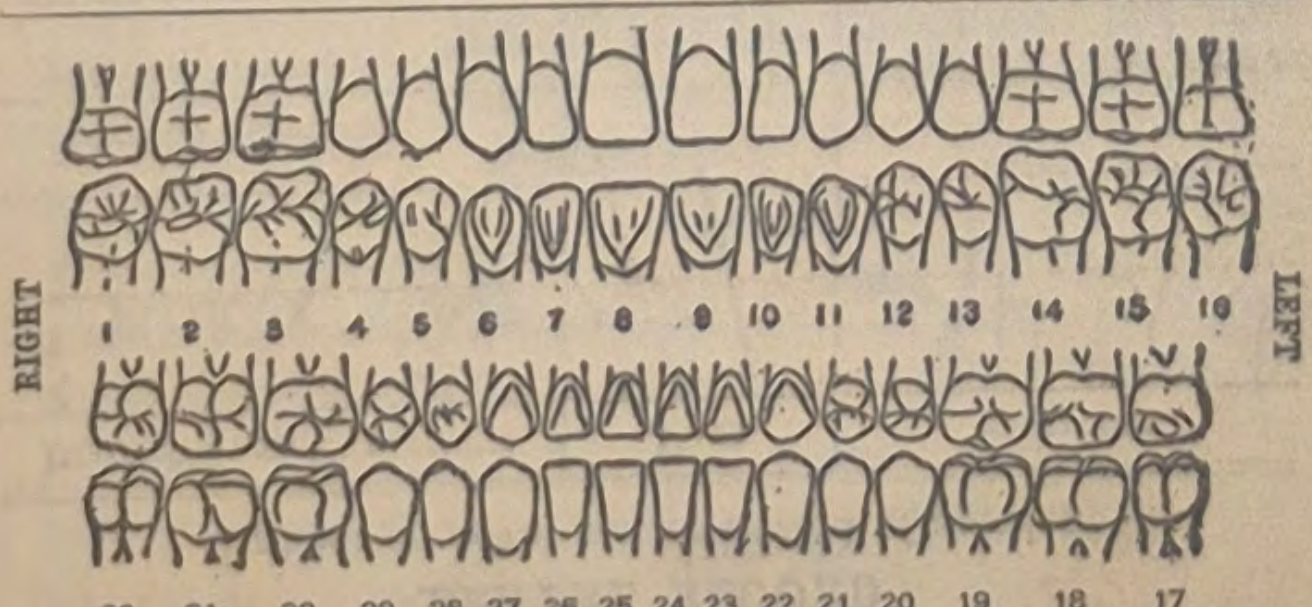


REMARKS:

10-30-42 R E Turk

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



TB COPY

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name Payne, Shelbert R. Service Number 224-016
(Surname first)

Age: Years 24 Months 8 Color White

For: Regular Enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating S.M.1c.

Place Bay Shore, N.Y. Date November 29, 1945.

Personal Medical History Measles - Whoopincough

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

Color blind? No Test used Charts

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

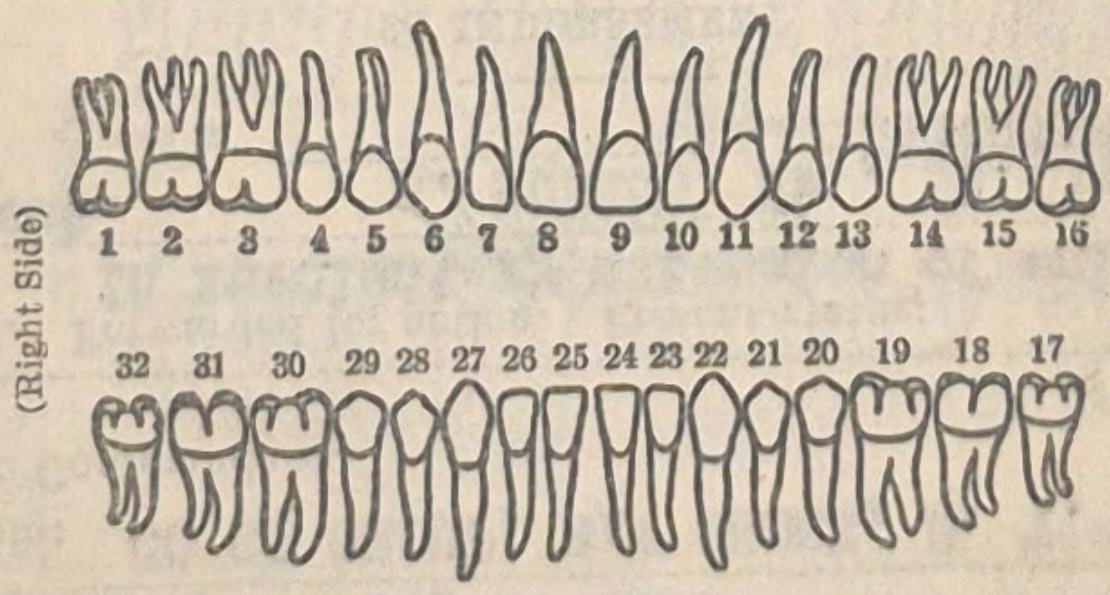
Eyes, eyelids, and reflexes normal

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

Height 70½ inches. Weight (stripped) 165 Lbs. Obesity no

Skin normal

Lymph. glands normal

Chest: Inspiration 40½ Expiration 35

Heart and blood vessels normal

Blood pressure: Systolic 120 Diastolic 68

Pulse before exercise 68, after exercise 102, after 2 min. 74

Lungs normal

Abdomen and pelvis normal very small varicocele, (L).

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin neg Sugar neg Shreds 1020

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

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Wass neg.

Wassermann or Kahn test: Date Nov 28 Result

16—27070-1

CERTIFIED TO BE A TRUE COPY

REMARKS: ---

CERTIFICATE

~~We~~ I } certify that { ~~We~~ I } have personally made this physical examination and find that Payne, Shelbert R.

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

He is physically qualified to perform the duties of B.M.1c.
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for ---

on account of ---

/s/ H. R. Barringer
A.A. *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

4 December, 1945.
(Date)

Place Bay Shore, N. Y.

From: CO CG GROUP, BAY SHORE, N. Y.

To: Commandant.

1. Forwarded for action. Present status: In involuntary extension of enlistment.

A. BURRUS, Jr., Lt. (jg).
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

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

12-6-45
(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.

7 December, 1945
(Date)

From: Commandant.

To: CO, CG Group, Bay Shore, N. Y.

1. ENLISTMENT AUTHORIZED; REGULAR ESTAB.

Insert this copy in health record.

By direction,

E. ZOOLE
Chief, Enlisted Assignment Div.
Chief, Personnel Section.

Assen
U. S. GOVERNMENT PRINTING OFFICE 16-27010-1

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

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

Name PAYNE, Shelbert R. Service Number _____
(Surname first)

Age: Years 18 Months 7 Color White.

For: Special Temporary Enlistement.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating A.S.

Place New York, N.Y. Date 9-21-39

Personal Medical History NEG.

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

Color blind? NO. Test used I.P.

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

Eyes, eyelids, and reflexes OK.

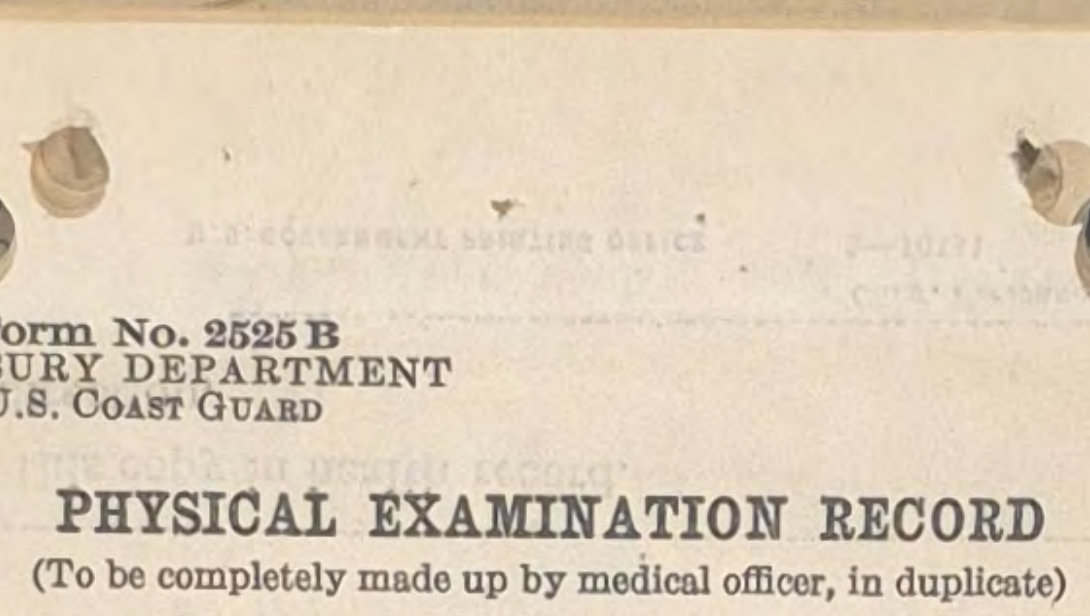
Ears: Right OK. Left OK.
(Condition of drum, discharge, etc.)

Head, face, and neck OK.

Mouth, nose, and throat OK.

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

(Right Side)



Gums OK. Temperature 37°

Height 70 inches. Weight (stripped) 156 Lbs. Obesity NONE

Skin OK.

Lymph. glands OK.

Chest: Inspiration 39 Expiration 34

Heart and blood vessels OK.

Blood pressure: Systolic 130 Diastolic 70

Pulse before exercise 84, after exercise 120, after 2 min. 84

Lungs OK.

Abdomen and pelvis OK.

Genito-urinary organs OK.

Spine and extremities OK.

Nervous and mental conditions OK.

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia 0 Sp. Gr 1.027

Blood cells 0 Pus cells 0 Casts 0

Blood (if indicated) Hb 0 %. Reds 0 Whites 0

Wassermann or Kahn test: Date 9-21-39 Result NEG.

2—16141

Religious Status ?

REMARKS: ---

CERTIFICATE

I certify that I have personally made this physical examination and find that PAYNE, Shelbert R.

He is physically qualified for S.T.E.
(Enlistment, appointment, promotion)

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

He is not physically qualified for ---

on account of ---

F.D.S.

Surgeon, U.S. Public Health Service.

A.A.

1st INDORSEMENT

25 September, 1939
(Date)

Place New York, N.Y.

From: Recruiting Officer, New York.

To: Commandant.

---

1. Forwarded for action. Present status:

Enl. this date for 3 yrs STE as A.S.

Commanding—Dist. Comdr.-Off. in Chg.

R.W. BUTCHER

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 [illegible]ion.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

Form No. 2525 C
TREASURY DEPARTMENT
U.S. COAST GUARD

VACCINATION AND INOCULATION RECORD

Name PAYNE, Shelbert Ruel
(Surname first)

Rank or rating A.S. Service number 224-016

SMALLPOX VACCINATION

Number of prior scars 0

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
9/27/39	Harry [illegible] Williams		
4-26-47	H. P. Baringer	H. P.	H. P. Baringer

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	
1939 9/27	1939 10/4	1939 10/11	H. W. Williams
1/2 cc 3/2/46	1cc 3/9/45	Cholera	Stephen J. Burgoski

[redacted]

(If exempted from vaccination or inoculation, state reason)

Typhoid booster ½ cc. 8/18/43
Tetanus booster ½ cc. 8/18/43
[illegible] Jr. Lt. (jg) USCG
9/26/44 Typhoid Booster 1/2 cc
[redacted] SN 1/c
(Signature of medical officer)

2—16142

Form No. 2525 C
TREASURY DEPARTMENT
U.S. COAST GUARD

VACCINATION AND INOCULATION RECORD

Name _____
(Surname first)

Rank or rating _____ Service number _____

SMALLPOX VACCINATION

Number of prior scars _____

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT

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	
6-17-49	6-24-49	7-6-49	Baccaglini HM1
	Typhus		
5/5/45	6/12/45	6/19/45	

~~EXEMPTION~~

(If exempted from vaccination or inoculation, state reason)

6/28/47 - Tetanus Antitoxin
Globulin Modified Prophylactic
dose - Tetanus Toxoid

George Markwell
(Signature of medical officer)

2—16142

1st Tetanus 6-17-49 Baccaglini HM1.
2nd Tetanus 7-28-49 J.S. Kendall HM1

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Page .....

Surname PAYNE Service No. 224-016

Christian name-s Shelbert Ruel

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Bay Shore, Ny. 30, May 1941.
Patient taken severe pain
in stomach at 5 a.m.
Nauseated, attempted vomit
Objection -
Temperature normal, Pulse
74, Some localized
pain uniform - Abdomen
negative -
Recommended. Elemmating
and light diet.

H. R. Barringer
a. a. Surgeon

- - - - - - - - - - - - - - - - - - - -

Dispensary, Fire Island Radio Sta.
Bay Shore, N.Y.
Diagnosis: #0121 Antitetanic-
Inoculation(TETANUS TOXOID).
DATE:
2-9-42: 1st injection(1cc)given.
3-16-42: 2nd injection(1cc)given.

Treatment completed.

Ralph Runavaar
Ralph Runavaar, PhM1c.

- - - - - - - - - - - - - - - - - - - -

2—16143

Form NCG-2525D

MEDICAL HISTORY

Page _____

Surname PAYNE Service No. 224-016

Christian name-s Shelbert

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S. Coast Guard Infirmary
Westhampton Beach, Long Island
November 21, 1944
Admitted to inpatient treatment

DIAGNOSIS:
#0..-43x Strain of sacro iliac

ORIGIN:
Not due to own misconduct
Incident to service

PAST HISTORY:
Essentially negative

PRESENT HISTORY:
Patient has had history of pains in the sacro iliac region. He has also complained of blackouts and severe headaches.

PHYSICAL EXAMINATION:
Negative in all aspects with exception of tenderness in sacro iliac region.

LABORATORY TESTS:
11-22-44 Glucose tolerance test

1st sample	66.2 mg per 100 cc
2nd sample	100 mg per 100 cc
3rd sample	58.3 mg per 100 cc

Last sample of urine negative for sugar.
Diathermy to back tid for 20 minutes.
11-25-44 Discharged to duty with recommendation that patient return to this unit in two weeks for further checkup.

D. Wiecekowski, A.S. USPHS

16—25653-1

U.S. Coast Guard Infirmary
Westhampton Beach, Long Island
12-14-44 Returned to this unit for a
checkup.
Glucose tolerance
1st 76 mg per 100 cc
2nd 111 mg per 100 cc
3rd 105 mg per 100 cc

John J. Zimmanti, Ph. M. 1c

Captain Shellhut, Med
The above named man
has been examined this
Date 2/25/45 and found fit
for Sea Duty.

W. W. Richards
Fire Island Lifeboat Sta.
Bayshore Long Island.
N.Y.

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

Form NAVCG-2525D

MEDICAL HISTORY

Page _____

Surname PAYNE Service No. 224-016

Christian name-s BM 1c

STATE NAME OF PLACE DATE EACH NEW ENTRY

U. S. COAST GUARD INFIRMARY
WESTHAMPTON BEACH, LONG ISLAND
4-23-45 Admitted inpatient this date.
DIAGNOSIS: Gastric Neurosis-640-990

ORIGIN: Incident of service not misconduct.

PRESENT HISTORY: Patient states that two months ago he noted a dull pain upper left part of stomach area. At about this time mentioned patient came to this unit for outpatient treatment for same. Results were poor. No hematemesis, no blood in stools noted. Patient states that pains are more severe right after eating. He is not bothered at night, has never vomited. Patient has found that drinking a cold glass of milk helps to relieve pain. Patient has been worrying about cancer of stomach because of his father's death by cancer.

PHYSICAL EXAMINATION: Essentially negative except for some slight tenderness in epigastrum on deep pressure. No masses palpated, no rigidity. Heart and lungs are normal. BP 124/76

LABORATORY REPORTS: Mazzini -negative
Urine Examination-Less Pus-2-4 H.P.F.
Otherwise essentially negative.

Specimen	Free-HCl	Comb-HCl	Total
Fasting	---	6.0	6.0
15 min	---	8.0	8.0
30 min	---	6.0	6.0
45 min	---	8.0	8.0
60 min	20.0	11.0	31.0
1-15min	20.0	9.0	29.0

Low Free HCl content.

TREATMENT AND PROGRESS: 4-23-45-

Admitted inpatient. Routine ward and nursing care. Regular Diet.

4-24-45- G.I. and G. A. Series 10-29058-3 this date.

4-26-45 Tr. Belladona mx, Hcl x with water at mealtime.
4-27-45- Same treatmeat - no complaints.
5-3-45 - Discharged to duty this date. Condition much improved. Fit for duty. 10 days off duty this report

T. S. GERSPACHER, SURG. USPHS(R)
Medical Officer in Charge.

Fire Islad Sick Bay 2-18-46

Diag.: Gastric Neurosis
C.C. Pains in stomach
P.I. For the past 2 years pt. has had pains in the mid-epigastrium. These pains are continuous and not relieved by food or milk. Pt. has had episodes of weakness, coming on several hours after eating and only lasting a few minutes . Pt. has been in the hospital on previous occasions and little has been found . One aggravating factor is that patient is o n a very isolated station , and when he becomes emotionally worked up all complaints are worse. Pt. has been on this island for six years
Exam: Essentially neg.
Disp.: Referred to Stapleton for gi check up and study . Given belladonna and amphojel in interim.

W.Richards , Surg. R

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

REQ

Your Name (Please Print – Last, First, Middle)
Burns, Andrew

E-Mail Address:
abfg4@umsl.edu

INFORMATION NEEDED TO

Name used in Service (Please Print – Last, First, M
Payne, Shelbert, Ruel

MILITARY SERVICE

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

Type of Rank:
☐ Enlisted
☐ Officer
☐ Unknown

Service Period (Check all that ap
☐ 1939 & Prior
☑ 1940 - 1950
☑ 1950 & After

Date & Place of Death:
2000

State of Residenc
(upon entry into

Other Identifying Information
(Parent's Names, CSC Number, etc.)

Researcher Signature:

Appointment Time and Date:

CMRS Service Request Number:
C-00084494

CMRS Search Request Number(s):
CS-396582

SCREENING NOTES

☑ Reviewed and Nothing Removed
Hold Requested: ☐ Yes ☐ No
☐ Additional charge outs and signatures on reverse side

Items Remov
User Inform
Your Requests:

NATIONAL ARCHIVES AND RECORDS ADM

— 1971 —

Form NCG-2525D

MEDICAL HISTORY

Surname PAYNE, Page
Christian name-s Shelbert R. Service No. 224-016

STATE NAME OF PLACE DATE EACH NEW ENTRY

US MARINE HOSPITAL, STAPLETON, SINY

3-[illegible]-36 Admitted as out-patient

DIAGNOSIS: Gastric neurosis
Hypoglycemia

HISTORY: Two years history of epigastric pain, weakness, fatigability. No loss of weight, no cough and no night sweats.

EXAMINATION: Recommend G.I. Series, blood sugar and chest plate.

Examination of the chest shows no evidence of recent or active pulmonary disease. Heart and greater vessels are within normal limits as to size and contour. The leaves of the diaphragm are regularly outlined. Impression: Normal Chest. In particular, no evidence of reinfection type of pulmonary tuberculosis.

MILTON S. ROSS
Medical Doctor, USPHS
S.A. Surg.

16—29655-1

Form NCG-2525D

MEDICAL HISTORY

Surname Payne Page
Christian name-s John H. Service No. 268-351

STATE NAME OF PLACE DATE EACH NEW ENTRY

US Marine Hospital, SINY
1/10/49 Admitted as Out Patient.
Diagnosis: Under Observation Upper respiratory infection.
Not Misconduct.
History: 1/10/49 Sent in because he had been overleave for six days due to high fever and cough.
Examination: Temp. 98.6

COPYMATE II

Form NCG-2525D

MEDICAL HISTORY

Page _____

Surname Payne Service No. 268-351

Christian name-s John H.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

US Marine Hospital, SINY

1/10/49 Admitted as Out Patient.

Diagnosis: Under Observation Upper respiratory infection.

~~Not Misconduct.~~

History: 1/10/49 Sent in because he had been overleave for six days due to high fever and cough.

Examination: Temp: 98.2 Chest examination reveals nothing. This man may have had an upper respiratory infection.

Treatment: Chest X-Ray to be obtained.

Discharged. Fit for duty.

B.L. Sterner
Medical Officer USPHS

Marginal Sept 9 53
Dyspepsia Controlled.
C.A.S.

RECEIVED
MAR 24 1943
USCGC SASSAFRAS

16—25058-1

LOOSE LEAF TO BE PLACED IN H/R
CG BASE, ST. GEO.

Atlantic city

Form NAVCG-2525D

MEDICAL HISTORY

Page _____

Surname P. PAYNE Service No. 224-016

Christian name-s Shelbert R.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

USPHS HOSPITAL, STAPLETON, SINY
2-5-53 Admitted to OPD
2-6-53 Discharged
DIAGNOSIS: External Otitis.
~~Chronic Marginal Blephanitis.~~
Muscle Spasm, right shoulder.
CHIEF COMPLAINT: Pt. complains of pain and irritation of ears for past year.
~~EXAM: Reveals external otitis.~~
Referred from ENT department to Eye Departement. Examination by Eye Department revealed chronic marginal blephanitis. Pt. was re-~~ferred from Eye Department to~~ Orthopedic Department for sharp pain over right shoulder. Exam-~~ination was essentially negative~~ except for slight muscle spastm.
~~Treatment:~~ Medication given. X-ray of right shoulder taken; negative. 2-6-53 Pt. received ~~Diathermy treatment for right~~ shoulder.
Discharged: Fit for duty.

A. L. Patrick.
A. L. PATRICK
Surgeon

jbf

16—25658-2

Form No. 2525 E
TREASURY DEPARTMENT
U. S. Coast Guard
March 1938

TERMINATION OF HEALTH RECORD

Name PAYNE, Shelbert Ruel

Rating _____ Service Number 224-016

Place _____ Date _____

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) _____

That I have the following defect(s) _____

_____

_____

_____

To Be Filled in Only When Physical Examination Prior to Discharge Necessary.

_____
Rank or Rating, U.S. Coast Guard.

Service terminated _____
(Date)

At _____
(Place)

By reason of _____
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

_____, *Custodial Officer.*
(Rank)

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
RECRUITING OFFICE, N.Y.	9-25-39	9-25-39
DEPOT SEP 25 1939		NOV 1 1939
FIRE ISLAND STA	11-1-39	11-20-44
C.G. Infirmary W'Hampton Sch. N.Y.	11-21-44	11-25-44
Bay Shore	11-27-44	4-23-45
CG Infirmary W'Hampton Beach	4-23-45	5-3-45
CG GROUP, Bay Shore, N.Y.	5/3/45	11/19/48
CGC SASSAFRAS	12/4/48	11-1-49
C.G.B. St Geo S.I.N.Y.	11-1-49	1-24-55
CGC Mackinac	1-20-55	9-2-56
CGB ST. GEO. SINY SEP 4 19[illegible]		

U. S. GOVERNMENT PRINTING OFFICE 2—16144

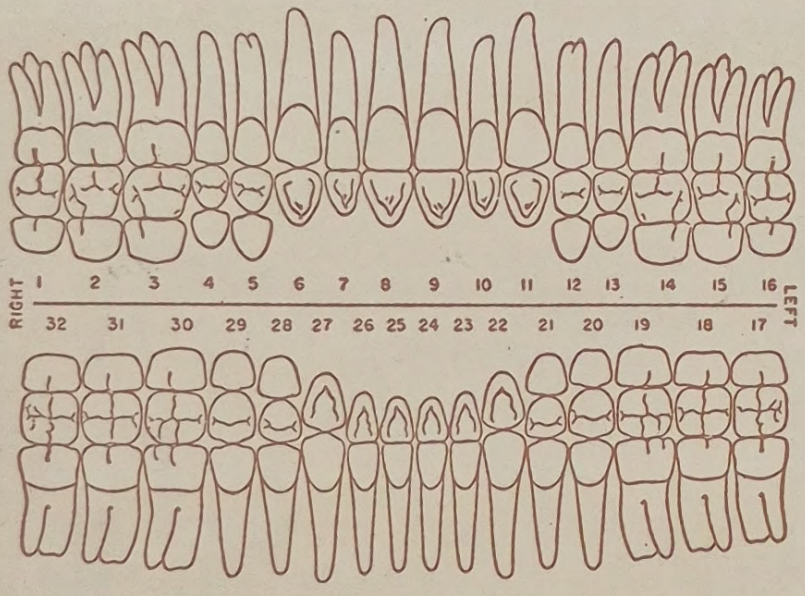
Standard Form 603
Rev. November 1953
Promulgated
By Bureau of the Budget
Circular A—32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION	2. TYPE OF EXAM.	3. DENTAL CLASSIFICATION
☐ INITIAL ☐ SEPARATION ☐ OTHER (*Specify*)	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. MISSING TEETH AND EXISTING RESTORATIONS

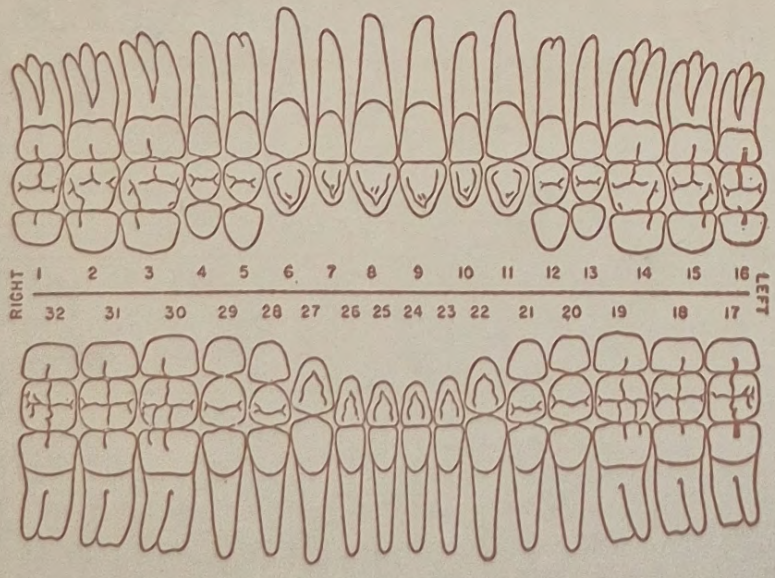


REMARKS

PLACE OF EXAMINATION	DATE

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

☐ SLIGHT ☐ MODERATE ☐ HEAVY

B. PERIODONTOCLASIA

☐ LOCAL ☐ GENERAL

☐ INCIPIENT ☐ MODERATE ☐ SEVERE

C. STOMATITIS (*Specify*)

☐ GINGIVITIS ☐ VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

☐ FULL MOUTH PERIAPICAL ☐ POSTERIOR BITE-WINGS ☐ OTHER (*Specify*)

DATE	PLACE OF EXAMINATION	SIGNATURE OF DENTIST COMPLETING THIS SECTION

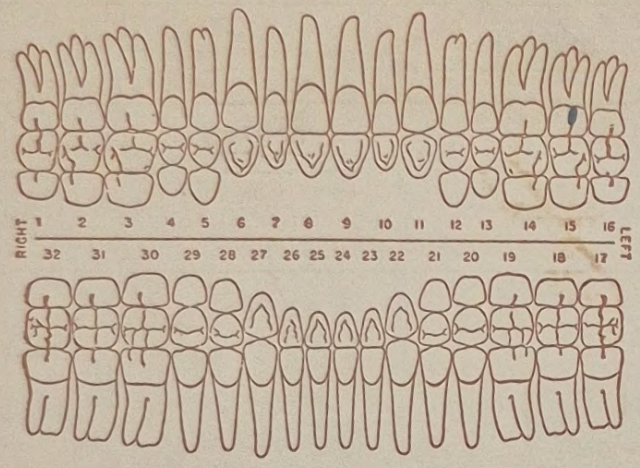
SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	C	DCC	CG BASE ST GEO SINY	COAST GUARD	TREASURY

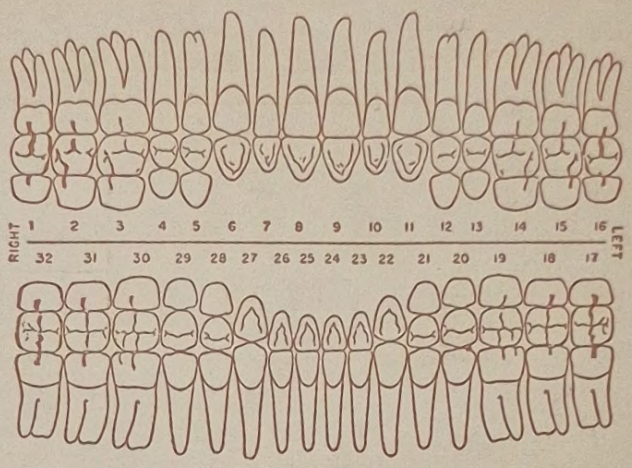
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY-MONTH-YEAR)	14. IDENTIFICATION NO.
PAYNE, Shelbert Ruel	16-2-21	224-016

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
4 10-56	Examination		CG BASE, ST. GEO. SINY	BHJ
4 10-56	Scale & Prophy.		CG BASE, ST. GEO. SINY	BHJ.
~~#~~ ~~Pro~~				
1-17-57	Examination Bite wing X-rays		Thomas E. McClellan II	mc
1-17-57	Prophy		" " "	mc
6.4.59	#16 Final Zyl Fuge amls		K S Faur SINY	KS
5.4.59	Case Completed			
7/22/59	Exam		v Wedenthin	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

U. S. GOVERNMENT PRINTING OFFICE 16—67875-2

Standard Form 601
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD — IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATION AGAINST SMALLPOX (*Number of previous vaccination scars*)

	DATE	ORIGIN	BATCH NUMBER	RESULT* 2-3 DAYS	RESULT* 7-10 DAYS	STATION	PHYSICIAN'S NAME
1	4-26-47			Immune			2525 C
2	1-21-55	Nat dg Co	3580A3	I R			C.S.STEVENSON HMC
3	8/27/58			I R		CGB, SINY	J Clapp HMC
4							
5							
6							

*ENTER RESULTS AS: IMMEDIATE REACTION (*of immunity*); ACCELERATED REACTION (*Vaccinoid*); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	7-6-49	series		2525 C	7				
2	1-21-55	0.1cc	none	C.S.STEVENSON HMC	8				
3	8/27/58	0.5cc	—	J Clapp HMC	9				
4					10				
5					11				
6					12				

TETANUS TOXOID + Diptheria

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	7-28-49		series	2525 C	4				
2	1-21-55	0.5cc	none	C.S.STEVENSON HMC	5				
3	3/10/59	.5cc	Booster	A Walkarg	6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

	DATE TEST	DOSE	REACTION	PHYSICIAN'S NAME		DATE TEST	DOSE	REACTION	PHYSICIAN'S NAME
1					5				
2					6				
3					7				
4					8				

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
1	6-19-45	series		2525 C	4				
2					5				
3					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1	3-9-45	series		2525C	7				
2					8				
3					9				
4					10				
5					11				
6					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	PHYSICIAN'S NAME
1					
2					
3					

SEX	RACE	GRADE, RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	C	DCC	CG BASE ST GEO SINY	COAST GUARD	TREASURY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
PAYNE, Shelbert Ruel	16-2-21	224-016

16—67730-1

IMMUNIZATION RECORD
Standard Form 601

STANDARD FORM 600

HEALTH RECORD COPY

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGINIZATION (sign each entry)
2/5/54:	USPHS HOSPITAL STAPLETON, STATEN ISLAND, NY: Outpatient status.
	DIAGNOSIS: External Otitis, mild.
	HISTORY: Pt. has had burning and irritation of ear canals for the past year or so with occasi nal whitish discharge.
	EXAM: Canals reveal minim al external otitis. No discharge.
	Rx: Cresatin. Refer to eye clinic foe chronic conjunctivitis.
	EYE: Chronic marginal blepharitis o.u. with healing. Scaling, slight thickening, redness of margins of lids. upper and lower.
	Rx: Bacitracin oint. t.i.d. Return in 1 week.
2/8/54:	Very little discharge from external canals. Small amount of white pasty substance removed.
	Rx: Gantrisin gtts. FFD.
	Discharged: Fit for duty.
	A.L. Patrick. A.L. PATRICK Sr. Surgeon
	wdm
4-19-55	Pt seen on ship while at sea c complaint of irritation of both ear canals for past 3 yrs. Was seen at Stapleton Hosp. as noted above for same complaints and pt has been using Cresatin ever since then. He has noted some yellowish drainage in small amounts from both ears. P.E. shows both external canals to have a moist

SEX	RACE	GRADE, RATING POSITION	UNIT	BRANCH	SERVICE DEPT OR AGENCY
M	W	DCC	Base.	CG	Treasury

PTS. LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	IDENTIFICATION NO.
PAYNE,	Shelbert	R.	2/6/21	224-016

STANDARD FORM 600

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGINIZATION (sign each entry)

yellowish appearance c one small spot of erythema on dorsal port of left canal. Drums neg.
Imp: mild external otitis, bilateral, chronic.
Advise pt be sent to EENT clinic at Stapleton and suggest culture both general and fungus be taken in order to make specific diagnosis and then treat if indicated.

J A. Barnes, SAS
USPHS (R)

SEX	RACE	GRADE, RATING POSITION	UNIT	BRANCH	SERVICE DEPT OR AGENCY

PTS. LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	IDENTIFICATION NO.

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

DEC 6 1955

U. S. Public Health Service
45 B'way., New York, N. Y.
70 m m. PHOTOFLUOROGRAPH
TAKEN DEC 1955
ESSENTIALLY NEGATIVE.
REPEAT IN SIX MONTHS.
JAMES P. SHORTAL, LCDR. USPHSR.

U. S. Public Health Service
45 B'way., New York, N. Y.
ADMINISTERED 1. O. cc. INFLUENZA
VIRUS VACCINE POLYVALENT LEDERLE
THIS DATE
DEC 6 1955
JAMES P. SHORTAL, LCDR. USPHSR.

11-25-58 USCG BASE

St. George, SINY

Annual chest x-ray examinati on conducted this date by the USPHS Hospital,

Staten Island, N. Y.

H. W. Bannan
H. W. Bannan, HM1
USCG

CGB ST. GEO. SINY

SEP 30 1959 DD-737 ISSUED THIS DATE.

Richard L. Law SPA5

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Mle	W	DCC	C.G.C.G.	Mackinac	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
Payne, Shelbert R.	2-6-21	224-016

16—07728-1

Standard Form 502
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A—32

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
Aug. 20, 1956	Sept. 6, 1956	

(Sign and date at end of narrative)

This 35 year old Coastguardsman was admitted on Aug. 20, 1956 with history of suprapubic pain of 2½ months duration. This was associated with frequency and nocturia. Past history and system review were essentially negative.

Physical examination revealed moderate suprapubic tenderness. The prostate was tender. The prepuce was redundant. A small papilloma was present on the right buttocks.

On Aug. 22, 1956 cystoscopy showed chronic cystitis. Circumcision was performed on Aug. 24, 1956. On Aug. 31, 1956 the papilloma was excised.

Patient was treated with antibiotics and antismasmodics with good results.

On Sept. 6, 1956 he was essentially asymptomatic, and was discharged.

Diagnoses: Cystitis;
Prostatitis;
Redundant prepuce;
Papilloma, right buttocks.

Condition: Improved.

Prognosis: Good.

Disability: Sick leave of one week recommended.
Return for check-up Sept. 13, 1956.

DEL/nm

Linden E. Johnson

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
	9/6/56		

PATIENT'S INDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.
PAYNE, SHELBERT RUEL US PHS Hospital, Staten Island, NY.	32107	F4

NARRATIVE SUMMARY
Standard Form 502

☆ U. S. GOVERNMENT PRINTING OFFICE: 1955-363355

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PAYNE, Shelbert Ruel	DC1	224-016

4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
68 W. Union St., Bayshore, LI, NY	REENLISTMENT IN USCG	11-26-51

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian	12		USCG	CG BASE, ST. GEORGE, SI, NY

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
6 Feb. 1921	North Carolina	Eleanor F. Payne (wife) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO, 80 LAFAYETTE St. New York, NY	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Ext. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
	X	34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail.* (*Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.*)

#34- Left varicocele.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X/XXX.—*Missing teeth / Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT																	LEFT
	X	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	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.024			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
NEG.	NEG.	NFA	NEGATIVE	KAHN-NEGATIVE

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NFA	NFA	

16—62288-2

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
70½	170½	Sandy	Blue		98.2°

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		114	66
RECUMBENT		110	68
STANDING (3 min.)		112	74

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
84	120	88	80	90

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. NFA CX	CORR. TO NFA BY
LEFT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. NFA PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT NFA LEFT	P.I. PLATES NORMAL	NFA	CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15 /15 SV 30/30
LEFT WV 15 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 3896	4000 4096	8000 8192	
RIGHT					NFA			
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

No serious illness since last physical examination.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#34- Left varicocele.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR REENLISTMENT IN USCG

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
JAMES P. SHORTAL, S.A.S., USPHS(R)

SIGNATURE James P. Shortal S.A. Surg.

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
F.A. CASTALDI, S.A.D.S., USPHS(R)

SIGNATURE F A Castaldi

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—02288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PAYNE, Shelbert Ruel	DCC	224-016
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
100 New Hampshire Ave.	Discharge & Reenlistment	11-27-57

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.	18		Treasury Department	St. George Base

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-6-1921	Elizebath City, N.C.	Mother 100 New Hampshire Ave. BAYSHORE L.I.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO, NEW YORK, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 78*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 6).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X															X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
																X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.018			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	NEGATIVE	KAHN NEGATIVE
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
NOT INDICATED			NOT INDICATED	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
72	190	Sandy	Blue		98.2

57. BLOOD PRESSURE (*Arm at heart level*)

						58. PULSE (*Arm at heart level*)				
SITTING	SYS. 120	RECUM-BENT	SYS. 116	STANDING (3 min.)	SYS. 126	SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
	DIAS. 90		DIAS. 84		DIAS. 94	80	110	68	72	84

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. NFA CX	CORR. TO NFA BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. NFA L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT NFA LEFT	PI PLATES NORMAL	NFA	CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING	71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT WV 15/15 SV 30/30 /15	RIGHT								
LEFT WV 15/15 SV 30/30 /15	LEFT		NFA						NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

MARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☐ IS
☐ IS NOT QUALIFIED FOR Discharge and reenlistment

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN: BURTON L. STERNER, MD, USPHS — SIGNATURE: Burton L Sterner

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*): A.J. KARPINSKI, D.M.D., USPHS — SIGNATURE: A J Karpinski

NUMBER OF ATTACHED SHEETS

TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE

(Revised and reprinted by authority of the Surgeon General) PROMULGATED BY BUREAU OF MEDICINE AND SURGERY

16—62388-1

REPORT OF MEDICAL EXAMINATION

1. NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
[illegible] Ruel	DCC	224-016
(Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
[illegible] New Hampshire Ave.	Discharge & Reenlistment	11-27-57

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.	15		Treasury Department	St. George Buse

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-6-1921	Elizabeth City, N.C.	Mother 100 New Hampshire Ave. BAYSHORE L.I.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCCO, NEW YORK, N.Y.	
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY: TOTAL / LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N.E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 78)
X		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

O.—Restorable teeth /.—Nonrestorable teeth X/XXX.—Missing teeth / Replaced by dentures (6 X 8).—Fixed bridge, brackets to include abutments

RIGHT																LEFT
	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	X
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.018			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	NEGATIVE	KAHN NEGATIVE
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
NOT INDICATED			NOT INDICATED	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
72	190	Sandy	Blue		98.2

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 120 / DIAS. 90	RECUMBENT	SYS. 116 / DIAS. 84	STANDING (*5 min.*)	SYS. 126 / DIAS. 94

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	112	68	72	84

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. NFA CX	CORR. TO NFA BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. NFA L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT NFA LEFT	PI PLATES NORMAL	NFA	NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15/15 SV 30/30 /15

LEFT WV 15/15 SV 30/30 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT								
LEFT		NFA						

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☐ IS ☐ IS NOT QUALIFIED FOR Discharge and reenlistment

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
BURTON L. STERNER, MD. USPHS

SIGNATURE Burton L Sterner

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
A.A. KARPINSKI, S.A.D.S. USPHS

SIGNATURE A. A. Karpinski

NUMBER OF ATTACHED SHEETS

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

16—62288-1

U. S. GOVERNMENT PRINTING OFFICE : 1952 O - 990997

PAYEE. SI...
4. HO...

REPORT OF MEDICAL EXAMINATION

1. LAST NAME, FIRST NAME, MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
[illegible]rt Ruel	DCO	224-016
(Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
[illegible] Hampshire Ave.	Discharge & Reenlistment	11-27-57

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.	18		Treasury Department	St. George Base

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2-6-1921	Elisabeth City, N.C.	Mother 100 New Hampshire Ave. BAYSHORE L.I.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
3rd DCGO, NEW YORK, N.Y.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 78)
X		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

O.—Restorable teeth
/.—Nonrestorable teeth
X.—Missing teeth
XXX.—Replaced by dentures
(6 × 8).—Fixed bridge, brackets to include abutments

RIGHT																LEFT
	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	X
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	X

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Qualified

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.018			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	NFA	NEGATIVE	KAHN NEGATIVE

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NOT INDICATED		NOT INDICATED

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
72	190	Sandy	Blue		98.2

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 120 / DIAS. 90	RECUMBENT	SYS. 116 / DIAS. 84	STANDING (3 min.)	SYS. 126 / DIAS. 94

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
80	112	88	72	84

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. NFA CX	CORR. TO NFA BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. NFA L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT NFA LEFT	PI PLATES NORMAL	NFA	UNCORRECTED
			CORRECTED NFA

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
NFA	NFA	NFA	NFA

70. HEARING

RIGHT WV 15/15 SV 30/30
LEFT WV 15/15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 3896	4000 4096	8000 8192	
RIGHT								
LEFT		NFA						

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

NFA

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS
☐ IS NOT QUALIFIED FOR Discharge and reenlistment

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN BURTON L. STERNER, MD, USPHS	SIGNATURE Burton L Sterner
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) A.A. KARPINSKI, S.A.D.S. USPHS	SIGNATURE A A Karpinski
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE : 1952 O - 990997

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3444 (5-53)

SICK CALL TREATMENT RECORD

NAME (last) PAYNE, (first) SHEIBERT R. (middle) DCC — SERVICE NO. 224-016

DATE	UNIT	COMPLAINT	TREATMENT	DISPOSITION	INITIAL
4-14-55	CGC MACKINAC	Constipation	Mgso4 6 with aqua by request	FFD	CCL
7-19-55	CGC MACKINAC	Burn 2nd degree ri ht elbow	Furacin dress.	FFD	CCL
3-22-56	CGC MACKINAC	Gastritis	Tr. Belladona gtts 10	FFD	A.B.
5-15-56	CGC MACKINAC	Headache	ASA GR X	FFD	A.B.
1/4/57	Base, Sinj	Foreign body, O.D. removed-		duty	GLS
2/16/59	Base, Sinj	Para-anal abcess	site with T.D.	FFD	Jw

(Over)

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
DEPOT	Smallpox vacc: Typhoid inoc.	9-27-39	10-11-39	OP
DEPOT	Furuncle, left axilla region	10-11-39	10-12-39	OP
BAY SHORE NY	Indigestion, gastric	5-30-41	5-30-41	OP
NY DEPOT	Common cold	1-22-41	1-24-41	OP
MH STAPLETON	Gastric neurosis	3-6-46		
	Hypoglycemia		3-6-46	OP
MH S.I.N.Y.	Under obs. upper respiratory infect-	1-10-49		
	ion		1-10-49	OP
MH S.I.,N.Y.	Gastritis	5-11-49	5-11-49	op
PHSH STAPLETON	External otitis; chronic marginal	2-5-53		
	blephanitis; muscle spasm, rt. shoulder		2-6-53	
PHSH STAPLETON	External otitis, mild	2-5-54	2-8-54	OP
PHSH SI NY	Bladder calculus; cystitis;	8-20-56		IP
	prostatitis; redundant prepuce			
	Papilloma, right buttocks		9-6-56	
PHS SINY	Fistula-In-Ano/fistulectomy	4-20-59	5-1-59	IP

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