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

Date: 8/11/2025

## REQUESTER INFORMATION

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

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

| Name used in Service (Please Print – Last, First, Middle) | Service Number/SSN | Date & Place of Birth |
|---|---|---|
| Swain, David ~~-Wilson-~~ | 227-049 | 1895 NC Nov 20 |

## 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: 1976 FL 9/27/76

State of Residence (upon entry into service): 26250794

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

Researcher Signature: Andrew Burns

## CIVILIAN SERVICE

(Agency & Location)

From: 1933 - 1944 To:

(Agency & Location)

From: To:

(Agency & Location)

From: To:

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

***This Space Intentionally Left Blank***

## STAFF USE ONLY

Appointment Time and Date:

Additional Researchers:
- ☐ Yes
- ☐ No

CMRS Service Request Number: C-00607599 9

CMRS Search Request Number(s): CG 3-00275484 79 - Released 8/11/25 mbr

Attendant Signature:

Remarks: Need Service # VAWWII = No.

25 AUG 11 PM 12:40:46

Mary

## SCREENING NOTES

- ☐ Reviewed and Nothing Removed JMH
- ☐ 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:

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION Retired 1960 NA FORM 13173 – NPRC (06-13)

15420942

U. S. COAST GUARD
WASHINGTON, D.C. 20591

**REPORT OF CASUALTY**

REPORT NUMBER AND TYPE: FINAL

DATE PREPARED: 9 November 1976

1. SERVICE IDENTIFICATION (*Name, Service Number, Grade or Rate, Component, Branch and Organization*)

SWAIN, David 227 049, BM1, USCG, RETIRED

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

DIED: 27 September 1976
PLACE: St. Augustine, Florida
CAUSE: NOT YET RECEIVED

3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE

20 December 1895 - Brunswick County, NC - Caucasian

4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

NOT APPLICABLE

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY — CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

262 50 7794, E-6 Over 22 yrs. svc., $800.70 per mo (PL92-210)

6. DUTY STATUS

RETIRED 1 January 1952 20 YEARS SERVICE

7. INTERESTED PERSONS (*Name, Address, Relationship*)

Mary E. Swain, widow, 54 Comares Avenue, St. Augustine, Florida 32084 (1)(3)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

Reported by Retired Pay Branch - 4 October 1976

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (*If unknown, enter date and place of first entry in Armed Services*)

NOT REGISTERED - USCG- 4 June 1941 - St. Augustine, Florida

11. PRIOR SERVICE DATA ☒ YES ☐ NO Plus

12. REMARKS

RETIRED PAY DISCONTINUED ON DATE OF DEATH
NO ALLOTMENTS IN EFFECT FOR DEPENDENTS

*FOOTNOTES:*

[1] Adult next of kin.
[2] Beneficiary for gratuity pay in event there is no surviving wife or child - as designated on record of emergency data.
[3] Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

13. DISTRIBUTION

VA

14. SIGNATURE (*By direction of the Commandant*)

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch

DD FORM 1 MAR 80 1300

Bct Clay

G-PS-1/62
(202) 426-1845

1770
9 November 1976

Mrs. Mary E. Swain
54 Comares Avenue
St. Augustine, FL 32084

RE: BM1 David SWAIN
227 049, USCG, RETIRED
SS# 262 50 7794

Dear Mrs. Swain:

Further reference is made to our letter of recent date in which you were informed that additional forms, if applicable, would be forwarded to you upon receipt of your husband's service record from the National Personnel Records Center at St. Louis, MO.

This record has now been received and indicates that your husband designated you as the beneficiary to receive his unpaid accrued retired pay.

Four forms No. SF-1174, Claim of Designated Beneficiary of Unpaid Pay and Allowances of Deceased Member of the Uniformed Services, are enclosed to aid you in making application for this sum. These forms must be completed in the presence of two witnesses and signed by you. The original and two copies of the completed claim are to be returned to this office with a copy of your husband's death certificate.

A pre-addressed envelope is enclosed for your convenience.

Sincerely,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Forms No. SF-1174
(2) Envelope

BETAYLOR:bet 9 Nov 1976

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CGHQ-9964 (Rev. 11-73)

# REPORT OF DEATH OTHER THAN THOSE CARRIED AS MISSING

TO: Chief, Pay and Allowances Division

DATE: 5 October 1976

| NAME | SERVICE NUMBER/SSN | GRADE OR RATING |
|---|---|---|
| SWAIN, David | 227 049 (262 50 7794) | BM1 / RETIRED |

| DATE OF RECEIPT OF EVIDENCE OF DEATH | ESTABLISHED DATE OF DEATH |
|---|---|
| 4 October 1976 | 27 September 1976 |

Information concerning death of the above-listed person has been received reporting established date of death has been set forth.

| PAY GRADE | YEARS OF SERVICE | RSFPP/SBP OPTION ELECTION | DEDUCTION |
|---|---|---|---|
| | | | |

| ANNUITY AMOUNT | ANNUITY BENEFICIARY (Name) | FINAL PAY DUE (Date) |
|---|---|---|
| | | |

ALLOTMENTS:

AARON O. MARTIN
SIGNATURE

Chief, Decedent Affairs and Claims Branch

PREVIOUS EDITIONS MAY BE USED

G-PS-1/62
(202) 426-1845

1770
6October 1976

Mrs. Mary E. Swain
54 Comares Avenue
At. Augustine, FL 32084

RE: BM1 David SWAIN
227 049, USCG, RETIRED
SS# 262 50 7794

Dear Mrs. Swain:

Information has been received at Coast Guard Headquarters of the death of your husband. I wish to extend to you and your family my sincere sympathy in your great loss.

The enclosed benefit guide briefly explains the assistance and survivors benefits furnished by the Coast Guard as well as other government agencies. The enclosed forms are forwarded to aid you in filing for Veterans Administration benefits, Uniformed Services Identification and Privilege Card and a Headstone or Marker to which there may be entitlement.

Upon reciept of your husband's personnel record from the National Personnel Records Center at St. Louis, MO other necessary forms, as applicable, will be forwarded to you.

VA Form No. 21-534, Application for Dependency and Indemnity Compensation by Widow or Child, should be completed as soon as possible and forwarded to your local Veterans Administration office in order for them to adjudicate your claim for possible entitlement.

Sincerely,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. 21-530
(2) Form No. 21-534
(3) Form No. DD-1172
(4) Form No. DD-1330
(5) Benefit Guide
(6) Envelope

BETAYLOR:bet 6 October 1976 CPT

616

FILED
PE-89

61A2-Bof-616

FILE 3-13

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3646 (Rev. 12-61)

**DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY**
*(See instructions on reverse side)*

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until canceled by me in writing.

| RETIRED MEMBER'S NAME (Last, First, Middle) | SERVICE NO. | GRADE OR RATE |
|---|---|---|
| SWAIN, David | 227-049 | BM1, Ret. |

**DESIGNATION OF BENEFICIARY**

| SHARE | NAME | ADDRESS | RELATIONSHIP |
|---|---|---|---|
| 100 % | Mary E. Swain | 54 Comeras Ave.<br>St. Augustine, Fla. | Wife |
| % | | | |
| % | | | |

SIGNATURE AND ADDRESS OF WITNESS
Melvin H. St Peter
P.O. Box 657
St. Augustine, Fla.

SIGNATURE AND ADDRESS OF RETIRED MEMBER
David Swain
54 Comaras Ave.
St. Augustine, Fla.

DATE SIGNED
6/22/61

RCP:DEK:lmc

TO:

MARK APPROPRIATE ADDRESS ON REVERSE OF THIS FORM.

# VERIFICATION OF U.S. MILITARY SERVICE

*(Required under provisions of Civil Service Retirement Act.)*

FILE NUMBER: CSA 1 076 031

DATE: February 21, 1968

| REQUEST | | REPLY | | | |
|---|---|---|---|---|---|
| APPLICANT HAS FURNISHED THE FOLLOWING INFORMATION. PLEASE VERIFY EACH ITEM WITH YOUR RECORDS. | | IF CORRECT CHECK HERE | IF NOT CORRECT, SUPPLY CORRECT DATA BELOW. | | |
| NAME: SWANIN, David SS 262 50 7794 | | | SWAIN, DAVID | | |
| DATE OF BIRTH: 12-20-95 | | | | | |
| BRANCH: US Coast Guard | | ✓ | | | |
| SERVICE NO.: 227 049 | | ✓ | | | |
| LAST RATING OR GRADE: Bvl. | | | | | |
| ORGANIZATION AT DISCHARGE: Cape Canaveral Light St. Fl. | | | | | |
| DATES OF ACTIVE FEDERAL SERVICE | | | ALWAYS COMPLETE THIS BLOCK → | | SHOW TYPE OF SEPARATION FOR EACH PERIOD OF ACTIVE SERVICE. → |
| FROM | TO | | FROM | TO | |
| 6-4-41 | 1-1-52 | ✓ | | | HON RET |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FURNISH INCLUSIVE DATES OF ANY TIME LOST → ☐ AS FOLLOWS: ☑ NONE

PLEASE FURNISH IF CHECKED: (USE REMARKS SPACE)

- ☐ CHANGES IN RATING OR GRADE FOR SERVICE AFTER JULY 31, 1920.
- ☐ CHANGES IN ORGANIZATION, CAMP, SHIP, STATION, ETC., AFTER JULY 31, 1920.
- ☐ SEE OTHER SIDE FOR REQUESTED INFORMATION NOT OTHERWISE PROVIDED FOR ON THIS FORM.

NOTE: ABOVE BOXES TO BE CHECKED ONLY WHEN ABSOLUTELY NECESSARY TO ADJUDICATE CLAIM.

SIGNATURE OF U.S. CIVIL SERVICE COMMISSION OFFICIAL

Andrew E. Ruddock

ANDREW E. RUDDOCK, DIRECTOR
BUREAU OF RETIREMENT AND INSURANCE

REMARKS (USE OTHER SIDE OF THIS FORM IF ADDITIONAL SPACE IS NEEDED)

19 YEARS, 5 MONTHS + 22 DAYS PRIOR LIGHTHOUSE SERVICE

RETURN TO:

United States Civil Service Commission
Bureau of Retirement and Insurance
Washington, D.C. 20415

Items above checked are verified by our records. Items considered inaccurate have been correctly shown in the reply portion.

BW 2-29-68

RECORDS OFFICE OFFICIAL SIGNATURE (Show Title, Department, etc.)

BRI 46-143
JUNE 1965

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

# CERTIFICATION BY UNIFORMED SERVICES

The 1101 Building
414 - 11th St. N.W.
Washington 25, D.C.

The information requested below is for use in connection with a claim for social security benefits based at least in part on active service in the armed forces after September 7, 1939.

Manager R. B. Donaldson Date 5-2-63

FROM: Social Security Administration unit 11
625 Julia Street
Jacksonville 1, Fla.

## PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

| LAST NAME - FIRST NAME - MIDDLE NAME | DATE OF BIRTH | DATE OF DEATH | SOCIAL SECURITY NUMBER |
|---|---|---|---|
| David Swain | 12-20-95 | — | 262-50-7794 |

| BRANCH OF SERVICE / RATE OR RANK / SERIAL NO. | DATE(S) OF ENTRY INTO SERVICE | DATE(S) OF SEPARATION | PLACE(S) OF SEPARATION |
|---|---|---|---|
| USCG / BM1 / 227-049 | 6-4-41 | 1-1-52 | unknown |

Part II ☐ . . . Part III ☒ below to be completed by the service department

REMARKS:

## PART II—SERVICE DEPT. CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939.

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE: 4 June 1941

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE: 1 January 1952

3. CHARACTER OF SEPARATION(S) * (*If Bad Conduct*, INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL): Retired - Honorable

*IF CHARACTER OF SEPARATION WAS NOT *Honorable*, *Under Honorable Conditions*, *Dishonorable*, NOR *Bad Conduct* AS A RESULT OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

a. ☐ DESERTION.
b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE (*Officers Only*).
c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.
d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES.
e. ☐ NONE OF THE ABOVE.

4. *If period of service was less than 90 days*, WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY?
☐ YES ☐ NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?
☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED
☐ RE-ENLISTED ☐ COMMISSIONED

## PART III—SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY (See instructions on reverse side)

IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box. . . . ☐
Sign and return the form without answering items 1, 2 and 3 below.

| | | |
|---|---|---|
| 1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability? | ☐ Yes | ☒ No |
| (b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty? | ☒ Yes | ☐ No |
| If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d). | | |
| (c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay? | ☒ Yes | ☐ No |
| (d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay? | ☐ Yes | ☒ No |
| 2. (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service? | ☒ Yes | ☐ No |
| If answer is "Yes," answer (b) and (c). | | |
| (b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? | ☒ Yes | ☐ No |
| (c) Was this multiple increased because of active service occurring after July 24, 1947, and before January 1, 1957? | ☒ Yes | ☐ No |
| 3. Did the veteran have active duty or active duty for training after December 31, 1956? | ☐ Yes | ☒ No |

REMARKS BY CERTIFYING AGENCY: **Retired: 1 January 1952 - 20 years service - Auth: Provisions of Title 14, USC, Sec 355. Gross retired pay per month - $221.78 (PL 85-422) of which the amount waived in favor of VA Compensation was $30.00.** ☒ CONTINUED ON REVERSE SIDE

ORGANIZATION: U. S. COAST GUARD
DATE: 23 May 1963
SIGNATURE: M. J. MAYER
RANK OR TITLE: Chief, Survivors Benefits Branch Special Services Division
By direction of the Commandant

Form OA-C654
(2-61)

CRDavis:crd 23 May 1963

SWAIN, David (n) (227-049) BM1, USCG, Retired

RETIRED: 1 January 1952 - 20 years service +10% Good Conduct

AUTHORITY: Provisions of Title 14, USC, Section 355

SERVICE: (1) 4 June 1941 (2) 1 January 1952 (3) Retired - Honorable
(St. Augustine, Fla.)

Prior Service: FLHS - 23 Nov 1926 - 3 Jun 1941 - Resigned to enlist in USCG

SERVICE: FOR RETIREMENT AND FOR PAY

| | | |
|---|---|---|
| USCG | 10 - 6 - 27 | 10 - 6 - 27 |
| FLHS | 19 - 5 - 22 | 14 - 6 - 11 |
| | 30 - 0 - 19 | 25 - 1 - 8 |

War Department (Civilian) - 4 - 11 - 11

(Not creditable for the purpose of computing service for pay(PL 761, 80th Congress))

COMPUTATION FOR RETIRED PAY: Service = 72½%

1. (a) No
   (b) Yes
   (c) Yes
   (d) No
2. (a) Yes
   (b) Yes
   (c) Yes
3. No

Gross Pay - $221.78
Waived - 11/62 - 30.00
Balance $191.78
From Coast Guard

C#9-915-645

Retired pay changed from 30 yrs service to 20 yrs Service - 3/11/60 (Decision of Board for Correction of Military records)

REMARKS:

Retired: 1 January 1952 - 20 years service - Auth: Provisions of Title 14, USC, Section 355. ~~Gross retired pay per month $191.78 (PL 85-422). Retired pay based on years of service.~~ (See reverse side)

DOB: 20 December 1895 - Brunswick County, North Carolina

CRD

CG 53981 CIP

JUN 23 1965

MELVIN H. ST. PETER

PHONE VALLEY 9-8668

COUNTY SERVICE OFFICER
FOR VETERANS OF
ST. JOHNS COUNTY, FLORIDA
AMERICAN LEGION BUILDING
1 ANDERSON CIRCLE
P. O. BOX 657
ST. AUGUSTINE, FLORIDA

PERSONNEL SERVICES DIVISION
1965 JUN 24 AM 11 53

FILE
3-13

June 20, 1965

USCG 227 049

SWAIN, David
54 Comares Avenue
St. Augustine, Florida
32084

COMMANDANT

U.S. Coast Guard

Headquarters

Washington 25, D.C.

Dear Sir:

I would like to notify the disbursing office that I now have three N.S.L.I. Insurance policies which are numbered as follows:

1. V 16 54 37 56
2. RH 16 72 15 09
3. RH 16 74 68 65

The monthly premiums on these policies are:

1. $11.91
2. $16.92
3. $16.23

The new total monthly allotment for monthly premiums will total $45.06, effective as of June 1, 1965.

You are hereby authorized to deduct this amount from my retirement pay for these monthly premiums.

Very truly yours,

David Swain

DS/jt

June 9, 1965

Mr. D. Swain
54 Comares Ave.
Davis Shores St.
St. Augustine, Fla. 32084

FV 1654 37 56
RH 1672 15 09
RH 1674 68 65
3210-294F

Dear Mr. Swain:

Thank you for your letter of May 24, 1965.

If you meet the requirements for the additional $3,000 term insurance, such insurance will be granted as of March 16, 1965 at the monthly premium rate of $16.23 under policy RH 1674 68 65. The monthly premiums on policies V 1654 37 56 and RH 1672 15 09 are $11.91 and $16.92, respectively. The new total monthly premium on the three policies will be $45.06.

Your letter indicates that the allotment for premiums on your present two policies, amounting to $28.30 was discontinued as of May 1965 and a new allotment of $16.24 was established as of that date. You should immediately have the new allotment discontinued as of its effective date and reestablished in the amount of $45.06. You should also mail us a direct payment of $16.23. This amount and the two previous direct payments of $16.23 mailed March 15 and April 6, 1965 will pay premiums from March through May. The allotment of $45.60, if established as of May 1965 will then provide for payment of premiums on the three policies, a month in advance as is customary.

Very truly yours,

D. MITCHELL
Insurance Officer

CG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

# STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO THE COMMANDANT (PE-PR-5) ~~OFFICERS~~
REFER TO FILE: CG-73

27 July, 1948

To: Commanding Officer, Cape Canaveral Light Station
VIA: Commander, 7th Coast Guard District (pmp)
Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 3 June, 1947 of SWAIN, David (227-049) BM1, USCG.

| Entered Service | Service Terminated | Absent Without Leave (Inclusive dates) From— | Absent Without Leave (Inclusive dates) To— | Absent Due to Own Misconduct (Inclusive dates) From— | Absent Due to Own Misconduct (Inclusive dates) To— | Nonperformance of Duty Because of (Inclusive dates) From— | Nonperformance of Duty Because of (Inclusive dates) To— |
|---|---|---|---|---|---|---|---|
| 6-4-41 | | NONE | | NONE | | NONE | |
| Enl. Ext. 3 Years from | | | | | | | |
| 6-4-44 | 6-3-47 H D | NONE | | NONE | | NONE | |
| 6-4-47 | | | | | | | |
| Now serving | | | | | | | |

U.S. COAST GUARD (1) JUL 27 1948 MAILED

| | Yr. | Mo. | Days |
|---|---|---|---|
| Coast Guard Service | 6 | 0 | 0 |
| Navy service | | | |
| ~~Lighthouse service~~ | 14 | 6 | 11 |
| Total | 20 | 6 | 11 |

Completed years

B. A. SHAW
By direction

Return to 3-13

16—80630-2 U. S. GOVERNMENT PRINTING OFFICE

CG 2511-B
S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

# STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-5) OFFICERS

REFER TO FILE: CG-73

27 July, 1948

To: Commanding Officer, Cape Canaveral Light Station
VIA: Commander, 7th Coast Guard District (pmp)
Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 3 June, 1947 of SWAIN, David (227-049) BM1, USCG.

| Entered Service | Service Terminated | Absent Without Leave (Inclusive dates) | | Absent Due to Own Misconduct (Inclusive dates) | | Nonperformance of Duty Because of (Inclusive dates) | |
|---|---|---|---|---|---|---|---|
| | | From— | To— | From— | To— | From— | To— |
| 6-4-41 | | NONE | | NONE | | NONE | |
| Enl. Ext. 3 Years from | | | | | | | |
| 6-4-44 | 6-3-47 H D | NONE | | NONE | | NONE | |
| 6-4-47 | | | | | | | |
| Now serving | | | | | | | |

| | Yr. | Mo. | Days |
|---|---|---|---|
| Coast Guard Service | | | |
| Navy service | 6 | 0 | 0 |
| Lighthouse service | 14 | 6 | 11 |
| Total | 20 | 6 | 11 |

Completed years

B. A. SHAW
By direction

16—86430-2 U. S. GOVERNMENT PRINTING OFFICE

Comdr.7th CG District
2610 Tigertail Avenue
Miami 33, Florida

p
30 August, 1950
78

From: Commander, 7th CG District
To: Commandant (PE)

Subj: SWAIN, David (n) (227-049) BM1; statement of creditable service; request for

1. It is requested that a statement of creditable service for subject named man be forwarded this unit.

2. The inclosed photostatic copy of CG Form 2668, dated 4 June, 1941, shows subject man has having completed 19 years 5 months 22 days Lighthouse Service prior to enlistment in the U.S. Coast Guard. Statement of creditable service from Headquarters dated 27 July, 1948, shows SWAIN completed 14 years 6 months and 11 days creditable service prior to enlisting in the U.S. Coast Guard.

3. There is no form 2608 on file in the District Office for verification of Lighthouse Service for subject named man.

H.J. LE BLANC
By direction

INCL: Photostatic Copy of CG Form 2668

12 September, 1950
PE-3, MM

From: Commandant
To: Commander, 7th CG District (p)

Subj: SWAIN, David (227-049) BM1; statement of service

1. Your letter of 8-30-50 states that Form 2668 dated 6-4-41 indicates that subject man served 19 years, 5 months and 22 days in the Lighthouse Service whereas Headquarters statement of service dated 7-27-48 shows only 14 years, 6 months and 11 days.

2. Headquarters statement is correct as his Lighthouse service which is creditable for increases in basic pay commended on 11-23-26. His service prior to that date (4 years, 11 months and 11 days) was civilian service in the War Department and although such service was creditable towards retirement under the provisions of the Lighthouse Retirement Act, it is not creditable for the purpose of computing service for pay as the Act of 24 June, 1948 (Public Law 761, 80th Congress) authorizes longevity credit only for service in the Lighthouse Service.

3. He is entitled to 14 years, 6 months and 11 days Lighthouse service for pay purposes and 19 years, 5 months and 22 days for retirement purposes.

B. A. SHAW
By direction

TORPEY:jfw;return to 3-13

Form No. 2068
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. 42
PAY No. 41

# REPORT OF CHANGE IN PAY STATUS

SWAIM, David, -, 227-040, Coxswain
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

ST. AUGUSTINE LIGHT STATION, St. Augustine, Florida., 4 June, 1941.
(Unit) (Place) (Date)

From: Commander, Jacksonville District.
To: PAY OFFICER. - Jax District.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Enlisted, this date, for a period of three (3) years, in regular establishment as Coxswain.

PAY: St. Augustine, Florida. - ORIGINAL ENLISTMENT

Not entitled to enlistment allowance.

Entitled to clothing bounty in amount of $112.75.

Former Lighthouse Service position held: 1st Assistant Keeper - Rate of pay: $1200.00 per annum

Creditable service under lighthouse retirement acts: 19 years, 5 months, 22 days.

AUTHORITY: Hdqrts 3rd indorsement on Form 25259, 20 May, 1941.

Pay determined by "Saving Clause" - Section 7, Act of August 5, 1939. Last paid on voucher No. _____ account of C. F. Allen, C.D.O. 101-108, _____, 1941, at annual rate of $1200.00 per annum.

M. C. RICKETTS,
(Commanding)
Chief of Staff.
(Title)

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

JUN 5 1941
(Date)

L. D. YOUNG,
(Pay officer)
Pay Clerk, U.S.C.G.

U. S. GOVERNMENT PRINTING OFFICE 10936

UNITED STATES COAST GUARD 3-B

ADDRESS REPLY TO
Comdr.7th CG District
2610 Tigertail Avenue
REFER TO FILE
Miami 33, Florida

p
30 August, 1950
73

From: Commander, 7th CG District
To: Commandant (PE)

Subj: SWAIN, David (n) (227-049) BM1; statement of creditable service; request for

1. It is requested that a statement of creditable service for subject named man be forwarded this unit.

2. The inclosed photostatic copy of CG Form 2668, dated 4 June, 1941, shows subject man has having completed 19 years 5 months 22 days Lighthouse Service prior to enlistment in the U.S. Coast Guard. Statement of creditable service from Headquarters dated 27 July, 1948, shows SWAIN completed 14 years 6 months and 11 days creditable service prior to enlisting in the U.S. Coast Guard.

3. There is no form 2608 on file in the District Office for verification of Lighthouse Service for subject named man.

H.J. LE BLANC
By direction

INCL: Photostatic Copy of CG Form 2668

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3433 (Rev. 11-53)

# STATEMENT OF SERVICE - RETIRED PERSONNEL

CORRECTED COPY

| LAST NAME | FIRST NAME | MIDDLE INITIAL | SERVICE NUMBER |
|---|---|---|---|
| SWAIN | David | (n) | 227-049 |

| 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.) |
|---|---|---|---|---|
| 20 December 1895 | BM1 | BM1 | BM1 | January 1, 1952 |

REASON FOR RETIREMENT: 20 Year service retirement

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 | 10 | 6 | 27 | 10 | 6 | 27 |
| LIGHTHOUSE | 19 | 5 | 22 | 14 | 6 | 11 |
| 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 | 30 | 0 | 19 | 25 | 1 | 8 |

| DATE | SIGNATURE |
|---|---|
| 4 April 1960 | A. I. MALSKI |

| FOR USE BY MRS | | |
|---|---|---|
| TYPE RETIREMENT | PHYSICAL DIAGNOSIS | FILE NUMBER |
| | | |

F. Terry

Return to 3-13

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

4393 Treasury CGHQ Wash.D.C.

# STATEMENT OF SERVICE - RETIRED PERSONNEL

NAME SWAIN (Surname) David (First) (n) (Initial)

SERVICE NUMBER 227-049 RANK OR RATE BM1

RETIREMENT DATE 1 January, 1952 REASON FOR RETIREMENT 30 YEAR RETIREMENT

HAS INDIVIDUAL EVER HELD A RANK OR RATE HIGHER THAN THAT HELD ON THE EFFECTIVE DATE OF RETIREMENT? YES ☐ NO ☒

ON ENLISTED 20-YEAR RETIREMENTS, INDICATE WHETHER 10% ADDITIONAL FOR GOOD CONDUCT IS AUTHORIZED YES ☐ NO ☐

| TYPE OF SERVICE | FOR RETIREMENT (ACTIVE) YRS. | MOS. | DAYS | FOR PAY PURPOSES (ACTIVE & INACT.) YRS. | MOS. | DAYS |
|---|---|---|---|---|---|---|
| COAST GUARD | 10 | 6 | 27 | 10<br>14 | 6<br>6 | 27<br>11 |
| LIGHTHOUSE | 19 | 5 | 22 | 25 | 5 | 22 |
| BUREAU MARINE INSPECTION | | | | | | |
| ARMY | | | | | | |
| NATIONAL GUARD | | | | | | |
| NAVY | | | | | | |
| NAVAL RESERVE | | | | | | |
| NAVAL MILITIA | | | | | | |
| MARINE CORPS | | | | | | |
| COAST & GEODETIC SURVEY | | | | | | |
| INDICATE OTHER SERVICE HERE: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT | 30 | 0 | 19 | 25<br>30 | 1<br>0 | 8<br>19 |

Corrected by Board for Correction of Military Records 1 division dated 3-11-60 FT

Appr. Asst Sec

SIGNATURE: B. A. SHAW

DATE 7 January, 1952

Return to 3-13

TJT;ft

B 7211 TREASURY-CGHQ-WASH.,D.C.

PE-1
16 November, 1951

AUTH:515068

From: Commandant
To: [redacted], David (227-049) BM1, United States Coast Guard
Via: (1) Commander, Seventh Coast Guard District
(2) Commanding Officer, Cape Canaveral Light Station, USCG, Artesia, Florida

Subj: Retirement; travel

1. Your application for retirement by reason of completion of thirty years service is hereby approved pursuant to the provisions of Title 14, United States Code, Section 354, and the date of 31 December, 1951, is fixed as the effective date of your retirement. Therefore, effective 31 December, 1951, you are detached from all duties previously assigned you. On 1 January, 1952, you will be placed on the inactive retired list of the Coast Guard.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States, will be issued by Headquarters and forwarded to you after your release from active duty.

3. Your commanding officer will immediately furnish a copy of this order to the certifying officer having custody of your pay record. The certifying officer will transmit the pay record information to the Commandant (FA) in accordance with existing directives after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

4. You will immediately notify the Commandant (FA) of your mailing address and you will thereafter notify the Commandant (FA) of any change in that address.

5. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if completed within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival at your permanent home, action is final and no further designation may be made.

BRUMMELER:me-ae ret 3-11
(Fill in blocks as initialled - do not use for routing)

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OFFICE OR DIVISION DESIGNATORS | PE | P | | | | | | | | | | | | |
| INITIALS OF RESPONSIBLE OFFICERS | | | | | | | J. A. HIRSHFIELD By direction | | | | | | | |
| INTRA-OFFICE OR DIVISION INITIALS | | | | | | | | | | | | | | |

AB604

THIRTY-YEAR SERVICE RETIREMENT TO BE
Effective 1 January, 1952

---

SWAIN, David (227-049)BM1
DATE: 1-1-52
AGE: 56 Yrs. 0 Mos. 11 Das.
SERVICE: 10 Yrs. 6 Mos. 27 Das. CG
19 Yrs. 5 Mos. 22 Das. LIGHTHOUSE

16 November, 1951
APPROVED

B. H. BRALLIER, Captain, USCG
Chief, Enlisted Personnel Division

PE-1
10 September, 1951

From: Commandant
To: Commanding Officer, Cape Canaveral Light Station, USCG, Artesia, Fla.
Via: Commander, 7th CG District

Subj: SWAIN, David (227-049)BM1; request for retirement, acknowledgement of

Ref: Swain's letter dated 22 August, 1951, bearing one indorsement

Advise the above-named man that he may anticipate his retirement upon completion of 30 years service, such retirement to be effective 1 January, 1952, which is compatible with the service as stated in the reference.

B. H. BRALLIER
By direction

CORRESP;me-ae ret 3-11

UNITED STATES COAST GUARD

ADDRESS REPLY TO

REFER TO FILE

OFFICE OF COMMANDER
AUG 23 4 10 PM '51
7TH C.G. DIST. MIAMI, FLA.

22 August 1951

From: Cape Canaveral Light Station, Artesia, Florida

TO: Commandant (p), U. S. Coast Guard, 1300 E. St. N. W., Washington 25, D. C.
Via: Commander 7th C. G. District

Subj: Retirement, request for

It is requested that I, Swain, David , (227-049), BM1 be retired from active duty upon completion of my thirty years service, the date of which is the 12 December 1951.

Please acknowledge this by notifying me of the exact date that my retirement will become effective.

David Swain BM1
Officer in Charge

Ind-1

p
24 August, 1951
P19-2/MM

From: Commander, 7th Coast Guard District
To: Commandant (PE)

Forwarded.

T. R. Dalton
T. R. DALTON
By direction

30-YEAR-SERVICE RETIREMENT

| SWAIN, David | 227-049 | BM1 |
|---|---|---|
| (Name) | (Service No.) | (Rating) |

ACTIVE MILITARY SERVICE AS OF 31 December, 1951

| | YEARS | MONTHS | DAYS |
|---|---|---|---|
| COAST GUARD | 10 | 6 | 27 |
| NAVY | | | |
| ARMY | | | |
| AIR FORCE | | | |
| MARINE CORPS | | | |
| LIGHTHOUSE (RETIREMENT) | 19 | 5 | 22 |
| TOTAL | 30 | 0 | 19 |

UNAUTHORIZED ABSENCES.

| FROM | TO | NO. DAYS | NATURE OF ABSENCE |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

Age

51 - 12 - 31
95 - 12 - 20
56 - 0 - 11

computed by F.G. Jerry 8-24-51
checked by [illegible]

FA-1
21 March, 1952
L16-4

From: Commandant
To: David Swain (227-049) BM1

6. In 1948 Congress passed Public Law No. 761, 80th Congress, 2d session, approved June 24, 1948, which law authorized persons inducted into the Coast Guard under the provisions of the Act of August 5, 1939, to count for pay purposes on and after 1 July, 1948, all service in the former Lighthouse Service. No provision was made in this Act to count for pay purposes such service as yours in the War Department, the specific wording of the Act in this connection being "all service of such person in the Lighthouse Service."

7. The foregoing provisions of law were re-enacted in Public Law No. 207 - 81st Congress - 1st session (Title 14 - Coast Guard), approved August 4, 1949, and effective November 1, 1949. Section 423 of Title 14 provides as follows:

> "The retired pay of a grade or rating shall be computed at the rate of 2½ percent of the sum of the active-duty pay of that grade or rating, and all permanent additions thereto including longevity credit, to which the officer or enlisted man concerned was entitled to at the time of retirement, multiplied by the number of years of service for which he was entitled to credit in the computation of his pay when last on active duty.".

8. Since you were retired under the provisions of the above noted Title 14, there is no authority to compute your retired pay other than on the basis of your active duty in the Coast Guard, which includes your service in the former Lighthouse Service, or a total of 25 years, 1 month and 8 days.

R. L. EDWARDS
By direction

HWilliams:mc 6-4

File: 3-1

FA-1
21 March, 1952
L16-4

From: Commandant
To David Swain (227-049) BM1, USCG (Retired)
Anatasia, Florida

Subj: Retired pay

1. Reference is made to your letter dated 7 March, 1952, wherein you request further consideration of your claim of entitlement to retired pay based on 30 years' service.

2. It appears that Headquarters' letter to you dated 13 February, 1952, file FA-1 MR, did not give a clear picture of your service status in that the 4 years, 11 months and 11 days was indicated to be "former Lighthouse Service", whereas it should have been shown as "former civilian service with the War Department."

3. The Act of August 5, 1939, which authorized the consolidation of the Lighthouse Service with the Coast Guard, provided that any person enlisted under the provisions of the Act could count for retirement purposes in the Coast Guard all service computable for retirement under the Lighthouse Service retirement laws. Accordingly, your 4 years, 11 months and 11 days service as a civilian in the War Department is included in your total service for retirement purposes.

4. The above Act also provided that no person enlisted under the provisions of the Act would suffer any reduction in the total annual compensation and allowances which he was receiving on the date of his enlistment, and that upon retirement from active duty in the Coast Guard, the retired pay of any person so enlisted would not be less than an annuity computed on the basis of 30/40 of the annual compensation which he was receiving on the date of his enlistment.

5. From the foregoing it will be seen that your retirement rights were saved to you insofar as service was concerned; that your active duty pay would either be the military pay of your ratings or your Lighthouse Service compensation, whichever was greater, and that upon retirement from the Coast Guard your retired pay would be based on your military pay, but would not be less than that to which you would have been entitled to under Lighthouse Service laws. You will note that no provision was made in the original Act for you to count any of your Lighthouse Service time for military pay purposes after you were enlisted.

STANDARD FORM NO. 64

3-11

# Office Memorandum • UNITED STATES GOVERNMENT

P19-2

TO :Chief, Enlisted Personnel Division DATE: 16 July, 1952

Schmidt

FROM :Chief, Accounting Division

SUBJECT: SWAIN, David (227-049) BM1, USCG (Retired); request for reconsideration of retired status

Attached letter of subject-named man, dated 7 July 1952, although using the subject of "retired pay" appears to be a request for reconsideration of his retired status so that he may receive a higher rate of retired pay than that which he is now receiving. All previous correspondence to which Swain refers was sent to his personal jacket.

D. B. SOLLENBERGER.

ANASTASIA POST OFFICE
ST AUGUSTINE, FLA.
7 July, 1952

From: SWAIN, David (227-049) BM1, USCG. (Retired)
To: Commandant FA-1

Subj: Retired Pay

1. It is requested that consideration be given the fact that my service in the C ast Guard was all served at more or less isolated Light Stations where Laws, such as P.L. No. 207-81st Congress or Officers well informed on these subjects who could have explained to me my position toward retirement had they had or taken the time to do so were seldom if ever seen or contacted. Regardless of this I was under the Impression that service personnel looked out for each other. That The Officers of high rank, whom we all respected and looked to for Instructions could be too busy to talk but not to busy to inform one of their personnel. That he was cutting his throat by requesting retirement under the thirty year law when he would receive more pay under the twenty year law. Furthermore, had I studied P.L. 207, which I have obtained since our correspondence began. Section 424 of said law would have led me to beleive that if I was not going to receive credit for all my time for pay under the 30 year retirement I would have been so informed and Instructed to request 20 year retirement. Under this bill I could have received the 10% additional pay for good conduct and my retired pay been the highest as this section states: No other law shall prevent one from receiving.

2. I am not intending to worry you people with additional correspondence but I will greatly appreciate it, if you will advise me of any action, that I may take; such as requesting that my retirement be changed to another law, a Comptroller General's ruling or recall to active duty, whereby, I could become lawfully entitled to receive the highest pay of my rating on retirement, which I feel I am justly entitled.

David Swain

DAVID SWAIN

File 3-03

PE
18 July, 1952

From: Commandant
To: SWAIN, David (227-049) BM1, USCG (Retired)
Anastasia Post Office, St. Augustine, Florida

Subj: Retirement; change in status of

1. Receipt of your letter of 7 July, 1952 is acknowledged.

2. In reply thereto you are advised that this office knows of no way in which the status of your retirement from the U. S. Coast Guard can be changed from retirement due to completion of 30 years of active duty to retirement under the 20-Year Enlisted Retirement Law. Your retirement on 1 January, 1952 was at your own request and was in no way compulsory.

3. If, however, you are of the impression that this explanation of your retirement status is not in accordance with applicable legislation, you have the privilege of referring the provisions of your retirement to the Comptroller General of the United States for his consideration.

4. It is regretted that a more favorable reply cannot be made.

B. H. BRALLIER
By direction

LMDALY:MAR:che
Return to 3-11

STANDARD FORM NO. 64

CF Card 3-11
3-25-60

# Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, Enlisted Personnel DATE: 15 March 1960

FROM : Senior Member
Board for Correction of Military Records of the CG

SUBJECT: David Swain, BM1 (ret.)
Change in retired status

1. Pursuant to the authority of 10 U. S. C. 1552 the Board for Correction of Military Records of the Coast Guard, upon the request of subject individual, reviewed his service record and petition relative to a change in his retired status.

2. The Secretary of the Treasury has reviewed the proceedings and approved the decision of the Board that "the Commandant's letter of November 16, 1951, addressed to the petitioner, be corrected to show that he was retired under 14 U. S. C. 355 instead of 14 U. S. C. 354 and that all other records be corrected accordingly."

3. The petitioner has been notified of this decision. It is requested that this memorandum and all enclosures be placed on David Swain's personnel jacket.

K. S. Harrison

K. S. HARRISON

Enc. Copy of ltr. to David Swain dtd 15 Mar. 1960
Copy of Board's report dated Mar. 11 1960

PEA-A

1960 MAR 16 13 17

BOARD FOR CORRECTION OF
MILITARY RECORDS OF THE COAST GUARD

APPLICATION OF
David Swain, BM1, (Ret.)
(227-040)

DOCKET NO. 517

1. David Swain, BM1 (ret.) requests the Board to change his record so as to show his retirement pursuant to 14 U.S.C. 355, the 20-year law, rather than under 14 U. S. C. 354, the 30-year law. Petitioner's basic retired pay under the former would be identical to that which he is presently receiving under the latter law. However, if retired under the former he would also be paid, pursuant to 14 U. S. C. 357(c), an additional amount for good conduct.

2. Petitioner alleges in substance that he considered the respective advantages to him under both laws; that his senior officers misadvised him that certain civilian service in the government, in addition to his service in the Coast Guard and in the Lighthouse service, was creditable for retired pay; that by reason of such misadvice he erroneously believed that his retired pay under the 20-year law would be less than that under the 30-year law, and as a consequence he chose to be retired under the latter law; and that he did not learn that he could have received greater retired pay under the former law until after he retired.

3. Petitioner enlisted in the Coast Guard on June 4, 1941, under the Act of August 5, 1939, which authorized consolidation of the Lighthouse service with the Coast Guard. At the time of enlistment, petitioner had more than 14 years of Lighthouse service and almost 5 years civilian War Department service, a total of more than 19 years of service.

4. Under the provisions of the Act of 1939, all of the mentioned service was creditable for Coast Guard retirement purposes. However, no provision was made in the Act to count any Lighthouse service time or other civilian service for military pay purposes after enlistment. In 1948, an amendment to the Act authorized the crediting for pay purposes of all former Lighthouse service, but no provision was made for counting such other service as petitioner's civilian War Department service. The substance of the foregoing provisions of law were reenacted in the codification of Title 14 U.S.C. (P. L. No. 207 81st Cong.--1st Sess.). See particularly 14 U.S.C., Secs. 432(d) and 423.

5. Petitioner's CG Form 2668, dated June 4, 1941 indicated that he had 19 years, 5 months, 22 days of Lighthouse service. This computation obviously included petitioner's civilian War Department service. On the other hand a Coast Guard Headquarter's statement of his creditable service dated July 27, 1948, reflected that petitioner had only 14 years, 6 months, 11 days creditable Lighthouse time. Because of the seeming discrepancy, the Commander, 7th Coast Guard District on August 30, 1950, at the request of the petitioner, asked the Commandant to verify petitioner's Lighthouse service. The Commandant, on September 12, 1950, replied to the Commander that while petitioner's civilian War Department service was creditable toward retirement, it was not creditable for pay purposes.

6. On August 22, 1951, petitioner requested retirement "upon completion of ** thirty years of service ****, 12 December 1951." He was informed on 10 September 1951 that he could anticipate retirement upon completion of 30 years service, effective January 1, 1952; and on November 16, 1951, he was advised that his application for retirement by reason of thirty years service was approved, effective December 31, 1951, pursuant to the provisions of 14 U.S.C. 354. His name was placed on the retired list January 1, 1952.

7. Coast Guard's Report of Separation from the Armed Forces, DD Form 214, reflects that petitioner was retired for 30 years service for pay purposes. This figure includes War Department service. Notwithstanding the report, such latter service was not credited for his retired pay. Petitioner immediately protested that he was entitled to 75% (2½% x 30 years service) of his active duty pay. Upon being advised by the Coast Guard that the civilian War Department service was creditable for retirement only and not for retired pay purposes, petitioner on March 7, 1952, wrote in pertinent part:

> "I do not understand this action because I have always understood that my service prior to induction in the Coast Guard would be used for retirement pay purposes and if I had not understood that to be correct I would not have retired when I did. As evidence as to why I understood this to be true, I beg to call your attention to a letter from your office dated September 10, 1951 which led me to believe that I had been retired with the maximum retired pay.
>
> "It appears that anyone in my position would anticipate retirement with the maximum pay, and I should like to have your further consideration and comment relative to my claim"

8. On July 7, 1952, petitioner wrote:

> "It is requested that consideration be given the fact that my service ** was ** at more or less isolated Light Stations where laws **, or Officers ***** who could have explained to me my position toward retirement had they had or taken time to do so, were seldom if ever seen or contacted. Regardless of this I was under the impression that Officers **** (were) not too busy to inform one ** that he was cutting his throat by requesting retirement under the thirty year law when he would receive more pay under the twenty year law. Furthermore, had I studied P. L. 207 (Title 14 U.S.C. 424) which I have [since] obtained, [it] would have led me to believe that if I was not going to receive credit for all my time for pay under the 30 year (law) **, I would have been so informed and instructed to request 20 year retirement. *** I could have received the 1½ additional pay for good conduct ***."

## FINDINGS AND CONCLUSION

Petitioner's immediate protest, upon receiving less retired pay than he had anticipated, indicates to this Board that petitioner believed, albeit mistakenly, that his civilian War Department service was creditable for retired pay purposes. In this connection, the Board has difficulty with petitioner's contention that he believed he would receive more retired pay if he retired under

the 30-year law rather than under the 20-year law. Aside from the good conduct increase, the same basic formula would be applicable in either case and the creditability of War Department service would not be material. The Board sees in this situation petitioner's lack of knowledge concerning the intricacies in the computation of retired pay. It also appears that petitioner, prior to retirement, made a reasonable effort to obtain information involving the apparent discrepancy in his creditable service records. There is nothing available to the Board to show that such information was furnished to petitioner. It is reasonable to infer from petitioner's misunderstanding that it was not. It is also reasonable to conclude that had such information been furnished to him he would have been in position to reach an informed decision and would have made an intelligent election with respect to retirement. In these circumstances, and since it further appears that the Coast Guard in any event could have better served the interests of the petitioner by retiring him under the 20-year law, the Board finds and concludes that the failure of the Coast Guard to respond to the specific inquiry of the petitioner resulted in an injustice which should be corrected.

## DECISION

It is the decision of the Board that the Commandant's letter of November 16, 1951, addressed to the petitioner, be corrected to show that he was retired under 14 U.S.C. 355 instead of 14 U.S.C. 354 and that all other records be corrected accordingly.

/s/ K. S. Harrison
K. S. HARRISON, Senior Member

(Signed) John K. Carlock
JOHN K. CARLOCK, Member

/s/ Albert B. Green
ALBERT B. GREEN

---

DATE: MAR 1 1 1960

(Signed) A. Gilmore Flues
Acting SECRETARY OF THE TREASURY

Typed 16 Feb
JWA:AEG:bmg

| NAME | SERVICE NO. | DATE OF RETIREMENT | RETIRED GRADE OR RATE, |
|---|---|---|---|
| SWAIN, David | 227-049 | 1/1/52 | BM1 |

IF MAN HELD A GRADE OR RATING HIGHER THAN PRESENT RETIRED GRADE OR RATING, INDICATE HIGHEST GRADE OR RATING HELD DURING COAST GUARD SERVICE.

| ENLISTED | DISCHARGED | MARK | PERIOD | COMPUTATION | ENLISTED | DISCHARGED | MARK | PERIOD | COMPUTATION |
|---|---|---|---|---|---|---|---|---|---|
| 6-4-41 | 6-3-47 | 4.0 | 72 | 288.0 | | | | | |
| 6-4-47 | 6-7-50 | 4.0 | 36 | 144.0 | | | | | |
| 6-8-50 | 1-1-52 | 4.0 | 19 | 76.0 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TOTAL | | | 127 | 508.0 | TOTAL | | | | |

| FINAL AVERAGE CONDUCT MARK | 4.0 | ENTITLED TO 10% FOR GOOD CONDUCT (Check appropriate box) | ✓ YES | | NO |
|---|---|---|---|---|---|
| DATE: 4 April, 1960 | COMPUTED BY: C.C. Palmer C. C. Palmer | DATE: 4/4/60 | VERIFIED BY: E Buchan | | |

TREASURY DEPARTMENT, U. S. COAST GUARD, CGHQ – 3534 (6-54)

6084 COMPUTATION OF AVERAGE CONDUC RETIRED PERSONNEL

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

PS-1
L-13
30 March 1961

From: Commandant
To: SWAIN, David (227-049) BM1, USCG, Retired
54 Comares Avenue, Davis Shores, St. Augustine, Florida

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1654 37 56

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your $3,000 National Service Life Insurance issued under policy number V 1654 37 56 will expire on 31 May 1961.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$ 7.80 allotment discontinued with month of last payment April 1961
$ 11.91 allotment established with month of first payment May 1961

3. NAVCOMPT Form 545, Allotment Authorization, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

A. C. WAGNER
By direction

Encl:
(1) VA Form 9-452b
(2) NAVCOMPT Form 545
(3) Envelope

CAGREEN:cag 30 March 1961

21429 TREAS. CGHQ. WASH., D.C.

BOARD FOR THE CORRECTION OF

MILITARY RECORDS OF THE COAST GUARD

15 March 1960

Mr. David Swain
54 Comares Avenue
Davis Shores
St. Augustine, Florida

Dear Sir:

Further reference is made to the petition submitted by you relative to a change in your retired status.

The Board for Correction of Military Records of the Coast Guard considered your case and decided that your record should be corrected to show retirement pursuant to the authority of 14 U. S. C. 355 (20-Year Law) rather than 14 U. S. C. 354 (30-Year Law).

The Secretary of the Treasury has approved this decision. The appropriate officials at the Coast Guard have been notified of this decision.

Very truly yours,

K. S. HARRISON
Senior Member

FA-1
13 February 1952
MR

From: Commandant
To: David Swain (227-049) BM1, USCG, Retired
Anastasia
Florida

Subj: Retirement; status of

1. Receipt is acknowledged of your letter of 8 February 1952, in which you state you believe you are entitled to a higher rate of retired pay.

2. A review of your retired pay record shows your pay to be computed by multiplying an amount equal to the monthly basic pay of the rating in which your services were found to be satisfactory, by a number equal to the number of years of creditable active service to which you are entitled, multiplied by 2½ per centum.

3. In your case you have 25 years, 1 month and 8 days of service creditable for retired pay purposes to 1 January 1952, the effective date of retirement. Of this service, 14 years, 6 months and 11 days is former Lighthouse Service, which is creditable as active service in the Coast Guard. You also have 4 years, 11 months and 11 days more former Lighthouse Service creditable toward retirement only, but not creditable for retired pay computation.

4. Therefore the equation $249.90 X 25 X 2½ per centum = $156.18 (or 62½% of your basic pay), gives you the correct computation of your gross retired pay per month.

Mailed 2/13/52

R. L. EDWARDS
By direction

BGGreen:mch
2/13/52 6-7

February 8, 1952

Commandant
United States Coast Guard
Washington, D. C.

RE: 227-049

Dear Sir:

I was retired as of 1 January 1952 and have received notice that my retirement pay will be $156.18 a month. According to my records, I have 30 years continuous service and my active pay when I retired was $249.90. I understand that I am entitled to 75% of my active pay. I understand that I am not entitled to over 75% of my pay or 2½% of my active pay times years of service which equal $187.42.

It will be appreciated if you cause a review of my file and make correction accordingly or advise me where I am in error. Asking for your consideration, I am

Very truly yours,

David Swain

DAVID SWAIN, BM1
Retired

Schnell

March 7, 1952

1952 MAR 12 13 09

PEA-A

Commandant
United States Coast Guard
Washington, D. C.

SUBJECT: Retirement Pay

Dear Sir:

This refers further to the question of my retirement pay, which has been based upon service of 25 years, one month and eight days, or 62½ per cent of my basic pay.

In yourletter dated 13 February 1952, you mentioned that I have served 4 years, 11 months and 11 days, which may be used for creditable retirement, but not for creditable retirement pay computation.

I do not understand this action because I have always understood that my service prior to induction in the Coast Guard would be used for retirement pay purposes and if I had not understood that to be correct, I would not have retired when I did. As evidence as to why I understood this to be true, I beg to call your attention to a letter from your office dated 10 September 1951, copy of which is attached hereto, and which led me to believe that I had been retired with the maximum retirement pay; also, I would like to call your attention to Treasury Department Reorganization Bulletin PB-703, dated 25 November, 1939, from the Commandant to Members of former Lighthouse Service eligible for appointment or enlistment in the Coast Guard. I quote from that bulletin, paragraph 3 (c), "To safeguard both pay and retirement rights of Lighthouse Service personnel appointed or enlisted in grades and ratings of the Coast Guard so that no person inducted would suffer any reduction in pay or loss of his prior rights to retirement."

It appears that anyone in my position would anticipate retirment with the maximum pay, and I should like to have your further consideration and comment relative to my claim.

Very truly yours,

David Swain

DAVID SWAIN
BM1, USCG, Retired

Encl.

Budget Bureau No. 76-R157.1.
Approval expires 11-30-51.

# APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN

## NATIONAL SERVICE LIFE INSURANCE

DO NOT WRITE IN THIS SPACE

INSURANCE NUMBER ASSIGNED: 3-13

*NOTE.—Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.*

1. FIRST NAME – MIDDLE NAME – LAST NAME OF INSURED (*Print or type*)

SWAIN, David (BMI)

2. INSURANCE FILE NO.

FN - 11 921 242

FH -

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)

Artesia, Florida

4. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD

5. SERVICE SERIAL NO.

227-049

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. N 11 921 242 in the amount of $3,000.00, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (*See Instr. 2.*)

7. AMOUNT OF INSURANCE TO BE RENEWED (*See Instruction 1*)

$ 3,000

8. AMOUNT REMITTED WITH THIS APPLICATION

| | |
|---|---|
| INSURANCE PREMIUM | $ |
| TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*) | $ |
| TOTAL | $ |

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (*See Instruction 3*)

☐ ADDED ☐ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (*Complete one*) (*See Instruction 4*)

A. ☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (*Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES*)

PERIOD (*Monthly, quarterly, semiannually, or annually*)

B. *Check one*

☒ ALLOTMENT FROM ACTIVE SERVICE PAY, OR

☐ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

| MONTH ALLOTMENT EFFECTIVE | AMOUNT OF ALLOTMENT |
|---|---|
| 1 May 51 | $ 5.31 |

*ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT*

C. ☐ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

*VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.*

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See Instructions 5 and 6*)

| | COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*) | RELATIONSHIP | AMOUNT | OPTION |
|---|---|---|---|---|
| | PRIN: Mary E Swain, Artesia, Florida | Wife | All | #1 |
| #1 | CONT: Jacqueline Ponce, Saint Augustine, Florida | Daughter | 1/3 | #1 |
| #2 | CONT: Louise Stevens, Saint Augustine, Florida | Daughter | 1/3 | #1 |
| #3 | CONT: Betty J Swain, Artesia, Florida | Daughter | 1/3 | #1 |
| | To survivor or equally divided among survivors. | | | |

12. MAIL POLICY TO (*Name and address*)

David Swain, 227-049, Artesia, Florida

13. WITNESSED BY (*See Instruction 7*)

John S Horn

14. SIGNED AT (*Address*)

Hq AFMTC, Patrick AFB, Fla

15. DATE

25 Sep 51

16. ADDRESS OF WITNESS

JOHN S HORN, 2nd Lt., USAF, Ass't Personal Affairs Off, PAFB, Fla

17. SIGNATURE OF APPLICANT (*Do not print*)

David Swain

*PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.*

VA FORM 9-1658 OCT 1948 EXISTING STOCKS OF VA FORM 9-1658, AUG 1948, WILL BE USED.

16—56869-2

PS
17 September 1951
L-13

From: Commandant (PS)
To: Commander, 7th CG District (p)

Subj: SWAIN, David (227-049) BM1, USCG; National Service Life Insurance, Application for waiver of premiums.

Ref: (a) Headquarters' letter dated 12 April 1951 (PMM L-13)

1. Receipt is acknowledged of Application for Waiver of Premiums dated 18 June 1951 and Form CG-2528-A, Allotment Stoppage in the amount of $3.24 effective with the month of last payment June 1951 submitted by SWAIN.

2. Reference (a) advised SWAIN that the term period of $3,000 five year level term National Service Life Insurance issued under policy number N 11 921 242 would expire on 31 May 1951, and that Headquarters had authorized an administrative change in his allotment to continue the protection of this insurance. Therefore before the application for waiver of premiums may be processed it will be necessary that SWAIN submit the necessary application for renewal and authorize the allotment adjustments to conform with the administrative change made by Headquarters.

3. The effective date of the waiver of premiums is determined by the date of application therefor. Since SWAIN's application is dated 18 June 1951, the effective date of the waiver of premiums will be 1 July 1951 necessitating an allotment stoppage effective with the month of last payment June 1951.

4. SWAIN should be instructed to submit the following allotment adjustments:

$3.24 allotment discontinued effective with the month of last payment April 1951
$5.31 allotment established effective with the month of first payment May 1951
$5.31 allotment discontinued effective with the month of last payment May 1951
"Applied for Waiver of Premiums".

5. Form CG-2528-A, Allotment Stoppage of $3.24, effective with the month of last payment June 1951 is returned for correction of the amount. The application for waiver of premiums dated 18 June 1951 will be retained at Headquarters pending receipt of the application for renewal and necessary allotment adjustments. The necessary correction will be made thereon regarding the discontinuance of the allotment.

R. J. BORROMEY
By direction

Incls.
1. Cc Ref (a)
2. Form CG-2528-A $3.24
3. VA Form 9-1658 (4)

MJM:mlp return to room 2107 sta. 2 & 4

9/18/51
dec

jm.

PE-1
7 August, 1951
MH

From: Commandant
To: Major General William L. Richardson, USAF, Air Force Missle Test Center, Patrick Air Force Base, Cocoa, Florida

Subj: SWAIN, David (227-049) BM1; promotion of

1. Receipt of your letter of 20 July, 1951 in regard to subject man's performance of duty is hereby acknowledged.

2. Your interest in subject named man is appreciated and the statements regarding his performance of duty are commendable; however, it is the present policy that promotions are effected only after successfully completing a service wide examination. Such an examination was held last May and SWAIN was not recommended therefor.

3. There is no existing law that permits the advancement of personnel upon retirement who have not previously held a higher rate.

By direction of the Commandant,

B. H. BRALLIER
Captain, USCG
Chief, Enlisted Personnel Div.

cc: Commanding Officer, Cape Canaveral Light Sta.

CORRESP;em ret to 3-13
DH
RR

HEADQUARTERS
AIR FORCE MISSILE TEST CENTER
Patrick Air Force Base
Cocoa, Florida

220.2

JUL 20 1951

SUBJECT: Recommendation for Promotion to Chief Petty Officer

THRU: Commander
7th Coast Guard District
Miami 33, Florida

TO: Commandant
U. S. Coast Guard
1300 E. St. NW
Washington, D.C.

1. Throughout the past year, during the establishment of the Air Force Missile Test Center (previously the Joint Long Range Proving Ground) I have known and had occasion to observe David Swain, BM1, in the performance of his duty as Officer-in-Charge of the Cape Canaveral Light House Station. He has, on every occasion, displayed tact, co-operation and trustworthiness.

2. Mr. Swain has indicated that he is applying for promotion prior to retirement. I consider this most appropriate provided regulations and policy permit.

William L. Richardson

WILLIAM L. RICHARDSON
Major General, USAF
Commanding

Ind-1

P
26 July, 1951
P17-2/MM

From: Commander, 7th Coast Guard District
To: Commandant (PE)

Forwarded for Headquarters' information.

T. R. Dalton

T. R. DALTON
By direction

Cape

3-13
file

PE-1
12 July, 1951
MM

From: Commandant
To: Commander, 7th CG District (p)

Subj: SWAIN, David (227-049) BM1; advancement in rating, disapproval

The request contained in letter from subject named man dated 21 June, 1951, with your indorsement thereon is disapproved. There is no existing law that permits the advancement of personnel upon retirement, who have not previously held a higher rating.

W. H. BUXTON
By direction

file

jhc ann CORRESP; jhc; jhg ret to 3-13

UNITED STATES COAST GUARD

JUN 25 1951

ADDRESS REPLY TO
Cape Canaveral Light Station
Artesia, Florida
REFER TO FILE

21 June 1951

From: Cape Canaveral Light Station, Artesia, Florida
To: Commandant, U. S. Coast Guard, 1300 E St. NW
Washington, D. C.
Via: Commander, 7th C.G. District, Miami 33, Florida

Subj: Chief Petty Officer's Rating, Request for

1. It is hereby requested that I, Swain, David, BM1 (227-049), be promoted to Chief Petty Officer upon retirement.

2. My thirty years service expires this December and my health will not allow me to continue my career in the Coast Guard.

3. I completed the correspondence course from Groton, Conn., for Chief Petty Officer in 1946, and took the examination at the 7th CG District Office in Miami, Florida.

4. My reasons for this request are that I have a wife and a daughter to support. My daughter is still in high school and with the high cost of living this promotion would be greatly appreciated.

David Swain
David Swain BM1
Officer in Charge

Ind-1

P
26 June, 1951
P17-2/MM

From: Commander, 7th CG District
To: Commandant (PE)

Forwarded for Headquarters consideration.

G. I. HOLT
By direction

Cape Canaveral Light Station
Artesia, Florida

21 June 1951

From: Cape Canaveral Light Station, Artesia, Florida
To: Commandant, U. S. Coast Guard, 1300 E St. NW
Washington, D. C.
Via: Commander, 7th C.G. District, Miami 33, Florida

Subj: Chief Petty Officer's Rating, Request for

1. It is hereby requested that I, Swain, David, BM1 (227-049), be promoted to Chief Petty Officer upon retirement.

2. My thirty years service expires this December and my health will not allow me to continue my career in the Coast Guard.

3. I completed the correspondence course from Groton, Conn., for Chief Petty Officer in 1946, and took the examination at the 7th CG District Office in Miami, Florida.

4. My reasons for this request are that I have a wife and a daughter to support. My daughter is still in high school and with the high cost of living this promotion would be greatly appreciated.

David Swain BM1
Officer in Charge

Ind-1

P
26 June, 1951
P17-2/MM

From: Commander, 7th CG District
To: Commandant (PE)

Forwarded for Headquarters consideration.

G. I. HOLT
By direction

3-13 File ce

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U S COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

PMM
12 April 1951
FILE ~~PMM~~
113

From: Commandant
To: SWAIN, David (227-049) BM1,USCG
Via: (1) Commander 7th U.S. Coast Guard District (p)
(2) Commanding Officer U.S. Coast Guard Cape Canaveral Light Station, Artesia, Florida
Subj: National Service Life Insurance, Policy No. N# 11 921 242; Expiration of term insurance.

1. There is herewith forwarded a notification from the Veterans Administration that the $3,000. level term National Service Life Insurance issued under policy number N# 11 921 242 will expire on 31 May 1951. In order that you may continue to have the protection of this insurance, it must be renewed or, if you prefer, it may be converted to one of the six permanent plans, i.e., Ordinary Life, 30-Payment Life, 20-Payment Life, 20-Year Endowment, Endowment at age 60 or Endowment at age 65.

2. In view of the fact that the application for renewal of insurance on the five-year level term plan or application for converted insurance must reach the Veterans Administration before the expiration of the current term period, you are urged to take immediate steps toward completing the application and making the necessary allotment adjustment.

3. There is in effect at the present time an allotment of your pay in the amount of $3.24 per month for premiums on National Service Life Insurance as follows:

**$3.24-$3,000. Level term Insurance N# 11 921 242 Effective 1 June 1943.**

If insurance is renewed, the new allotment should be $5.31. Your authorized certifying officer should be instructed to discontinue the $3.24 allotment with the month of last payment April, 1951 and to establish the new allotment, reflecting the increased premium, effective with the month of first payment May, 1951 to conform with administrative change authorized by Headquarters.

4. The completed application, in duplicate, together with the necessary allotment adjustment (Forms CG-2528 and CG-2528A) should be forwarded to the Commandant (PMM) for transmittal to the Veterans Administration.

5. Advise Commandant (PMM) of action that will be taken by you in connection with your National Service Life Insurance.

APR 13 1951

Incls.
1. VA ltr FL9-355
2. Form VA9-1658 and 9-358
3. Form CG 2528 and 2528-A(adm)

K.W. SPROW
By direction

MJM

MJM:ce

d
4 October, 1950
670

From: Commander, 7th CG District
To: SWAIN, David (227-049) BM1, USCG

Subj: Good conduct awards

1. It is a pleasure to award you the inclosed Good Conduct Medal and two Bars for your nine-year period of meritorious enlisted service in the United States Coast Guard ending 3 June, 1944, while attached to Captain of the Port Office, New Smyrna, Florida; 3 June, 1947, while attached to Office of the Commander, 7th Coast Guard District, Miami, Florida; and 7 June, 1950, while attached to Cape Canaveral Light Station, Canaveral, Florida.

2. You are congratulated on this well-deserved recognition of your exemplary conduct and efficient service during the nine-year period.

G. E. McCABE

CC: Service Record
HQ

Incls:
1 Good Conduct Medal
2 Good Conduct Bars

Ind.-1
Cape Canaveral Light Station
Canaveral, Florida

12 October, 1950

1. Receipt of above subject awards is acknowledged herewith.

David Swain BM1

# 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 |
|---|---|---|---|
| SWAIN, David (n) | BM1 | | ☐ 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)*: Mary Etta Swain

RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: Cape Canaveral Light Station, Canaveral, Florida

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)*: Mary Etta Swain (44 yrs.)

ADDRESS *(Number, street, city, zone, and State)*: Cape Canaveral Light Station Canaveral, Florida

| 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 |
|---|---|---|---|---|---|---|
| Betty Jean Swain | Cape Canaveral Light Sta. Canaveral, Florida | | x | | x | 16 yrs |
| Cary Loise Swain | Cape Canaveral Light Sta. Canaveral, Florida | | x | | x | 23 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)*: Deceased

ADDRESS *(Number, street, city, zone, and State)*:

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: Lillie Lewis

RELATIONSHIP: Sister

ADDRESS *(Number, street, city, zone, and State)*: Fountain, Florida

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: Mary Etta Swain

RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Cape Canaveral Light Station, Canaveral, Florida

RECEIVE EACH MONTH: 95 % OF MY PAY.

MILITARY ADDRESS: U.S. Coast Guard, Cape Canaveral Light Station, Canaveral, Florida

DATE SIGNED: 1 Sept., 1950

SIGNATURE OF DESIGNATOR: David Swain BM1

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 116 (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—61460-1

# 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 |
|---|---|---|---|
| SWAIN, David (n) | BM1 | | ☐ 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*)

Mary Etta Swain — Wife

ADDRESS (*Number, street, city, zone, and State*)

Cape Canaveral Light Station, Canaveral, Florida

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*) |
|---|---|
| Mary Etta Swain (44 yrs.) | Cape Canaveral Light Station<br>Canaveral, Florida |

| 7. CHILDREN<br>FIRST NAME—MIDDLE NAME—LAST NAME | ADDRESS<br>(*Number, street, city, zone, and State*) | CHECK ONE<br>MARRIED | CHECK ONE<br>SINGLE | SEX<br>M | SEX<br>F | AGE |
|---|---|---|---|---|---|---|
| Betty Jean Swain | Cape Canaveral Light Sta, Canaveral, Florida | | x | | x | 16 yrs |
| Cary Loise Swain | Cape Canaveral Light Sta, Canaveral, Florida | | x | | x | 23 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*)** |
| Deceased | |

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 |
|---|---|
| Lillie Lewis | Sister |

ADDRESS (*Number, street, city, zone, and State*)

Fountain, Florida

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 |
|---|---|
| Mary Etta Swain | Wife |

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

Cape Canaveral Light Station, Canaveral, Florida — 95 % OF MY PAY.

| MILITARY ADDRESS | DATE SIGNED | SIGNATURE OF DESIGNATOR |
|---|---|---|
| U.S. Coast Guard<br>Cape Canaveral Light Station<br>Canaveral, Florida | 1 Sept., 1950 | David Swain BM1 |

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

## INSTRUCTIONS

1. This form will be accomplished and maintained current by all officer and enlisted personnel of the armed forces.
2. Disposition of signed copies will be as follows:

| | | |
|---|---|---|
| Army | Original | To The Adjutant General, Wash. 25, D. C., ATTN: AGPI. |
| | Duplicate | File in service record or field 201 file. |
| Air Force | Original | To Headquarters USAF, Air Adjutant General, Wash 25, D. C. |
| | Duplicate | File in service record or field personnel record (201) file. |
| Navy | Original | To BuPers, Wash. 25, D. C., ATTN: Casualty Section. |
| | Duplicate | (*Same as original.*) |
| | Triplicate | File in service record or officer's qualification jacket at duty station. |
| Marine Corps | Original | File in service record book (*page 15*) or in officer's qualification record. |
| | Duplicate | To CMC, Wash. 25, D. C. |
| Coast Guard | Original | To Commandant (P), USCG Hq., Wash. 25, D. C. |
| | Duplicate | Place with individual service record. |

3. This form will be accomplished upon initial entry into the service, upon reenlistment, and/or when a change in status occurs which affects information contained in Items 1, 2, 5, 6, or 10 of this form. The individual may file a revised form at any other time that he desires.
4. For the purpose of Items 10 and 11 of this form, fathers, mothers, brothers, and sisters are automatically considered dependent relatives. If other relatives are listed, they must be related to the designator by blood or marriage and be able to prove dependency at time of death of designator.
5. With the exception of Item 6, only names of *LIVING* individuals will be entered on this form.

*(Continuation of Item 7)*

| CHILDREN<br>FIRST NAME—MIDDLE NAME—LAST NAME | ADDRESS<br>*(Number, street, city, zone, and State)* | CHECK ONE<br>MARRIED | CHECK ONE<br>SINGLE | SEX<br>M | SEX<br>F | AGE |
|---|---|---|---|---|---|---|
| Jacqueline Ponce | Davies Shores,<br>St. Augustine, Florida | x | | | x | 27 yrs |

*(Continuation of Item 12)*

| FULL NAME OF COMPANY | ADDRESS OF HOME OFFICE | POLICY NO. |
|---|---|---|
| | | |

REMARKS:

61480-1 U. S. GOVERNMENT PRINTING OFFICE : 1950—O-873269

3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

22 June 1950
FILE: PMM 73

From: Commandant
To : Commander, 7th CG District (pmp)
Via :

Subj: SWAIN, David (227-049) BM1; good conduct awards, information relative to.

1. In reply to your letter of 8 June 1950 file 73, 670 you are informed that the subject man's record indicates his eligibility for good conduct awards for his active service is as follows:

| FROM | TO | UNIT | REMARKS |
|---|---|---|---|
| 6-4-41 | 6-3-44 | COTP, New Smyrna | Medal (due) |
| 6-4-44 | 6-3-47 | 7th CG District | Bar (due) |

(a) Creditable toward a good conduct award.
(b) Not creditable, low conduct marks.
(c) Not creditable, did not reenlist within three months.
(d) Not creditable until he reverts to his enlisted status.
(e) Not creditable, out of the service.
(f)

2. His marks in proficiency in rating and conduct from to the end of his enlistment, are:

| DATE | PROFICIENCY | CONDUCT | DATE | PROFICIENCY | CONDUCT |
|---|---|---|---|---|---|

N. W. SPROW
By direction

EOW B 1788

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Comdr., 7th CG District
Miami 33, Florida

8 June, 1950
FILE: pmp 73, 670

From: Commander, 7th Coast Guard District
To: Commandant (PMM)

Subj: SWAIN, David (n) (227-049) BM1, USCG; Good conduct awards; clarification of eligibility for

It is requested that Headquarters advise this office as to the Good Conduct awards which subject-named man is entitled to since his enlistment in the Coast Guard. He reenlisted on 7 June, 1950.

H. J. LeBLANC
By direction

15 June, 1950
PE-PR-24, CG-73

From: Commandant
To: Commander, 7th CG District (pmp)

Subj: SWAIN, David (n) (227-049) BM1; completion of record

Upon examination of subject man's Reenlistment Contract and supporting papers dated 8 June, 1950, it is noted that the Certificate of Loyalty as required by Personnel Circular 7-50, was not included. It is requested that this form be submitted to the Commandant (PE-PR-24) for completion of SWAIN'S record.

E. A. SHAW
By direction

JOHNSON ltr 6/22 return to 3-13

**REPORT OF CHANGE IN PERSONN**
**TREASURY DEPARTMENT**
**United States Coast Guard**
CG-2599 (REV. 3-48)

No. _____

| SURNAME, FIRST NAME, INITIAL | SERVICE OR SIGNAL NO. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David (n) | 227-049 | SA |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| ~~7th District Office~~ | Cape Canaveral Lt.Sta, Canaveral,Fla | Miami, Florida |
| **MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM NO.** | **DATE** |
| 07-02000 | 07-39120 | 15 June, 1950 |

TIME 2000
DATE 6-13-50

REPORTED FROM: CCGD Seven, Miami, Florida
FOR resumption of regular duties. Executed four (4) days leave and one (1) day TT enroute.

AUTH: CCGD7/L 6-8-50, p-73-531

TIME
DATE

TRANSFERRED TO:
FOR

on board

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

## EXTRA COMPENSATION

| FAMILY ALLOWANCES | | MAQ/D | S & Q | FLIGHT PAY | SEA DUTY | ARMS QUAL. | AWARDS MEDALS | |
|---|---|---|---|---|---|---|---|---|
| CLASS A NO. DEP. | CLASS B NO. DEP. | | | | | | | |
| | | | | | | | | |

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

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

### ENLISTED PERSONNEL

| RATE | DIST. | FOR. DOM. | | UNIT | | RATE LOSS |
|---|---|---|---|---|---|---|
| | | | | | | |

### RECORDS

| EXAMINED | POSTED | CODED |
|---|---|---|
| | | |

### OFFICER PERSONNEL

| GRADE | CHAR. APPT. | STATE | DIST. | SEA. SHORE | DUTY | | DATE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-45)

No._____

| SURNAME, FIRST NAME, INITIAL | SERVICE NO. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David (n) | 227-049 | BM1 |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| District Office, 7th CG District | | Miami, Florida |
| **MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM NO.** | **DATE** |
| 07-02000 | | 8 June, 1950 |

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1300
DATE 8 June, 1950

TRANSFERRED TO: Cape Canaveral Light Station, Canaveral, Fla.
FOR resumption of duty

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIV_____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

8 June, 1950: Reenlisted this date and place in the Regular Establishment USCG for a period of six (6) years as BM1.

DUTY CODE NO.

AUTH: Art. 556 CG Regs.

H. J. LEBLANC, LTJG, USCG
(Commanding)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| | | | |

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched_____ |
| Verified_____ |

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

file

SWAIN, David (n) 227-049 BM1

District Office, 7th CG District Miami, Florida

07-02000 8 June, 1950

1300
8 June, 1950 Cape Canaveral Light Station, Canaveral, Fla.
resumption of duty

8 June, 1950: Reenlisted this date and place in the Regular Establishment USCG for a period of six (6) years as BM1.

Art. 556 CG Regs.

H. J. LEBLANC, LTJG, USCG
By direction

3-13

3/13 Bin
File Record

6 April 1950
P 650

From: Commandant
To: SWAIN, David (227-049) BMlc, USCG
Via: Commander, 7th Coast Guard District

Subj: Appreciation for services

1. The Commandant is pleased to forward the inclosed copy of a letter dated 29 March 1950, from Brigadier General William L. Richardson, United States Air Force, expressing the appreciation of the Chief of Staff of the Air Force for the cooperation afforded by you and other personnel of the Coast Guard in connection with preparations for establishment of the Joint Long Range Proving Ground at Cocoa, Florida.

2. Copies of this letter and the inclosure will be placed in your record at Headquarters.

N. H. LESLIE
By direction

Inc-Copy of ltr dtd 3/29/50
from Brig.Gen.William L.
Richardson, USAF, Washing-
ton, D. C.

CMMsmjh
4/6/50

COPY

DEPARTMENT OF THE AIR FORCE
Headquarters United States Air Force
(REAL) Washington 25, D. C.

29 March 1960

AFMP

SUBJECT: Letter of Appreciation

TO: Commandant, United States Coast Guard

1. The Chief of Staff of the Air Force desires to express his appreciation for the cooperation and support rendered the Long Range Proving Ground, Cocoa, Florida, by Captain George L. McCabe, USCG, Commander of the Seventh U. S. Coast Guard District, and members of his command--particularly Chief Boatswain Mate Uotwain and his personnel at the Cape Canaveral Light Station.

2. All have been most cooperative. Their cordial attitude and whole-hearted assistance have aided materially in expediting the initial preparations for the establishment of the Long Range Proving Ground launching site on Cape Canaveral.

3. Please convey to all concerned my personal appreciation as well as that of the Department of the Air Force.

FOR THE CHIEF OF STAFF:

/s/ William L. Richardson

WILLIAM L. RICHARDSON
Brigadier General, USAF
Chief, Long Range Proving Ground
Group, Office of the Deputy Chief
of Staff, Material

18 February, 1949
PE-C-73

From: Commandant
To: Commander, 7th CG District (p)

Subj: SWAIN, David (227-049) BM1; position on CPO list; information concerning

In reply to your letter of 1 February, 1949, file pmp 73, you are advised that Swain does not appear on the eligibility list for advancement in rating to BMC inasmuch as he never has held such rating. The present eligibility list for BMC is made up only of those men who were disrated on 1 July, 1946 (retrenchment program). Favorable consideration cannot be given to placing him on any list until such time as the present list is exhausted and examinations are held and he successfully passes such examination.

W. C. CAPRON
By direction

CORRESP: ljc;vmh ret to 3-13

2/18/49
C3

3-11

# UNITED STATES COAST GUARD

ADDRESS REPLY TO
Commander, 7th CGD
Miami 33, Florida
REFER TO FILE

U.S. COAST GUARD HEADQUARTERS
MAIL & RECORDS SECTION
RECEIVED FEB 3 1949 (8)

1 February, 1949
File: pmp, 73

From: Commander, Seventh Coast Guard District
To: Commandant (PE)

Subj: SWAIN, David (227-049) BM1; position on CPO list; information concerning; request for

1. SWAIN, presently attached administratively to this office, has requested information concerning his status with regards to the eligibility list for CPO.

2. The files of this office show that he was examined 19 March, 1946, incl "A", and that this examination was forwarded to this office 27 March, 1946, incl "B". It appears as though "A" and "B" were returned by this office with the recommendation that they be resubmitted after 30 June, 1946, incl "C". There is nothing in our files to indicate that this was done.

3. It is requested that this office be advised as to whether he is on the list for BMC.

HERBERT F. WALSH
By direction

Incl: "A", "B", & "C"

1949 Feb 3
Rec'd PEA

DCGO 7ND (Per-112)
SUBMIT IN TRIPLICATE; SIGN ALL COPIES
Submit 2 extra copies, all HA & PhM exams.

REPORT OF EXAMINATION OF ENLISTED PERSONNEL

Unit CG GROUP BASE Address Miami, Florida Date 19 March, 1946

SWAIN, David (227-049) BM1c Name, Serv. No., Rate

We, the undersigned, hereby certify that the above-named person was this date examined for advancement or change to the rating of Chief Boatswain's Mate(a) as indicated below.

RESULTS OF EXAMINATION

| PRACTICAL FACTORS: | MARK | PROFESSIONAL SUBJECTS: | MARK |
|---|---|---|---|
| From Para. No. 28 1(a) | 3.4 | From Para. No. 28 2(b) | 3.5 |
| Sub-Para. No. 28 1(b) | 3.4 | Sub-Para. No. 28 3(a) | 3.5 |
| P.B. 76-44 | | P.B. 76-44 | |

C. R. Lindenberg A. Schultz F. G. Jones

C. R. LINDENBERG, Lt., USCGR A. SCHULTZ, Bosn, USCG F. G. JONES, Bosn, USCG
Signature & Rank of Member Signature & Rank of Member Signature & Rank of Member
(3 members for exams. for pay grade 1A; 2, for all others. Para. 10, P.B. 76-44.)

Date of active duty _____ Date assigned this activity _____
Age _____ Synopsis of Sea Duty _____
Resident courses successfully completed, and dates of completion:

Institute courses completed, and dates of certificates. If waived, state reasons:

ALL advancements, changes, or reductions in rating:

To _____ Date _____
To _____ Date _____
To _____ Date _____
To _____ Date _____
To _____ Date _____
To _____ Date _____
To _____ Date _____

ALL marks assigned during required period:

| Date | Prof. in Rating | Conduct |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Date
To: DCGO 7ND

Forwarded, approved, recommending authorization.

E. G. BROOKS, Comdr., USCG
Signature of Commanding Officer

Ind-1
DCGO 7ND, Miami, Fla. (p)
File:

Returned. (Authorized, effective _____, provided conduct and performance of duty since recommendation warrant advancement. ATTACH THIS AUTHORITY TO FORM 2599 FORWARDED TO HQ.) (Not authorized in view of

A

[redacted] C.O., CG Group
CG 73

27 March, 1946

To: The Commandant, (PEA)

Via: DCGO,7ND (p)

Subj: SWAIN, David (227-049) BMlc; recommendation for advancement in rating to Chief Boatswain's Mate (acting)

1. It is recommended that subject man be advanced in rating to that of Chief Boatswain's Mate, (acting). He is deemed qualified in all respects for the advancement.

2. Swain has completed fifteen years in the U.S. Lighthouse Service, four and one half years of active duty in the Coast Guard, and has completed the CG Institute course for Chief Boatswain's Mate with a certificate mark of 90%. He has held his present rating for a period of thirty-four months and while attached to this command he has demonstrated his ability as a Boatswain's Mate.

3. Marks assigned subject man for the last four quarters are averaged as follows:

| | |
|---|---|
| Proficiency in rating | 3.7 |
| Ability as leader of men | 3.7 |
| Seamanship | 3.5 |
| Conduct | 4.0 |

E. G. BROOKS
Commanding

B

UNITED STATES COAST GUARD

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER (pra)
SEVENTH NAVAL DISTRICT
REFER TO FILE CG-73

29 March, 1946

To: Commanding Officer, Coast Guard Group, Miami, Florida

Subj: SWAIN, David (227-049) GM1c; recommendation for advancement in rating to Chief Boatswain's Mate (acting)

1. Considering recent replies from Headquarters to all recommendations for advancement of individuals to chief petty officer ratings, expecially chief boatswain's mate, it is not deemed advisable at this time to forward subject-named man's recommendation to HQ at this time, and letter is herewith returned.

2. Following is an excerpt from a typical letter from Headquarters:

> "In view of the fact that the number of chief petty officers in this specialty in the regular Coast Guard is far in excess of anticipated requirements for the post-war Service, the recommendation that _____ be advanced has been filed in his service jacket without action. Future advancements to acting chief petty officer of this specialty will not be considered until the permanent post-war rating structure of the Service has been extablished and advancements the, if authorized, will be entirely dependent upon Service needs."

Similar letter has also been received in answer to all requests for advancement to coxswain or boatswain's mate ratings.

3. It is suggested, however, that letter of recommendation be submitted after 30 June, 1946.

/s/ F. H. COLLINS
By direction

COPY COPY COPY COPY

# UNITED STATES COAST GUARD INSTITUTE

ADDRESS REPLY TO
DIRECTOR (PT)
REFER TO FILE: 28088

GROTON, CONNECTICUT

5 October, 1945

To: CO, Fowey Rock Light Station, 7ND

Subj: SWAIN, David (227-049) BMlc
Completion of course; issue of educational certificate

1. The CG Institute takes pleasure in transmitting a certificate for the completion of

Chief Boatswain's Mate course (90%)

2. A copy of this letter should be placed in subject student's file and proper notation made in his/her Service Record and Continuous Service Certificate.

3. It is requested that the below listed textbooks issued for the course be returned to the CG Institute without delay:

Navy Training Course for BMlc and CBM

J. D. Harrington

J. D. HARRINGTON

Incl
Educational Certificate

CC: HQ

Ind-1
CG Group, Miami, Fla.
16 October, 1945

Delivered with pleasure.

C. M. SCHILLINGER
Commanding

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Cape Canaveral Light Station
Canaveral, Florida
REFER TO FILE

28 January, 1949

To: Comdr. 7th CG District (p)

From: SWAIN, David (227-049) BM1

Subj: BMC rating; information concerning; request for

1. In March of 1946 I successfully passed the BMC examination. I wish to know whether or not I was ever recommended for advancement to BMC and/or if my name was put on the elegibility list. If my name is not on the elegibility list, will I be required to take another examination in order to be placed on the list, or will the original examination qualify me?

/s/ DAVID SWAIN BM1
Officer in Charge

COPY COPY COPY COPY

Commander, 7th CGD
Miami 33, Florida

1 February, 1949
File: pmp, 73

From: Commander, Seventh Coast Guard District
To: Commandant (PE)

Subj: SWAIN, David (227-049) BM1; position on CPO list; information concerning; request for

1. SWAIN, presently attached administratively to this office, has requested information concerning his status with regards to the eligibility list for CPO.

2. The files of this office show that he was examined 19 March, 1946, incl "A", and that this examination was forwarded to this office 27 March, 1946, incl "B". It appears as though "A" and "B" were returned by this office with the recommendation that they be resubmitted after 30 June, 1946, incl "C". There is nothing in our files to indicate that this was done.

3. It is requested that this office be advised as to whether he is on the list for BMC.

HERBERT F. WALSH
By direction

Incl: "A", "B", & "C"

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-45)

No. 4-164

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David | 227-049 | BM1 |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| Cape Canaveral Light Station | | Cape Canaveral, Fla. |

| MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT | MINOR UNIT ITEM No. | DATE |
|---|---|---|
| Comdr., 7th CG District | | 18 May, 1948 |

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1600

DATE 5/12/48

TRANSFERRED TO: U.S.M.H. Savannah, Georgia

FOR Medical treatment and hospitalization

AUTH: C7CGD/L 5/12/48 (CG-73-531)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

HERBERT F. WALSH, Commander, USCG

By direction (Commanding)

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| | | | |

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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

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

No. 12-18

Records carried for Admin. purposes by O,C7CGD

| SURNAME, FIRST NAME, INITIAL | SERVICE NO. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David (n) | 227-049 | BMlc |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| Cape Canaveral Light Station | | Canaveral, Florida |

| MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT | MINOR UNIT ITEM NO. | DATE |
|---|---|---|
| 07-105 | | 11 December, 1947 |

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN (RANK / RATING) FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1200 3 November, 1947 Departed on thrity (30) days authorized leave.

1100 3 December, 1947 Reported on time from thirty (30) days authorized leave.

PEA-E
32

DUTY CODE NO. 30-D
AUTH: Comdt's Cir 31-47

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

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| | | | |

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched |
| Verified |

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

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

No. 6-69

| SURNAME, FIRST NAME, INITIAL | SERVICE NO. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David (n) | 227-049 | BM1c |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| ~~Office, Comdr., 7th CG District~~ | Cape Canaveral Light Station | Canaveral, Fla. |
| **MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM No.** | **DATE** |
| 07-001 | 07-075 | 11 June, 1947 |

TIME 0600 REPORTED FROM: Office, Comdr., 7th CG District
DATE 5 June, 1947 FOR Resumption of regular duties.

DUTY CODE NO. 18-D AUTH: C7CGD/L 27 May, 1947, CG-73-531

TIME TRANSFERRED TO:
DATE FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

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

**SPACE BELOW IS FOR HEADQUARTERS' USE ONLY**

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| | | | |

| Records | |
|---|---|
| Posting | Coding |
| | |

| 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. 6-67

| SURNAME, FIRST NAME, INITIAL | SERVICE NO. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David (n) | 227-049 | BM1c |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| Office, Comdr., 7th CG District | | Miami, Florida |
| **MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM No.** | **DATE** |
| 07-001 | | 11 June, 1947 |

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1500
DATE 4 June, 1947

TRANSFERRED TO: Cape Canaveral Light Station, Canaveral, Fla.
FOR Resumption of regular duties.

AUTH: C7CGD/L 27 May, 1947, CG-73-531

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

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

**SPACE BELOW IS FOR HEADQUARTERS' USE ONLY**

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| | | | |

| Records | |
|---|---|
| Posting | Coding |
| | |

| 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. 6-68

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David (n) | 227-049 | BM1c |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| Office, Comdr., 7th CG District | Cape Canaveral Light Station | Canaveral, Fla. |
| **MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM No.** | **DATE** |
| 07-001 | 07-075 | 11 June, 1947 |

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 2000
DATE 3 June, 1947

TRANSFERRED TO: Office, Comdr., 7th CGD, Miami, Fla.
FOR Astdu, Discharge & Reenlistment

AUTH: C7CGD/L 27 May, 1947, CG-73-531

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

J. B. HINNANT, Commander, USCG
By direction (Commanding)

**SPACE BELOW IS FOR HEADQUARTERS' USE ONLY**

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| | | | |

| Records | |
|---|---|
| Posting | Coding |
| | |

PEA-F

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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

CG-2888 (5-46)

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

SWAIN, David (Name—Surname to left) | BMlc (Rank or rating 31 Aug. 1946) | 227-049 (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 75 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) | Marie E. Swain (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.**

David Swain
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at O, Comdr. 7th CGD, Miami, Fla. this 3rd day of June, 1947

(SEAL)

J. R. HANNAN, Commander, USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

J. R. HIGNANT, Commander, USCG — O. Comdr. 7th CGD

(*Signature of Commanding Officer*) (*Unit*)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

| (*Monthly pay (base and longevity)*) | (*Officer monthly rental allowance*) | (*Officer daily subsistence allowance*) |
|---|---|---|
| | | |

(*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

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)

File

O, COMDR. 7 CG DISTRICT
(Unit)

SWAIN, David (nmn)
(Name in full—surname to the left)

3 JUNE, 1947
(Date)

227-049
(Service number)

BOATSWAIN'S MATE, FIRST CLASS
(Rating on discharge)

| | Year | Month | Day |
|---|---|---|---|
| Date of last enlistment (for 3 years) | 1941 | 6 | 4 |
| Enlistment extended (for 3 years from) | 1944 | 6 | 4 |
| Date of discharge (Honorable) (Character of discharge) | 1947 | 6 | 3 |

| NUMBER OF— | Years | Months | Days |
|---|---|---|---|
| Total time of last enlistment period | 6 | 0 | 0 |

**ABSENT TIME DURING PERIOD (Inclusive dates to be shown)**

| Absent Without Leave | | | Absent Due to Own Misconduct | | | Absent Due to Confinement | | |
|---|---|---|---|---|---|---|---|---|
| From— | To— | Days | From— | To— | Days | From— | To— | Days |
| NONE | | | NONE | | | NONE | | |

Total Absence (..... days)

| | | | |
|---|---|---|---|
| Creditable time served during last enlistment period | 6 | 0 | 0 |

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

J. R. HINNANT

Date 3 June, 1947

(Rank) COMMANDER, U. S. C. G.
*Commanding officer.*

## REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 4 June, 1947

O, COMDR 7 CG DISTRICT, MIAMI, FLA.
(Unit and place)

I CERTIFY that the above-named man RE-ENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE years from this date.

J. R. HINNANT

(Rank) COMMANDER, U. S. C. G.
*Commanding officer.*

16—20008-1

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

| SWAIN, | David | (nmn) | 227-049 | BM1c |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

| O, COMDR. 7 CG DISTRICT | MIAMI, FLORIDA | 3 JUNE, 1947 |
|---|---|---|
| (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:
Completed a six (6) year period of net service and entitled to an increase in pay on the following statement:

| | |
|---|---|
| Completed three (3) years | 6-3-44 |
| AOL | NONE |
| Sick, Misc | NONE |
| N.P.D.I | NONE |
| Completed six (6) years | 6-3-47 |

AUTHORITY:
PB 59-42
Art 411, P&SI

J. R. HINNANT
(Commanding)

Commander, 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: 1943 O - 534689

Return to: ~~CG Group,~~

~~Fort Pierce, Fla.~~

Date: 24 August, 1946
From: SWAIN, David (227-049) B.M.1c.
To: Commander, 7th CG District

OBLIGATION COPY

ESTIMATED COST OF THIS TRAVEL $ 27+2

Subj: Authority to incur expense of travel of dependents; request for

1. It is requested that authority be granted to incur expense for the travel of my dependents which are listed below from St. Augustine, Fla., to Jupiter Light Station, Jupiter, Fla., during month of August, 1946, in connection with order of COMTCGD (ENL) Order No. 12,468(07-001) dated 28 May 1946 File No. 73-531, which direct a permanent change of station from Miami, Florida to Jupiter Light Station, Jupiter, Fla.

| Name | Relationship | Date of birth of children |
|---|---|---|
| Mary E. Swain | Wife | |
| Betty Jean Swain | Daughter | 20 July, 1934 |

2. I hereby agree to the checkage of my personal pay account for cost of any transportation furnished my dependents in excess of allowances as prescribed by Pay and Supply Instructions.

3. The transportation or reimbursement requested herein is not ("is" or "is not") in accordance with paragraph 4 of Finance & Supply Circular No. 2-44.

4. I certify except as noted hereon that no prior claim has been presented by me or by any member of my family for the reimbursement for transportation of dependents as claimed herein and that no transportation in kind has been furnished therefor.

REMARKS:

David Swain

DAVID SWAIN,
(Signature)

B.M.1c., USCG.
(Rank or Rate)

---

Ind-1
DCGO, 7ND, Miami, Florida (ft)
5 October, 1946

Authorization No. 070086

Authorized to incur Government expense for travel of above-listed dependents from St. Augustine, Fla. to Jupiter, Fla. in accordance with ~~[illegible]~~.

L. E. BUELL
By direction

Accts. Section
Date
Initial

Address Reply to
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT (p)
Refer to File CG-73-531

UNITED STATES COAST GUARD

(SNL) Order No. 12,468 (07-001)

28 May, 1946

To: CO, CG Group, Miami, Florida

Subj: SWAIN, David (227-049) BMlc; orders; transfer; travel

1. Upon receipt hereof, transfer subject-named may from Fowey Rocks Light Station to Fort Pierce, Fla., directing him to report upon arrival thereat to the CO, CG Group for assignment to duty as Officer-in Charge of Jupiter Inlet Light Station.

2. Travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 7th CG District Travel Allotment, Symbol No. 07-20.

3. This order constitutes a permanent change of station.

4. Records and account will be carried on transfer.

R. R. SMITH
By direction

CC: CO, CG Grp, Ft. Pierce, Fla.
Dist Allot
Dist Pay
File
Day File
MKF

Certified to be a true copy.
L. W. FARNSLEY,
Lieutenant (jg) U. S. C. G.

Return to: CG Group,
Fort Pierce, Fla.

Date: 24 August, 1946
From: SWAIN, David (227-049) B.M.1c.
To: Commander, 7th CG District.

Subj: Authority to incur expense of travel of dependents; request for

1. It is requested that authority be granted to incur expense for the travel of my dependents which are listed below from St. Augustine, Fla., to Jupiter Light Station, Jupiter, Fla., during month of August, 1946, in connection with order of COM7CGD (ENL) Order No. 12,468(07-001) dated 28 May 1946 File No. 73-531, which direct a permanent change of station from Miami, Florida to Jupiter Light Station, Jupiter, Fla.

| Name | Relationship | Date of birth of children |
|---|---|---|
| Mary E. Swain | Wife | |
| Betty Jean Swain | Daughter | 20 July, 1934 |

2. I hereby agree to the checkage of my personal pay account for cost of any transportation furnished my dependents in excess of allowances as prescribed by Pay and Supply Instructions.

3. The transportation or reimbursement requested herein **is not** ("is" or "is not") in accordance with paragraph 4 of Finance & Supply Circular No. 2-44.

4. I certify except as noted hereon that no prior claim has been presented by me or by any member of my family for the reimbursement for transportation of dependents as claimed herein and that no transportation in kind has been furnished therefor.

REMARKS:

David D Swain

DAVID SWAIN,
(Signature)

B.M.1c., USCG.
(Rank or rate)

---

Ind-1
DCGO, 7ND, Miami, Florida (ft)
5 October, 1946

Authorization No. 070086

Authorized to incur Government expense for travel of above-listed dependents from St. Augustine, Fla. to Jupiter, Fla. in accordance with ----------.

L. E. BURLL
By direction

Address Reply to
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT (p)
Refer to File CG-73-531

UNITED STATES COAST GUARD

(EHL) Order No. 12,468 (07-001)

28 May, 1946

To: CO, CG Group, Miami, Florida

Subj: SWAIN, David (227-049) BMlc; orders; transfer; travel

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2. Travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 7th CG District Travel Allotment, Symbol No. 07-20.

3. This order constitutes a permanent change of station.

4. Records and account will be carried on transfer.

R. R. SMITH
By direction

CG: CO, CG Grp, Ft. Pierce, Fla.
Dist Allot
Dist Pay
File
Day File
MEF

Certified to be a true copy.
L. W. FARNSLEY,
Lieutenant (jg.) U. S. C. G.

NAVCG 2766
(Revised 1944)

# ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☐ Routine.
☐ Restricted.
☐ Confidential.

ORDER NO. 1456(07-069)

| UNIT | PLACE OR ADDRESS | DATE | FILE |
|---|---|---|---|
| CG GROUP BASE | MIAMI, FLORIDA | 6 JUNE, 1946 | CG-73-531 |

TO (insert name, surname first, Service No., rank or rating):

SMALL, David (227-049) EM1c

1. In accordance with Comdr., 7th CG Dist/l, 5-28-46, CG-73-531/Ord/12,468(07-069) { copy / certified copy / original of which is attached

PROCEED TO ..... Fort Pierce, Florida.
REPORT TO ..... CO, CG Group, Fort Pierce, Florida.
FOR ..... Assign to duty as Coxn'd, Jupiter Light Sta., Jupiter, Fla.

2. You will take charge of the ..... additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

| TRAVELER'S NAME(S) (Addressee) | SERVICE No. | RANK OR RATE | RECORDS ATTACHED (Indicate by check (✓) records included for each person) | | | |
|---|---|---|---|---|---|---|
| | | | SERVICE | HEALTH | PAY | OTHER |
| ADDRESSEE | 227-049 | EM1c | yes | yes | yes | none |

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against 7th CG Dist. travel allotment, symbol 07-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by Regs and indicated below, is (AUTHORIZED) (DIRECTED).

**GOVERNMENT TRANSPORTATION REQUEST.**

| T/R NUMBER(S) | SERVICE | FROM— | TO— | VIA— | PERSONS | VALUE |
|---|---|---|---|---|---|---|
| Reg 666,313 | Bus | Miami, Fla. | Fort Pierce, Fla. | Fla. | 1 | |

**MEAL TICKET(S) ISSUED** (Surrender unused or spoiled tickets at destination).

| NUMBERED FROM— | TO— | TOTAL TICKETS | TOTAL MEALS |
|---|---|---|---|
| | | | |

**PRIVATELY OWNED CONVEYANCE.**

| MAKE OF CAR | MODEL AND YEAR | LICENSE No. | STATE |
|---|---|---|---|

You are hereby furnished Forms ....., serially numbered from ..... to ....., to obtain a total of ..... gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

**OTHER** (specify):

ISSUED ITEMS AS DESCRIBED ABOVE.

(Signature) (Title) (Unit)

(OVER)

16—40626-2

4. LEAVE OF ABSENCE in the amount of 10 days and 20 days travel time is hereby authorized for you (and your charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnished to and maintained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto.

From CG Group, Miami, Fla. To Jupiter Light Sta., Jupiter, Fla.
(Specific location)

6. DELIVERED AND DEPARTED at 1200 (Time) on 6 June, 1946 (Date)

E. O. BROOKS, Comdr., USCG
(Signature of commanding officer, transferring unit)

IND-1.

RECEIVED AT CG Group Base, Miami, Fla. (Place) on 6-6-46 (Date) at 1200 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

David Dunin
(Signature of addressee)

IND-2. **INTERMEDIATE REPORTING**

| UNIT AND PLACE OR ADDRESS | | TIME | DATE | GOVERNMENT FACILITIES FURNISHED (Yes or No) QUARTERS | SUBSISTENCE | SIGNATURE |
|---|---|---|---|---|---|---|
| CG Group, Ft. Pierce, Fla. | Reported | 1200 | 6/6/46 | Yes | Yes | J. L. [illegible], Lt. Comdr. USCG |
| CG Group, Ft. Pierce, Fla. | Departed | 1300 | 6/7/46 | Yes | Yes | J. L. [illegible], Lt. Comdr. USCG |
| | Reported | | | | | |
| | Departed | | | | | |
| | Reported | | | | | |
| | Departed | | | | | |
| | Reported | | | | | |
| | Departed | | | | | |

IND-3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

Jupiter Light Station, Jupiter, Fla. 1300 6/7/46 Jack H. Peebles, BM2c
(Unit) (Place or address) (Time) (Date)
(Signature of commanding officer at destination)

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1. "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

## GENERAL INSTRUCTIONS

Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials. Maintain proper conduct and uniform of yourself and your charge at all times. The *intemperate use of alcoholic beverages* and the conduct usually characteristic of intoxicated men constitute *offenses against Coast Guard Regulations* and will be dealt with accordingly. Attention is directed to the joint control of Navy–Army–Coast Guard–Marine Corps personnel by shore patrol and military police. Shore patrols and military police shall be obeyed and cooperated with at all times. In case of delay which will prevent reporting at designated time, advise destination officer of facts, including estimated time of arrival. If unable to contact destination officer, communicate with nearest DCGO if practicable, otherwise with nearest Coast Guard command *without delay.* In event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain *signed* certificate from responsible persons to confirm facts causing delay.

## SPECIAL INSTRUCTIONS

Comdr., 7th CG Dist(Opn)
Comdr., 7th CG Dist(Spd)
Dist. Travel Allot.
C-in-C, Ft. Pierce, Fla.
Card Index
Order File

Certified to be a true copy.
L. W. FARNSLEY,
Lieutenant (jg) U.S.C.G.


U. S. GOVERNMENT PRINTING OFFICE 16—40020-2

NAVCG 2766
(Revised 12-44)

# ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☐ Routine.
☐ Restricted.
☐ Confidential.

ORDER NO. 1456(07-249)

| UNIT | PLACE OR ADDRESS | DATE | FILE |
|---|---|---|---|
| CG GROUP BASE | MIAMI, FLORIDA | 6 JUNE, 1946 | CG-73-532 |

TO (insert name, surname first, Service No., rank or rating):

SHAIN, David (227-049) EM1c

1. In accordance with Comdr., 7th CG Dist/ltr 5-28-46, CG-73-5310-d/32,466(07-249) { copy / certified copy / original of which is attached

PROCEED TO ..... Fort Pierce, Florida.
REPORT TO ..... CO, CG Group, Fort Pierce, Florida.
FOR ..... Assign to duty as O-in-C, Jupiter Light Sta., Jupiter, Fla.

2. You will take charge of the 1 additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

| TRAVELER'S NAME(S) (Addressee) | SERVICE No. | RANK OR RATE | RECORDS ATTACHED (Indicate by check (✓) records included for each person) | | | |
|---|---|---|---|---|---|---|
| | | | SERVICE | HEALTH | PAY | OTHER |
| ADDRESS | 227-049 | EM1c | yes | yes | yes | none |

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against 7th CG Dist. travel allotment, symbol 07-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by MAST and indicated below, is (AUTHORIZED) (DIRECTED).

**GOVERNMENT TRANSPORTATION REQUEST.**

| T/R NUMBER(S) | SERVICE | FROM— | TO— | VIA— | PERSONS | VALUE |
|---|---|---|---|---|---|---|
| Reg 686,313 | Bus | Miami, Fla. | Fort Pierce, Fla. | FEC | 1 | |

**MEAL TICKET(S) ISSUED** (Surrender unused or spoiled tickets at destination).

| NUMBERED FROM— | TO— | TOTAL TICKETS | TOTAL MEALS |
|---|---|---|---|
| | | | |

**PRIVATELY OWNED CONVEYANCE.**

| MAKE OF CAR | MODEL AND YEAR | LICENSE No. | STATE |
|---|---|---|---|

You are hereby furnished Forms ....., serially numbered from ..... to ....., to obtain a total of ..... gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

**OTHER** (specify):

ISSUED ITEMS AS DESCRIBED ABOVE.

(Signature) (Title) (Unit)

(OVER)

16—40626-2

4. LEAVE OF ABSENCE in the amount of 20 days and 20 days travel time is hereby authorized for you (and your charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnished to and maintained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto—

From [redacted] (Specific location) To [redacted]

6. DELIVERED AND DEPARTED at 1200 (Time) on 6 June, 1946 (Date)

[redacted]
(Signature of commanding officer, transferring unit)

IND–1.

RECEIVED AT CG Group Base, Miami, Fla. (Place) on 6-6-46 (Date) at 1200 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

David Smith
(Signature of addressee)

IND–2. **INTERMEDIATE REPORTING**

| UNIT AND PLACE OR ADDRESS | | TIME | DATE | GOVERNMENT FACILITIES FURNISHED (Yes or No) QUARTERS | GOVERNMENT FACILITIES FURNISHED (Yes or No) SUBSISTENCE | SIGNATURE |
|---|---|---|---|---|---|---|
| [redacted] | Reported | [redacted] | | [redacted] | [redacted] | [redacted] |
| [redacted] | Departed | [redacted] | | [redacted] | [redacted] | [redacted] |
| | Reported | | | | | |
| | Departed | | | | | |
| | Reported | | | | | |
| | Departed | | | | | |

IND–3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

Jupiter Light Station, Jupiter, Fla. 1300 6/7/46
(Unit) (Place or address) (Time) (Date) Jack M. Peebles, BM2c
(Signature of commanding officer at destination)

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1. "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

## GENERAL INSTRUCTIONS

Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials. Maintain proper conduct and uniform of yourself and your charge at all times. The *intemperate use of alcoholic beverages* and the conduct usually characteristic of intoxicated men constitute *offenses against Coast Guard Regulations* and will be dealt with accordingly. Attention is directed to the joint control of Navy–Army–Coast Guard–Marine Corps personnel by shore patrol and military police. Shore patrols and military police shall be obeyed and cooperated with at all times. In case of delay which will prevent reporting at designated time, advise destination officer of facts, including estimated time of arrival. If unable to contact destination officer, communicate with nearest DCGO if practicable, otherwise with nearest Coast Guard command *without delay.* In event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain *signed* certificate from responsible persons to confirm facts causing delay.

cc: Comdr., 7th CG Dist(ms)
Comdr., 7th CG Dist(fpd)
Dist. Travel Allot.
G-in-C, Ft. Pierce, Fla.
Card Index
Order File

**SPECIAL INSTRUCTIONS**

Certified to be a true copy.
L. W. FARNSLEY
Lieutenant (jg.) U. S. C. G.


U. S. GOVERNMENT PRINTING OFFICE 16—40626-2

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-44)

103

file 3-14

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David | 227-049 | BM1c |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG GROUP, Office | Fowey Rock | Miami, Fla. |

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 07-074

DATE: 13 Nov., 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)

13 November, 1945: Made permanent in rating of BM1c

I certify that SWAIN is morally and professionally qualified to perform duties of BM1c

EXAMINED PEA-E-SE

DUTY CODE NO. 30-D

AUTH: Alcoast 143-45

G. M. SCHELLENBERG (Commanding) Lieut. Comdr. USCG

## 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

UNITED STATES COAST GUARD INSTITUTE

FILE E.T.O.

ADDRESS REPLY TO
DIRECTOR (PT)

GROTON, CONNECTICUT

REFER TO FILE: 28080

5 October, 1945

To: CO, Fowey Rock Light Station, 7ND

Subj: SMITH, David (227-049) EM1c
Completion of course; issue of educational certificate

1. The CG Institute takes pleasure in transmitting a certificate for the completion of

Chief Boatswain's Mate course (90%)

2. A copy of this letter should be placed in subject student's file and proper notation made in his/her Service Record and Continuous Service Certificate.

3. It is requested that the below listed textbooks issued for the course be returned to the CG Institute without delay:

Navy Training Course for EM1c and CEM

J. D. Harrington

J. D. HARRINGTON

Incl
Educational Certificate

CC: HQ

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-44)

194 311

| SURNAME, FIRST NAME, INITIAL | SERVICE NO. | PRESENT RANK OR RATING |
|---|---|---|
| STAIN, David | 227-049 | BM1c |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| CG GROUP OFFICE | FOWEY ROCKS LIGHT STATION | MIAMI, FLORIDA |

| UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT | DATE |
|---|---|
| 07-074 | 20 June, 1945 |

TIME 0900
DATE 20 June, 1945

REPORTED FROM: CG GROUP, Fort Pierce, Fla.
FOR assignment to duty at Fowey Rocks Light Station, HAVING had ten days' leave enroute and necessary days travel time.

alu
DUTY CODE NO. 30-D

AUTH: CGGROUP, Fort Pierce, Fla. Ord.No.0558(07-039).

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

R. E. Starr
PERSONNEL (Commanding) By direction.

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| 201 | 2 | 07 | 2 | 30 |
| II | XIV | XVII | XX | XXI |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| | | | |
| XI | XIV | XV | XVIII |

| Records | |
|---|---|
| Posting | Coding |
| 43 | |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

NCG 2599
U. S. Coast Guard
(Jan. 1943)

HQ ~~NO.~~ 14
Dist Pers
Dist Pay
Dist Postal
Cardex
CO Ord
File

# REPORT OF CHANGE IN PERSONNEL

| SWAIN, | David | "NMN" | 227-049 | BM1c |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

| GROUP | 07-035 Fort Pierce, Fla. | 9 June, 1945 |
|---|---|---|
| (Unit) | (Place) | (Date) |

Cape Canaveral Light Station
Cape Canaveral, Florida

---

1400, 8 June, 1945: Dptd on tr to CG Group, Miami, Fla., for assignment to duty at Fowey Rocks Light Station. Granted ten (10) days' Al enroute.

30 D

AUTHORITY:
DCGO7ND/ENL/Ord#8578 (07-001)

C. S. CULPEPPER
(Commanding)

CO GROUP
(Title)

---

**SPACE BELOW IS FOR HEADQUARTERS' USE ONLY**

| LAW | PERSONNEL RECORDS | | |
|---|---|---|---|
| | Statistics | Correspondence | Records |
| | | | |

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—20594-1

NCC 2599
U.S. Coast Guard
(Jan.1943)

HQ
Dist Pers
Dist Pay
Cardex
File

REPORT OF CHANGE IN PERSONNEL

| SWAIN | David | | 227-049 | BM1d |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

| SCGO-COTP | 07-215-84 Ft. Pierce, Fla. | 6 Dec., 1944 |
|---|---|---|
| (Unit) | (Place) | (Date) |

Cape Canaveral Light Station,
Cape Canaveral, Fla.

1000 - 6 Dec., 1944: Reported from SCGO-COTP, New Smyrna, Florida, for administrative purposes.

| RATE | R P | EXPENL | PAY GRADE | NEXT PAY PER. | DIST. | FOR COM. | DUTY |
|---|---|---|---|---|---|---|---|
| 201 | | | 2 | | 07 | 2 | 30 |
| II | III | X | XIV | XV | XVII | XX | |

30 D
AUTHORITY:

DCG-07ND/L 12/2/44 (CG-701)(pra)

C. S. CULPEPPER
(Commanding)

SCGO-COTP
(Title)

SPACE BELOW IS FOR HEADQUARTERS USE ONLY

| LAW | PERSONNEL RECORDS | | |
|---|---|---|---|
| | Statistics | Correspondence | Records |
| | | | DEC 2 51 |

OPERATOR No. 14

# REPORT OF CHANGE IN PERSONNEL

**UNITED STATES COAST GUARD**

NAVCG-2599 (REV. 6-44)

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David | 227-049 | BM1c |

| MAJOR UNIT NAME | MINOR UNIT NAME | LOCATION |
|---|---|---|
| SCGO-COTP, New Smyrna, Fla. | CAPE CANAVERAL LIGHT STATION | Cape Canaveral, Fla. |

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: ~~07-215-84~~ 07-019 07-035

DATE: 6 Dec., 1944

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1000

DATE 12/6/44

TRANSFERRED TO: SCGO-COTP, Ft. Pierce, Fla.

FOR administrative purposes.

AUTH: DCGO7ND/L 12/2/44 (CG-701)(pra)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

L. R. DANIELS, Lieut., 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 | XVII |

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched |
| Verified |

NO POSTING REQUIRED

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

(PEA)
CG 73

UNITED STATES COAST GUARD

New Smyrna Beach, Florida

SWAIN, David (227-049) BM1c

Station Canaveral Light Sta Date Aug 14, 1944

THE ADVANTAGES OF NATIONAL SERVICE LIFE INSURANCE HAVE BEEN EXPLAINED TO ME FULLY AND:

1) I do not wish to take advantage of its benefits.

2) I do not wish to take advantage of over _____% of its benefits.

Signature ✓ David Swain

reference (a) has not been cancelled, advise headquarters of the fact and correct your records to show that reference (a) is still in effect.

S. C. Crandall

S. C. CRANDALL
By direction

3045

(PEA)
CG 73

To:

Subj: Voluntary agreement to extend enlistment.

Refs:
(a) Voluntary agreement to extend enlistment dated
(b) Article 542 (1), Regulations (Change No. 22).
(c) Article 541 (2), Regulations (Change No. 22).
(d) Article 541 (3), Regulations (Change No. 22).
(e) Voluntary agreement to extend enlistment, dated

1. Reference (a), in which subject-named man agreed to extend his enlistment for a period of years, was accepted on 194 . Headquarters has no record of a subsequent cancellation of this agreement which was made for the following reason:

2. Inasmuch as reference (b) states that no more than one extension of any duration will be permitted without authority of Headquarters, it appears that either reference (a) has been cancelled under authority of reference (c) or (d) or reference (e) is void.

3. If reference (a) has been cancelled, advise Headquarters of the date, place and reason for the cancellation. If reference (a) has not been cancelled, advise Headquarters of the fact and correct your records to show that reference (a) is still in effect.

S. C. CRANDALL
By direction

3045

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

# REPORT OF CHANGE IN PERSONNEL

| SWAIN | David | ---- | 227-049 | B.M.1c. |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

| SCGO-COTP 07-215 | New Smyrna Beach, Fla. | 4 June, 1944 |
|---|---|---|
| (Major unit) | (Unit Item No. or vessel's assigned district) (Place) | (Date) |

07-255-30
CAPE CANAVERAL LIGHT HOUSE
(Minor unit)

3 June, 1944:
Completed full term of enlistment for a period of 3 years at New Smyrna Beach, Florida, this date.

4 June, 1944:
Enlistment extended voluntarily for a period of three years commencing this date, in the Special Temporary enlistment, in the rating of Boatswain's Mate 2c. Entitled to enlistment allowance for a period of 3 years at the rate of $50.00 per year. Entitled to mileage from New Smyrna Beach, Fla. to St. Augustine, Fla.

Previous service: 3 years. Reason for extension: Expiration of full 3 year term of enlistment, for convenience of Government in lieu of Honorable Discharge. Agreement to further extension of enlistment required by Alcoast #83 complied with.

DUTY CODE No.: 30
AUTHORITY:

Art. 541 Regulations
Fin. Cir. 164-42

F. A. HOFFMAN
(Commanding)

Captain of the Port
(Title)

## SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

| Enlisted Personnel | | | | | |
|---|---|---|---|---|---|
| Rate | R T | Pay Grade | District | Foreign Domestic | Duty |
| | | | | | |
| II | III | XIV | XVII | XX | XXI |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| | | | |
| XI | XIV | XV | XVIII |

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched |
| Verified |

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

UNITED STATES COAST GUARD

Assistant Captain of the Port,
~~New Smyrna Beach, Florida~~
St. Augustine, Florida

27 January, 1944

From: SMAIN, David (227-049) S.M. 1c

To: District Coast Guard Officer, Seventh Naval District, Miami, Florida

1. It is requested that I be granted authority to incur expense during the month of February 1944, for the preparation for shipment, shipment, and unpacking at destination of my personal household effects, as indicated below, under permanent change of station orders from St. Augustine, Florida to Cape Canaveral, Florida Issued by Office of District Coast Guard Officer 7th Naval District dated 22, Jan 1944, file Pru- 73-531) *ocso.7th/ltr 3 Mar.1944 (pm) certified copies attached. 73-531

| | | |
|---|---|---|
| Approx. 4200 Pounds | From: St. Augustine Lighthouse Station, St. Augustine, Florida<br>To: Cape Canaveral Light Station, Cape Canaveral, Florida | |
| Pounds | From:<br>To: | Remarks $25.50 |
| Pounds | From:<br>To: | |

2. I certify that the above requested shipment consists of household or personal effects belonging to me and are not intended, directly or indirectly, for any other person or persons, or for sale.

3. I hereby authorize the checkage of my personal pay account for all excess cost involved.

David Swain
DAVID SMAIN
(Signature)

6 March, 1944
Authorized to incur Government expense for transportation of HHE from St. Augustine, Florida to New Smyrna, Florida.
Authorized
J. E. WHITNEY
CAPTAIN, USCG

FILE
W. H. C.

INSTRUCTIONS

1. No expense for preparation and shipment of household effects will be incurred by officers or enlisted personnel unless requested for authority to incur expense therefor has been submitted to and approved by an officer authorized by regulations to approve such requests.

2. This for will be prepared in quadruplicate. The original and two copies of this request and three certified copies of the change of station orders will be forwarded to Headquarters by the approving officer immediately after approval. When a supplemental shipment is authorized, the approving officer will immediately furnish Headquarters an additional copy of this form, as approved and authorized, and a certified copy of the change of station orders.

3. If, for any reason, shipment as authorized on this form is not commenced during the month specified, a supplemental request for authority to incur expense during a subsequent month will be submitted.

4. Under "Remarks" make affirmative notation if prior shipments have been authorized and made under this change of station. If authority had been previously granted covering this shipment in a prior month, indicate month during which expense was to have been incurred.

(pra)

73
531

(EML) Order No. 0069 (07-001)

3 March, 1944

To: ACOTP, St. Augustine, Florida

Via: SCGO-COTP, New Smyrna, Florida

Subj: SWAIN, David (227-049) B.M.1c; orders, amendment to

DCGO, 7th Naval District letter, 11 January, 1944, file 73-531 (pra), is hereby amended in that this order constitutes a permanent change of station for SWAIN from St. Augustine, Florida to New Smyrna, Fla.

A. B. ANGLE
By direction

CC:
District Allotment
SCGO-COTP, New Smyrna, Fla.
File
C.I.
M&F

CERTIFIED TO BE A TRUE COPY:

M. H. KOLYN, ENSIGN, USCGR(W)

DCGO, 7ND

(pra)

73
531

31 January, 1944

To: Asst. COTP, St. Augustine, Florida

Via: SCGO-COTP, New Smyrna, Florida

Subj: SWAIN, David (227-049) B.M.1c; orders; amendment of

DCGO, 7th Naval District letter, 11 January, 1944, file 73-531 (pra), is hereby amended in that this order constitutes a permanent change of station for SWAIN from his previous permanent station to Cap Canaveral Light Station in lieu of New Smyrna, Florida. Privately-owned conveyance is authorized. Indicated on his orders make, model and license number of car.

A. B. ANGLE
By direction

CC:
District Allotment
Transportation
SCGO-COTP, New Smyrna, Fla.
File
C.I.
MAF

CERTIFIED TO BE A TRUE COPY:

M. H. KOLYN, ENSIGN, USCGR(W)

ST. COAST GUARD OFF.
TH NAVAL DIST., MIAMI, FL.
JAN 28 2 12 PM '44

UNITED STATES COAST GUARD
DuPont Building
Miami, 30, Florida

DCGO, 7ND
Address reply to
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT (pra)
Refer to file: 73
531

11 January, 1944

To: Asst. COTP, St. Augustine, Florida

Via: SCGO-COTP, New Smyrna, Florida

Subj: SWAIN, David (227-049) B.M.1c; orders; transfer; travel

1. Upon being relieved by J. O. Duncan, on or about 1 February, 1944, transfer the subject-named man, now attached to the St. Augustine Light Station, to New Smyrna, Florida, directing him to report to the SCGO-COTP thereat for assignment to duty as Officer in Charge of the Cape Canaveral Light Station.

2. This order constitutes a permanent change of station for SWAIN from his previous permanent station to New Smyrna, Florida.

3. Travel necessary to the execution of this order is required by the public interests, and is authorized, chargeable against the 7th CG (Miami) District Travel Allotment, Symbol No. 07-20.

/s/ A. B. Angle

A. B. ANGLE
By direction

CC:
District Allotment
SCGO-COTP, New Smyrna, Fla.
File
C.I.
M&F

CERTIFIED TO BE A TRUE COPY:

R. T. HIGH, LIEUT.(jg), USCGR

VETERANS ADMINISTRATION
Insurance Form 350
Rev. Sept. 1942

Form approved
BUDGET BUREAU NO. 76-R002-42

# APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

E.M.

**UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION**

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: David; Middle: ——————; Last name: Swain

2. HOME ADDRESS: Number — Street or rural route — County, city, town, or post office: St. Augustine (Anastasia Island); State: Florida

3. I WAS BORN AT — City, town, or post office: South Port; State: South Carolina; Day of month: 20; Month: December; Year: 1895; Age nearest birthday: 47

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 4 June 1941

5. PRESENT ORGANIZATION — Rank, grade, or rating: BMlc; Organization, regiment, station, ship, etc.: COP., St. Augustine, Florida

6. SERIAL NUMBER: 227-049

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none."): None

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: No

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $3,000.00

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $_____ POLICY No. _____

(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

| 11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated) | Relationship | Amount of insurance to be paid to each beneficiary | Post-office address (Number and street, city, town, or post office and State) |
|---|---|---|---|
| PRINCIPAL: Mary Etta Swain | wife | $3,000 | (Anastasia Island) St. Augustine, Florida |
| CONTINGENT: Betty Gene Swain | daughter | $3,000 | (Anastasia Island) St. Augustine, Florida |

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)
Mary Etta Swain (Full name) — St. Augustine, (Anastasia Island) Florida (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of June, 19 43, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by Money Order (Check, draft, or money order) in the amount of $ 3.24 in payment of the first monthly (Write above whether monthly, quarterly, semiannual, or annual) premium on the insurance, or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $_____ on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $_____ on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:

(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.

(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

| A. BY ALLOTMENT OF PAY MONTHLY | B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION | | | |
|---|---|---|---|---|
| | Monthly | Quarterly | Semiannually | Annually |
| $ 3.24 | $ | $ | $ | $ |

SIGNED AT St. Augustine, Flroida ON THE 1st DAY OF June 1943

WITNESSED BY: _____

INFORMATION AS TO SERVICE CERTIFIED BY:

/s/ L.C.SPANIOL LT.(jg) USCG
(Rank and organization. See reverse side, paragraph 4.)

/s/ David Swain
(Applicant sign here. Do not print signature)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: $1,000 to $5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

## DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt., $_____ Premium: Mo. $_____ Qr. $_____ S. A. $_____ A. $_____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

16—30586-1

1943 M 28 AM 10 36

3 — 12

7th NAVAL DIST., MIAMI, FLA.
MAR 23 7 54 AM '43

73-783-701

UNITED STATES COAST GUARD

OFFICE
CAPTAIN OF THE PORT

St. Augustine, Florida.
20 March, 1943.

From: Captain of the Port, St. Augustine, Florida.
To : District Coast Guard Officer, Seventh Naval District.

Subject: SWAIN, David (227-049) B.M.2c.(Pro); advancement in rating; request for.

Reference: (a) Articles 6001 and 6008 Personnel Instructions.

1. It is requested that subject-named man be advanced in rating from that of Boatswain's Mate Second Class (Pro) to Boatswain's Mate First Class (Pro).

2. The following marks were made by the above named man in examination.

| | | |
|---|---|---|
| Art. 6001 (a) - (m) | Personnel Instructions | 3.2 |
| Art. 6008 (3) (a) - (i) | Personnel Instructions | 3.2 |
| | Average Marks | 3.2 |

3. Subject-named man was last advanced in rating 17 February, 1942, and is considered qualified for this advancement.

4. Subject-named man has been assigned to the U. S. Lighthouse Service for sixteen (16) years.

G. R. LOEHR

N.C.G.-2529
(Rev.9-2 41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

| SECTION COAST GUARD OFFICE | St. Augustine, Florida |
|---|---|
| (Unit) | (Place) |
| | 1 October, 1942 |
| | (Date) |

From: SWAIN, David (227-049) B.M.2c.(Pro)
To: Commandant (via SCGO, St. Augustine, Fla. DCGO, Seventh Naval 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:

| | |
|---|---|
| Mary Etta Swain | St. Augustine, Lighthouse Anastasia, Florida |
| (Full name of wife, if not married, so state) | (address of wife) |
| Jacqueline Swain | As above. |
| (Full name of child, if none, so state) | (Address of child) |
| Carrie Louise Swain | As above. |
| (Full name of child; if none, so state) | (Address of child) |
| Betty Jene Swain | As above. |
| (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:

| | | |
|---|---|---|
| No others. | | |
| (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:

| | | |
|---|---|---|
| No others. | | |
| (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, 1942

J. MINOR EWING
(Signature)
Section Coast Guard Officer
(Rank or title)

David Swain
David Swain
(Signature)
B.M.2c.(Pro)
(Rank or rating)

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

# REPORT OF CHANGE IN PERSONNEL

| Swain | David | none | (227 - 049) | B.M.2c. |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

| St.Augustine Light Sta, | St.Augustine,Florida. | 26 February,1942. |
|---|---|---|
| (Unit) | (Place) | (Date) |

The above named man moved out of his quarters, 1 P.M. February,26 1942.

AUTHORITY:

Cordell Dimmick Daniels
(Commanding)

B.M.1c.
(Title)

**SPACE BELOW IS FOR HEADQUARTERS' USE ONLY**

| LAW | PERSONNEL RECORDS | | |
|---|---|---|---|
| | Statistics | Correspondence | Records |
| | | | |

U. S. GOVERNMENT PRINTING OFFICE

Form 2509
TREASURY DEPARTMENT
U. S. COAST GUARD
September 1939

U. S. COAST GUARD (13)
RECD MAR 2 1942

# REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

Headquarters Ltr 2/17/42

SHIP OR STATION St. Augustine Light Station,

PLACE St. Augustine, Florida,

DATE 17 February, 1942.

SWAIN, David (227-049)
(Name)

Cox.
(Rating)

was examined this day for the rating of B.M.2c.
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 |
|---|---|---|---|
| Article 6001, (a) to (m), PERSONNEL INSTRUCTIONS. | 3.0 | Article 6007 (1), PERSONNEL INSTRUCTIONS. | 3.0 |

Average marks 3.0

C. M. Talley, Chief Electrician, USCG,
(Signature and rank of member)

Approved 17 February, 1942.
(Date)

Geo. M. Schellenger, Lieutenant, USCG,
(Signature and rank of member)

N. G. RICKETTS, Commander, USCG.
(Signature and rank of commanding officer)

16—14378 U. S. GOVERNMENT PRINTING OFFICE

Veterans Administration
Insurance Form 343

FILE

REQUEST FOR SERVICE INFORMATION IN CONNECTION WITH INSURANCE

November 1, 1941

To: U. S. Coast Guard
(War) (Navy) (Marine Corps) (Coast Guard)

Name Swain, David

C No.
K No.
N No. 600 679
T No.

Rank Cox, St. Augustine Lighthouse Serial No. 227 049

Please furnish below complete information in reply to questions checked and return this sheet to the Veterans Administration.

( ) Date of separation from last tour of active duty (Federal Service).

(X) Date of entry upon present tour of active duty (Federal Service).

( ) Dates of World War Service.

( ) Complete transcript of service between April 5, 1917 and July 2, 1921.

( ) Copy of application or any information of record regarding Yearly Renewable (War Time) Insurance.

( )

H. L. McCOY,
Director of Insurance. IB Sec. D-24

---

es

PR-73 7 November, 1941

From: U. S. Coast Guard.
To: Veterans Administration.

SWAIN, David, (227-049) coxswain.
Enlisted 4 June, 1941, for three years, at St. Augustine, Florida.
Now serving at U.S. Coast Guard Light Station, St. Augustine, Florida.
Born 20 December, 1895, in Brunswick County, N. C.

By B. A. SHAW, By direction

mb

U. S. COAST GUARD

DEC 6 - 1941

Med- 73

~~TREASURY DEPARTMENT~~
UNITED STATES COAST GUARD
WASHINGTON

HEADQUARTERS

29 November, 1941.

U. S. COAST GUARD
REC'D DEC 8 1941 BY
MEDICAL SECTION

From: Commandant.
To : Commanding Officer, St.Augustine L.Station.

Subject: Medical certificates, Form 2522; request for.

1. Medical reports submitted to Headquarters indicate that SWAIN,David(227-049) Cox. was admitted to out patient treatment on Aug.28,1941. at Relief Station,Jacksonville,Fla.

2. Headquarters' copy of the final medical certificate in this case has not been received. In order that the files at Headquarters may be complete, you are requested to obtain and forward the missing certificate at the earliest practicable date.

C. H. JONES,
By direction.

---

73 1st Indorsement Office, Senior CG Officer,
7th Naval District,
Jacksonville, Florida,
3 December, 1941.

From: Senior Coast Guard Officer, 7th Naval District.
To: Commandant, Coast Guard.

Inclosure: (A) Certified copy of final medical certificate in case of SWAIN, David (227-049) Cox.

1. In accordance with the request contained in basic communication, inclosure (A) is forwarded herewith.

N. G. RICKETTS,
Chief of Staff.

FR13-73

pef

18 June, 1941.

From: Commandant.
To: Commander, Jacksonville District.

Subject: Forwarding of records.

Reference: (a) Headquarters' letter to all District Commanders dated 16 March, 1940.

1. Enlistment contracts of the following-named men were received at Headquarters without Form 2579 (Revised) (Report of Police Record), as required by reference (a):

DANIELS, Cardell D. (227-050) B.M.2c.
MEYER, Edward L. (227-066) B.M.1c.
SWAIN, David - (227-049) Cox.

It is requested that these forms be prepared and forwarded to Headquarters.

F. E. ALLISON,
By direction.

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

# REPORT OF CHANGE IN PERSONNEL

SMITH, (Surname) David (Middle initial) 227-049 (Service No.) Coxswain (Rank or rating)

ST. AUGUSTINE LIGHT STATION (Unit) St. Augustine, Florida. (Place) 4 June, 1941. (Date)

Commander, Jacksonville District.
- Jax District.

---

Enlisted, this date, for a period of three (3) years, in regular establishment as Coxswain.

PAYE: St. Augustine, Florida. - ORIGINAL ENLISTMENT

Not entitled to enlistment allowance.

Entitled to clothing bounty in amount of $112.75.

Former Lighthouse Service position held: 1st Assistant Keeper - Rate of pay: $1200.00 per annum

Creditable service under lighthouse retirement act: 19 years, 5 months, 22 days.

AUTHORITY:
Hdqrts 3rd indorsement on Form 2525B,
20 May, 1941.

M. G. Richetts (Signature)
M. G. RICHETTS,
Chief of Staff. (Title)

Pay determined by "Saving Clause" - Section 7, Act of August 5, 1939. Last paid on voucher No_____account of G. F. Allen, C.D.O. 101-106, _____, 1941, at annual rate of ~~$1200.00 per annum.~~

---

**SPACE BELOW IS FOR HEADQUARTERS' USE ONLY**

| LAW | PERSONNEL RECORDS | | |
|---|---|---|---|
| | STATISTICS | CORRESPONDENCE | RECORDS |
| | CMT | X | |

U. S. GOVERNMENT PRINTING OFFICE 0 10935

From: Commandant.
To:

Subject:

Continuous Service Certificate.

Reference: (a) Article 5212, Personnel Instructions.
(b) Article 5213, Personnel Instructions.

Inclosure: (1) Honorable Discharge No.
(2) Continuous Service Certificate No.

1. Deliver Inclosure (1) to the subject-named man.

2. Inclosure (2) will be handled in accordance with instructions contained in references (a) and (b).

By direction:

Assistant Chief, Personnel Section.

MELVIN H. ST. PETER

PHONE VALLEY 9-8668

COUNTY SERVICE OFFICER
FOR VETERANS OF
ST. JOHNS COUNTY, FLORIDA
AMERICAN LEGION BUILDING
1 ANDERSON CIRCLE
P. O. BOX 657
ST. AUGUSTINE, FLORIDA

1965

CG-53981-PP

PERSONNEL SERVICES DIVISION
FILE
1965 MAY 4 AM 9 07

April 6, 1965

Ret 1-1-52

USCG SC 227 049
SWAIN, David
54 Comares Avenue
St. Augustine, Florida
32084
FV 16 54 37 56 (Insurance)
Veterans Administration
Claim Number 9 915 645
Power of Attorney:
American Legion

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

Dear Sir:

I would like to inform you that on 3/15/'65 I applied to the Veterans Administration Insurance Center in Philadelphia for an additional $3,000 worth of RH NSLI insurance. I would like to authorize you to deduct from my retirement pay the amount of $16.24 per month to pay for the premiums, effective May 1, 1965.

I have sent payments covering March and April, 1965 directly to the Insurance Center in Philadelphia.

Thank you for your kind consideration.

Very truly yours,

David Swain

David Swain

CC V.A. Insurance Center

XERO COPY XERO COPY XERO COPY

OCG 53981 nif

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

Address reply to:
COMMANDANT
U.S. COAST GUARD
WASHINGTON, D.C. 20226

Retired 1952

3-13

PE--16

PS-1
1741

5 April 1966

From: Commandant
To:

SWAIN, David 227 049 BM1, USCG, Retired
54 Comares Ave. Davis Shores, St. Augustine, Fla.

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number
V 1654 3756

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your National Service Life Insurance issued under policy number $3,000 V 1654 3756 will expire on 31 May 1966

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

| | | |
|---|---|---|
| $ | allotment discontinued with month of last payment | April 1966 |
| $45.06 | allotment established with month of first payment | May 1966 |
| 51.69 | | |

3. CG Form 4222, Allotment Action Request, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS-1) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

M.J. MAYER
By direction

Encl:
(1) VA Form 9-452b
(2) CG Form 4222
(3) Envelope
(4) CGHQ-3646

MEHARRISON meh 5 April 1966

adm meh

*Keep Freedom in Your Future With U.S. Savings Bonds*

DCG 53983 Ret. 1957

# 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 SPONSOR (uniformed services or civilian sponsor, if applicable) | 2. ADDRESS (Omit if sponsor is deceased) | 3. TELEPHONE NUMBER: HOME / OFFICE |
|---|---|---|
| SWANSON, Frederick NMN | 5021½ Mansfield Street<br>San Diego, Calif. 92116 | NONE / |

| 4. STATUS | 5. GRADE-RATE-RANK | 6. BRANCH OF SERVICE | 7. SERVICE NUMBER |
|---|---|---|---|
| ☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify) | MUC | USCG | 206 474 |

| 8. DATE OF (expiration of service or contract) OR (death) (if applicable) | 9. REASON FOR APPLICATION (Check applicable box.) ☐ ORIGINAL CARD(S) ☐ EXPIRATION OF CARD(S) ☒ REPLACEMENT CARD(S) ☐ DAMAGED CARD(S) ☐ CORRECTION OF ERROR, ETC. (Explain circumstances surrounding loss or damage in item 18 Remarks) |
|---|---|
| Not applicable | |

## SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (Include yourself when applicable.)

| 10a. LAST NAME - FIRST NAME - MIDDLE INITIAL | 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 |
|---|---|---|---|---|---|
| SWANSON, Louise | Wife | BROWN | BROWN | C, T, EU, EL MC(C), MC(US) | CG 248 558 |
| g. ADDRESS | h. DATE OF BIRTH | i. HEIGHT | j. WEIGHT | k. MC(C) EFFECTIVE DATE: 1 JAN 1967 | a. DATE ISSUED |
| 5021½ Mansfield Street<br>San Diego, Calif. 92116 | 10-14-23 | 5' 1" | 120 | l. EXPIRATION DATE: 6 years from issue date | 11-8-67 |

| 11a. LAST NAME - FIRST NAME - MIDDLE INITIAL | b. RELATIONSHIP | c. COLOR EYES | d. COLOR HAIR | e. PRIVILEGE AUTHORIZED[1] | f. CARD NO. ISSUED |
|---|---|---|---|---|---|
| FILED PE-80 | | | | | |
| g. ADDRESS | h. DATE OF BIRTH | i. HEIGHT | j. WEIGHT | k. MC(C) EFFECTIVE DATE | a. DATE ISSUED |
| | | | | l. EXPIRATION DATE | |

| 12a. 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. MC(C) EFFECTIVE DATE | a. DATE ISSUED |
| | | | | l. EXPIRATION DATE | |

| 13a. LAST NAME - FIRST NAME - MIDDLE INITIAL | b. RELATIONSHIP | c. COLOR EYES | d. COLOR HAIR | e. PREVILEGE AUTHORIZED[1] | f. CARD NO. ISSUED |
|---|---|---|---|---|---|
| g. ADDRESS | h. DATE OF BIRTH | i. HEIGHT | j. WEIGHT | k. MC(C) EFFECTIVE DATE | a. DATE ISSUED |
| | | | | l. EXPIRATION DATE | |

| 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. MC(C) EFFECTIVE DATE | a. DATE ISSUED |
| | | | | l. EXPIRATION DATE | |

| 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. MC(C) EFFECTIVE DATE | a. DATE ISSUED |
| | | | | l. EXPIRATION DATE | |

| 16. RECEIPT OF CARD(S) IS ACKNOWLEDGED | a. DATE ACKNOWLEDGED | b. SIGNATURE OF RECIPIENT |
|---|---|---|
| | 11-8-67 | Mary Louise Swanson |

## SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable.)

a. ☒ Lawful marriage to the spouse named took place at Havana, Cuba (PLACE) on 9 Jan 1941 (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the window 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

DD FORM 1 MAR 61 1172 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

O, Comdr., 7th CG District
(Unit)

4 June, 1947
Miami, Florida
(Date)

CODED
NO. 4

FROM: SWAIN, David (n) (2227-049) BM1c, USCG

TO: COMMANDANT (via Disbursing Officer, 7th CGD )

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:

| | |
|---|---|
| Mary Etta Swain<br>(Full name of wife; if not married, so state) | Canaveral, Florida<br>(Address of wife) |
| Betty Jean Swain<br>(Full name of child; if none, so state) | Same as above<br>(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) | Potential<br>(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) | Potiental<br>(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

4th day of June, 1947

J. R. HILBERT, Commander, USCG
(Signature)

Personnel Officer, 7th CGD
(Rank or title)

David Swain
David Swain (Signature)

Boatswain's Mate, First class
(Rating)

10—25758-1

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

No. 6-14

| SURNAME, FIRST NAME, INITIAL | SERVICE NO. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David | 227-049 | BM1c |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| O, COMDR. 7 CG DISTRICT | | MIAMI, FLA. |
| **MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM No.** | **DATE** |
| 07-001 | | 4 JUNE, 1947 |

TIME -0830
DATE 4 June, 1947

REPORTED FROM: Cape Canaveral Light St., Cape Canaveral, Fla.
FOR Astdu, disch., and reenl.

DUTY CODE NO.

AUTH: ComdR7thCGD/L, 5-27-47, CG-73-531

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

3 June, 1947: Issued Honorable Discharge No. B95652 this date by reason EXPIRATION OF ENLISTMENT, & 3 YR. EXTENSION THEROF. Net service 6yrs. 0 mos., 0 days. Entitled to TA fm Miami, Fla.(POD) to St. Augustine, Fla. (PAFE). Entitled MOP.

4 June, 1947: Reenlisted this date in regular establishment as BM1c, for a period of three (3) years. Entitled to Reenlistment Allowance.

DUTY CODE NO.

AUTH: Art 589(1) CG Regs.
Art 421 P&SI

J. R. HINNANT, Comdr., USCG
(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 |
| PE-E 61 | |

| 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. _____

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David | 227-049 | BM1c |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| O, COMDR. 7 CG DIST. | CAPE CANAVERAL LIGHT STA. | MIAMI, FLA. |
| **MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM No.** | **DATE** |
| 07-001 | 07-075 | 4 JUNE, 1947 |

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 2200
DATE 3 June, 1947
TRANSFERRED TO: O, Comdr.7th CGD, Miami, Fla.
FOR Astdu

AUTH: Comdr7thCGD/L,5-27-47, CG-73-531

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH:

J. R. HINNANT, Comdr., USCG
*(Commanding)*

**SPACE BELOW IS FOR HEADQUARTERS' USE ONLY**

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| | | | |

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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

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

SWAIN, David (Name—Surname to left) | BM1c (Rank or rating 31 Aug. 1946) | 227-049 (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 75 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) | Marie E. Swain (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.**

David Swain
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at O, Comdr. 7th CGD, Miami, Fla. this 3rd day of June, 1947

(SEAL)

J. R. HINNANT, Commander, USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

*4. (Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:)*

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

J. R. HINNANT, Commander, USCG — O, Comdr. 7th CGD

*(Signature of Commanding Officer)* — *(Unit)*

*5. (Following to be completed by the authorized certifying officer having custody of claimant's pay records:)*

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

| *(Monthly pay (base and longevity))* | *(Officer monthly rental allowance)* | *(Officer daily subsistence allowance)* |
|---|---|---|
| | | |

*(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

Form 2500–A
TREASURY DEPARTMENT
U. S. COAST GUARD

CODE NO. 4

# VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. Captain of the Port
(Unit)

New Smyrna Beach, Florida
(Place)

4 June, 1944
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder,

I, David Swain (Name of applicant), 227-049 (Service number), B.M.1c. (Rating), having on 4 June, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of Three year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of Three 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 In accordance with Alcoast #83, I further agree to the extension of this enlistment by the Secretary of the Navy for such additional time as may be deemed necessary in the public interests and time not to extend beyond six months after the date of termination of the war or national emergency.

David Swain
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 4th day of June A. D., 1944

F. A. HOFFMAN, Lieutenant Commander, USCGR
(Commanding officer or notary public)

---

U. S. C. G. Captain of the Port
(Unit)

New Smyrna Beach, Florida
(Place)

4 June, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the date immediately following the date of expiration of said term of enlistment.

F. A. HOFFMAN, Lieutenant Commander, USCGR
(Officer authorized to accept extension)

---

U. S. C. G. Headquarters, Washington, D. C.

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

Original will be filed at headquarters.
Duplicate will become first page of service record.

16—21990 U. S. GOVERNMENT PRINTING OFFICE

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

# ENLISTMENT CONTRACT

U. S. COAST GUARD
RECD JUN 11 1941

**REENLISTMENT** of SWAIN, David 227 049 227-049 as Coxswain
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard ~~Cutter~~ Station St. Augustine Lighthouse, St. Augustine Light Sta. District, St. Augustine, Florida.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at St. Augustine, Florida.
(Place)

1. I, David Swain (Full name), this 4th day of June, 19 41, desiring 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: Never.

2. I was born in Brunswick County, N. C., on 20 December, 1895 Citizenship [a] NB

If naturalized, place and date of naturalization ..... Certificate No. .....

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

Home address St. Augustine Lighthouse, Anastasia, Florida.

Full name and address of the following: Mary Etta Swain, As above. (Wife, if any)
Jacqueline Swain (age 17 years), Carrie Louise Swain (age 13 years), Betty Jane Swain (age 6 years), all daughters residing at Anastasia, Florida.
(Children under 21 years of age. Specify ages of children)

deceased. Widowed? .....
(Mother, if living)

No others.
(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 authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

Never arrested.
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have not 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 ....., 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 David C. Kierbow, Y.1c., United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unauthorized absence or by absence on account of injury, sickness, or 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 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 David C. Kierbow, Y.1c., United States Coast Guard, does hereby covenant and agree to and with the said David Swain who has hereunto signed his
(Name of enlisting officer) (Name of person enlisting)

[a] 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.

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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.

This enlistment effected pursuant to the Act of August 5, 1939.

David Swain

David Swain.

(Signature of enlisted person)

UNITED STATES OF AMERICA,

By David C. Kierbow, DAVID C. KIERBOW, Yeoman, first class, USCG

(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

David C. Kierbow

DAVID C. KIERBOW,

Yeoman, first class, *U. S. C. G., Enlisting Officer.*

## 11. OATH OF ALLEGIANCE

I, David Swain, do solemnly swear (or affirm) that I will bear true

(Full name)

allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoe that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, accordin 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.

David Swain

David Swain.

(Signature of enlisted person)

Subscribed and sworn to before me this 4th day of June, A. D. 19 41.

Joseph L. Amme

Justice of the Peace, 9th Dist.

(Comdg. officer, officer in charge of a unit, or notary public)

## 12. DESCRIPTIVE LIST

Age 45 years 6 months. Height 5 feet 8½ inches. Weight 149 pounds. Eyes Blue

Hair Brown Complexion Ruddy Color White Married Yes.

Distinguishing marks Appendectomy scar 5" long; Hernia scar, right side, 6" long.

## 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.

16—8420



# REPORT OF POLICE RECORD

d Recruiting Station, Jacksonville, Florida.
(Place)

23 June, 1941.
(Date)

To Chief of Police, St. Augustine, Florida.

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:

SWAIN, David (227-049) Cox.
(Name of applicant)

| 45 yrs. 6 mos. | 68½ inches | 149 | 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

N. G. RICKETTS, Commander, USCG.
*Recruiting Officer.*

---

June 28, 1941
(Date)

U.S. Coast Guard,
To Recruiting Officer, Jacksonville, Florida.

The above information is submitted from the records of this office.

Wm Lindsey
*Chief of Police.*
Chief of Police.

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. Coast Guard

# REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Jacksonville, Florida,
(Place)
25 June, 1941.
(Date)

To Chief of Police, St. Augustine, Florida.

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:

SWAIN, David (227-049) Cox.
(Name of applicant)

| 45 yrs. 6 mos. | 68½ inches | 149 | 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

H. G. RICKETTS, Commander, USCG.
*Recruiting Officer.*

---

June 28, 1941
(Date)

To Recruiting Officer, U.S. Coast Guard, Jacksonville, Florida.

The above information is submitted from the records of this office.

Wm Lindsey
*Chief of Police.*

(State briefly ... ndency exists)

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

St. Augustine Lighthouse (Unit) — St. Augustine, Florida. (Place)

4 June, 1941. (Date)

FROM: David Swain (227-049) Coxswain.

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:

| | |
|---|---|
| Mary Etta Swain (Full name of wife; if not married, so state) | St. Augustine Lighthouse, Anastasia, Florida. (Address of wife) |
| Jacqueline Swain (age 17 years) (Full name of child; if none, so state) | As above. (Address of child) |
| Carrie Louise Swain (age 13 years) (Full name of child; if none, so state) | As Above. (Address of child) |
| Betty Jene Swain (age 6 years) (Full name of child; if none, so state) | As Above. (Address of child) |

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

| | | |
|---|---|---|
| No others. (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:

| | | |
|---|---|---|
| No others. (Full name of relative) | (Relationship) | (Address of relative) |

(State briefly wherein dependency exists)

WITNESSED BY: David C. Kierbow, David C. Kierbow

SIGNED: David Swain, David Swain

~~Rank~~ Rating: Yeoman, first class, USCG. ~~Rank or~~ Rating: Coxswain.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

MELVIN H. ST. PETER

PHONE VALLEY 9-8668

(616) 61A2-Ltr 616

FILED PE-89

Ref: 58 Book

# COUNTY SERVICE OFFICER

## FOR VETERANS OF ST. JOHNS COUNTY, FLORIDA

AMERICAN LEGION BUILDING
1 ANDERSON CIRCLE
P. O. BOX 657
ST. AUGUSTINE, FLORIDA

(227-049)

FILE 313

June 11, 1962

USCG 227-049
SWAIN, David
54 Comares Ave.
St. Augustine, Fla.

Policy # RH 16721509

Commandant
US Coast Guard Hdq.
Washington 25, D.C.

Dear Sir:

It is respectfully requested that my insurance allotment

be changed from $11.91 to $28.83.

The reason for this is, I have taken out a new term policy # RH 1672 1509 with the Veterans Administration which costs me $16.92 per month. Combined with my $11.91, $3,000 policy in effect this comes to a total of $28.83 monthly.

I desire this allotment to be effective 7/1/'62.

Sincerely,

David Swain

David Swain

vmt

# GENERAL INSTRUCTIONS

## 1933

1. A Health Record will be opened (issued) for each person commissioned, warranted, appointed, or enlisted in the Coast Guard: For cadets, upon reporting at the Academy; for an officer appointed from civil life, upon reporting at first unit; for enlisted persons, upon enlistment.

2. The medical officer, if any, shall have custody of the Health Records of all persons attached to the unit, including the personnel of smaller units attached to a larger unit. If there be no medical officer attached, the custody of the Health Records will devolve upon the executive officer, if he be a commissioned officer; otherwise the custody of the Health Records will devolve upon the commanding officer. The officer having custody of the Health Records shall be responsible for their proper care, continuation, and disposition.

3. In case of medical examination for promotion, retirement, annual commissioned officers' examination, or medical survey, the Health Record shall be furnished to the president of the board. If not received, it should be requested. When the board shall have finished with the Health Record, it shall be returned to its custodial officer. In all cases, brief notation of the findings of the board will be made on the Medical History Sheet, signed by the president of the board. This notation does not take the place of the full report which is submitted for administrative action.

4. A person on detached duty at some distance from where his Health Record would be kept may be given custody of his Health Record.

5. If a Health Record is lost or destroyed, a new one shall be immediately opened in full by the first custodial officer aware of such loss, who will note the fact in the new record and continue the record with such previous data as may be obtainable. If the old record be found, all data subsequent to its loss will be detached from the new and attached to the old record. A skeleton Health Record shall not be issued.

6. No photographs, folded papers, or forms are to be attached to the Health Record. The findings on laboratory and other reports in the case shall be entered on the Medical History Sheet.

7. Transfer.—Upon transfer of any person, except as a patient, the Health Record shall be forwarded through official channels to the new destination, or if the person is ordered to unusual, detached, or uncertain duty, it shall be retained or forwarded, as the case may be, with the person's service record. (See par. 4.)

8. The Health Record shall accompany a patient when transferred to or from hospital or when applying at an out-patient office. It shall not be forwarded through official channels, but shall be taken by the patient in a sealed envelope or by a responsible person accompanying him, and delivered with the patient to the official receiving the patient. Upon the patient's return to his unit the Health Record is to be delivered to the custodial officer.

9. If for any reason it becomes necessary to forward the Health Record to Headquarters, other than for termination of service noted thereon, it shall be accompanied by a letter stating the reason.

10. Physical Examination Record.—The Coast Guard Board or officer making the request for physical examination shall send to the medical board or officer two forms for physical examination record, already made out down to but not including place and date. The medical board or officer shall make out the rest of the Physical Examination Record in duplicate. In case of appointments or promotion of an officer, both forms shall be mailed by the board or officer direct to Headquarters. When promotion is made the original will be forwarded to the unit for insertion in the Health Record on top of the last Physical Examination Record. The Health Record shall be retained, but altered to show the promotion and new rank. No part of the Health Record is to be sent to Headquarters at this time. In case of enlistment both forms shall be returned to the enlisting officer, who will forward the original to Headquarters with other supporting papers after enlistment has been accomplished. The duplicate will be placed in the man's Health Record. In cases of reenlistment both forms will be forwarded to Headquarters for action and reenlistment will not be effected until duplicate copy is returned showing Headquarter's action. Upon receipt of duplicate copy from Headquarters same will be inserted in the Health Record.

11. The record shall be typewritten, if possible, and must be completely filled in as called for by the items on the form and in accordance with the instructions relative to the making of physical examinations. If any space is insufficient, the space under "Remarks" may be used.

12. The nature and degree of all physical defects of persons accepted for service in the Coast Guard must be fully described in order that no improper claims for compensation or pension may be allowed. Particular attention should be paid to those conditions which may not be disqualifying but which might be made the basis of such claims on the ground that they have developed or have become disabling while the person was in service. Waivers may be recommended by the medical examiner in accordance with the instructions relative to physical examinations, but the waiver must be authorized by the Commandant before the person is accepted.

16—25762-1

FORM NO. 2623 [illegible]
TREASURY DEPARTMENT
U. S. COAST GUARD
March 1938

# TERMINATION OF HEALTH RECORD

Name SWAIN, David

Rating ..... Service Number 227-049

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 31 December, 1951
(Date)

At (CAPE CANAVERAL LS) Ponce de Leon LBS New Smyrna Beach, Fla.
(Place)

By reason of Retirement (30-yrs Service)
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

T. R. DALTON, SCLK, USCG

Ch. Military Personnel Sec.

7CGD

....., *Custodial Officer.*
(Rank)

2—16144

Ref - 58-Book (616)

61A2

Ref-616

FILED PE-89-13

PS-1
L-13
15 June 1962

From: Commandant
To: SWAIN, David (227-049) BM1, USCG, Retired
54 Comares Avenue, Davis Shores, St. Augustine, Florida

Subj: National Service Life Insurance, addition to

1. Receipt is acknowledged of your letter dated 11 June 1962 advising this office that you have taken out a new term policy with the Veterans Administration under policy number RH 1672 15 09.

2. It is therefore requested that the enclosed NAVCOMPT Form 545, Allotment Authorization in the amount of $11.91 with month of last payment May 1962 and $28.83 with month of first payment June 1962 be signed where indicated and returned to Commandant (PS-1) in the enclosed pre-addressed envelope. The allotment established with month of first payment June 1962 will pay the premium due 1 July 1962 and subsequent premiums on the customary month in advance basis as required.

H. J. MAYER
By direction

Encl: (1) NAVCOMPT Form 545
(2) Envelope

Copy

Form [redacted] Notice of Resignation

Jacksonville District Office,
Jacksonville, Florida,
4 June, 1941.

From: Commander Jacksonville District.
To : Commandant.

Herewith is transmitted the resignation, in duplicate, of the following named employee:

~~[illegible]~~

Name: David Swain Position: Asst. Keeper.

Legal Residence: Fla. Station: St. Augustine Lighthouse, St. Augustine, Florida.

Salary: $1200 per annum.

The acceptance of this resignation without prejudice is recommended effective at the close of 3 June, 1941.

This employee has not taken leave in excess of the amount earned.

If deduction for excess leave has not been made, state reasons.

Remarks:

Resigned at close of 3 June, 1941 in order to accept enlistment in Coast Guard on 4 June, 1941, as Coxswain.

N. G. RICKETTS,
Chief of Staff.

ENLISTED: ST. AUGUSTINE LIGHTHOUSE.
MAJOR UNIT: ST. AUGUSTINE LIGHT STA.(JACK DIST

DATE: 6-4-41

RATE: Cox.

Same as 2-1f

EASURY DEPARTMENT

UNITED STATES COAST GUARD

FEDERAL BUILDING

JACKSONVILLE, FLA.

4 June, 1941.

From: David Swain, Keeper, St. Augustine Lighthouse.
To : Commandant.

Subject: Resignation.

1. I hereby submit my resignation as Keeper in the U. S. Coast Guard, in order that I might be enlisted in the U. S. Coast Guard as Coxswain, my resignation to be effective at the close of 3 June, 1941.

David Swain

David Swain.

DEPT. STOCK FORM 2249
REV. 1-41

# UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.



PAGE: [redacted]

TO:

Date Prepared June 4, 1941.

Name: Swain, David

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

| | FROM | TO |
|---|---|---|
| Position<br>Grade<br>Salary | Keeper<br>Field (Range $1140-1500)<br>$1200 p.a. plus $240 p.a. Cost of Living | Centswain<br>No change in pay and allowances, Sec. 7, Act of August 5, 1939, applies. |
| Bureau or Div.<br>Organizational Subdivisions | U. S. Coast Guard | U. S. Coast Guard |
| Headquarters<br>Post of Duty<br>Appropriation<br>Allotment | Jacksonville, Fla.<br>St. Augustine Lt. Sta., Fla.<br>Civilian Employees, C. G. | Jacksonville, Fla.<br>St. Augustine Lt. Sta., Fla.<br>Pay and allowances, C. G. |
| | FIELD ☐ DEPRTMTL. ☐ | FIELD ☐ DEPRTMTL. ☐ |

EFFECTIVE *Remarks:* June 4, 1941.

The change indicated is pursuant to the Act of August 5, 1939.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 11-20-1896

LEGAL RESIDENCE: U. S.

SEX: M | RACE: W

NATURE OF POSITION

| NEW | ADDTL. IDENT. |
|---|---|
| VICE VACANCY | VICE |

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No.

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-35

DATE OF OATH

*Justification:*

E. R. PETERS,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.

DATE APPROVED BY THE SECRETARY

JUL 17 1941

BUREAU SUSPENSE AND FILE COPY

DEPT. STOCK FORM 2249
REV. 1-41

# UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.



PAGE: [redacted]

TO:

Date Prepared June 4, 1941.

Name: Swain, David

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

| | FROM | TO |
|---|---|---|
| Position<br>Grade<br>Salary | Keeper<br>Field (Range $1140-1500)<br>$1200 p.a. plus $240 p.a. Qtrs. | Conswain<br>No change in pay and allowances, Sec. 7, Act of August 5, 1939, applies. |
| Bureau or Div. Organizational Subdivisions | U. S. Coast Guard | U. S. Coast Guard |
| Headquarters<br>Post of Duty<br>Appropriation<br>Allotment | Jacksonville, Fla.<br>St. Augustine Lt. Sta., Fla.<br>Civilian Employees, C. G. | Jacksonville, Fla.<br>St. Augustine Lt. Sta., Fla.<br>Pay and allowances, C. G. |

FIELD ☐ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

EFFECTIVE *Remarks:* June 4, 1941.

The change indicated is pursuant to the Act of August 5, 1939.

*Justification:*

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION
Reg.

DATE OF BIRTH
11-20-1896

LEGAL RESIDENCE
N. C.

| SEX | RACE |
|---|---|
| M | W |

NATURE OF POSITION

| NEW | ADDTL. IDENT. |
|---|---|
| | |

| VICE VACANCY | VICE |
|---|---|
| | |

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?
No

SUBJECT TO RETIREMENT ACT?
Lighthouse Act

DATE OF OATH

DATE APPROVED BY THE SECRETARY
7-19-41

BUREAU OR DIVISION PERSONNEL FILES

JUL 26

Form A-38

# DEPARTMENT OF COMMERCE

DIVISION OF PERSONNEL

WASHINGTON

October 1, 1937.

Mr. David Swain,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective October 1, 1937.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

[illegible] L. GARDNER

Chief, Division of Personnel.

From: $1140 per annum.

To: $1200 per annum.

Service and grade:

Appropriation (unit): Field.

C
6

OCT 8 - 1937

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
CHARLESTON, S. C.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
1933 SEP - 9 - M 8:17

MSH

OFFICE OF SUPERINTENDENT, 6TH DISTRICT
CHARLESTON, S.C.

September 8, 1933.

Commissioner of Lighthouses,
Washington, D. C.

1. Referring to indorsement of September 5, 1933, on memorandum from the Appointment Division of August 28, requesting the effective dates of changes, the following is furnished:

| | | Salary | E.O.D. |
|---|---|---|---|
| David Swain, Kpr., | From: Hunting Island | $1620 | June 15, 1933 |
| | To: St. Augustine | 1500 | |

H. L. Beck,
Superintendent of Lighthouses

Bureau of Lighthouses, Washington
SEP 12 1933
Submitted to Secretary of Commerce for his information

Acting Commissioner of Lighthouses

Form A-88

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

LIGHTHOUSES
JUN 16 AM 9:44

June 13, 1933.

Mr. David Swain,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty (by change of station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER
Chief of Appointment Division.

From: $1320 per annum.

To: $1140 per annum.

Service and grade:

Appropriation (unit): Field.

6
DSE

JUN 16 1933

GOVERNMENT PRINTING OFFICE 11—9051

Form 73

NOMINATION

IDK

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, SIXTH DISTRICT,

CHARLESTON, S. C. (City), JUNE 2nd (Date), 1933

COMMISSIONER OF LIGHTHOUSES:

**Action recommended, Transfer and appointment**

Name, **David Swain**

Position, **Keeper (1st Assistant)**

Location, **St.Augustine Lighthouse, Fla.**

Effective, **June 16, 1933** [1] the actual date of entrance on duty, ~~or~~ ~~at noon thereafter as he enters on duty~~

Legal residence, **Florida**

Proposed salary, **$1140.00 per annum**

Proposed range, **$1140 - $1500**

Appropriation, **Salaries, Keepers of Lighthouses**

**Former position, Keeper (1st Assistant)**

Location, **Hunting Island Lighthouse, S. C.**

Former salary, **$1320.00 per annum**

Former range, **$1320 - $1680**

**Rank on eligible list, ——** Rating, Percentage, , Other eligibles considered:

**(Lt.#57)**

**Previous incumbent and his pay, J.A.Robertson / $1320 per annum** Services terminated, **April 30, 1933**

Reason, **Disability retirement.**

**Members of family in Government service, One.**

**Date of birth, November 20, 1896**

**Remarks: Quarters provided by Government. Hunting Island Lighthouse is being discontinued at the close of June 15, 1933.**

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19——

——— *Secretary, Civil Service District.*

**H. L. Beck**
**Superintendent of Lighthouses.**

---

BUREAU OF LIGHTHOUSES
WASHINGTON

**June 7, 1933**

Submitted to the Secretary of Commerce, approved, **attention being invited to the superintendent's remarks.**

W. P. HARMAN

*Acting Commissioner of Lighthouses.*

[1] Strike out the clause which does not apply.

11—2314

COPY FOR COMMISSIONER OF LIGHTHOUSES.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
CHARLESTON, S. C.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1931 OCT 20 PM 12 15

IDK

OFFICE OF SUPERINTENDENT, 6TH DISTRICT
CHARLESTON, S. C.

October 19, 1931.

Commissioner of Lighthouses

SUBJECT: Date of entrance on duty of David Swain, 1st Asst.Keeper

REFERENCE: Department notice of change in compensation dated Sept.26/31.

1. David Swain, formerly 2nd Assistant Keeper at Hillsboro Inlet Lighthouse, Fla., entered on duty as 1st Assistant Keeper, Hunting Island Lighthouse, S. C., October 16, 1931, under authority of Department letter dated September 26, 1931.

H. L. Beck
Superintendent of Lighthouses.

Bureau of Lighthouses, Washington
OCT 22 1931

Submitted to Secretary of Commerce for his information
For the Commissioner:

Chief, Personnel Division.

COMMISSIONER OF LIGHTHOUSES

WASHINGTON, D. C., OCTOBER 3, 1931

SUPERINTENDENT OF LIGHTHOUSES
OLD POST OFFICE BUILDING,
CHARLESTON, S. C.

TRANSFERS KEEPERS SWAIN PINNER AND SORENSEN APPROVED PERIOD NO NOTICE WILL BE ISSUED IN CASE OF PINNER HIS NOMINATION BEING TREATED AS A FORM 73-A INVOLVING NO CHANGE IN PAY OR DESIGNATION

PUTNAM

TC/ WPH

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

September 26, 1931.

Mr. David Swain,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective October 1, 1931, or entrance on duty (change of station and duties).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: $1200 per annum,

To: $1320 per annum.

Service and grade: Field.

Appropriation (unit):

6
E

GOVERNMENT PRINTING OFFICE 11—9061

Form 73

NOMINATION

IDK [redacted]

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, Sixth DISTRICT,

Charleston, S. C., (City) September 18th (Date), 19 31

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer, promotion and appointment.

Name, David Swain

Position, Keeper, 1st Assistant

Location, Hunting Island Lighthouse, S. C.

Effective, October 1, 1931

Former position, Keeper, 2nd Assistant

Location, Hillsboro Inlet Lighthouse, Fla.

Legal residence, Florida

Proposed salary, $1520.00 per annum

Proposed range, $1520 - $1680

Appropriation, Salaries, Keepers of Lighthouses

{ ~~the actual date of entrance on duty~~; or as soon thereafter as he enters on duty.

Former salary, $1200.00 per annum

Former range, $1080 - $1440

Rank on eligible list, - Rating, - Percentage, - , Other eligibles considered:

Previous incumbent and his pay, Pinner, J. E. (Lt.#44) / $1680 per annum

Services terminated, recommended to September 30, 1931

Reason, Transfer to position Additional Keeper, 6th District.

Members of family in Government service, One

Date of birth, November 20, 1896

Remarks: Quarters provided by Government.

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19----

FOR AND IN THE ABSENCE OF THE SUPERINTENDENT OF LIGHTHOUSES

A. C. Van Orsdell
Chief Clerk.

*Secretary, Civil Service District.*

BUREAU OF LIGHTHOUSES September 21, 1931
WASHINGTON

Submitted to the Secretary of Commerce, approved, filling of this position being necessary for the protection of life and property.

Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.

11—2314

COPY FOR COMMISSIONER OF LIGHTHOUSES.

Ent

Copy
Department of Commerce
Bureau of Lighthouses
Washington

RG:EMF
Incl.

August 15, 1929.

Secretary of Commerce:

There is inclosed a copy of the 6th Superintendent's letter of July 29, recommending that the Regulations be waived, in order to allow Assistant Keeper David Swain twenty-four days additional leave. Mr. Swain's position has a regular leave allowance of thirty days per annum, inclusive of sick leave, and in view of the fact that he was required to exceed the regular allowance by reason of confinement in a hospital on account of serious illness, the Bureau considers that it is a meritorious case and recommends approval.

(Sgd.) H. B. Bowerman,
Acting Commissioner of Lighthouses.

Approved:
(Sgd.) E. W. Libbey,
Acting Assistant Secretary.

AUG 29 1929

Bureau of Lighthouses, Wash., Copy to 6th Supt

Bureau copy

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
CHARLESTON, S. C.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
1929 JUL 31 AM 9 07

OFFICE OF SUPERINTENDENT, 6TH DISTRICT
CHARLESTON, S. C.

July 29, 1929.

Commissioner of Lighthouses.

1. Mr. David Swain, Second Assistant Keeper, at Hillsboro Inlet Light Station had to leave the station on June 22, 1929 and proceed to the U. S. Marine Hospital at Key West, Florida, for the purpose of being operated on for appendicitis. The operation was successfully performed and he returned to his station and entered on duty again on July 21, 1929.

Took his annual leave early

2. Before he left the station on June 22, 1929, he had been granted 26 days of annual leave during this calendar year. In connection with his illness in the hospital it was necessary for him to take 28 days more of leave. Hillsboro Inlet Light Station is in Class II where only 30 days leave per annum exclusive of Sundays and holidays may be granted. As Mr. Swain was ill in a hospital through no fault of his own and it would be a hardship on him to be deprived of pay during the period of his absence it is recommended that authority be granted to approve his application for leave with pay for the additional period of 24 days in excess of the period that the Superintendent is authorized to grant.

would this reason grant extra leave to Keepers who are sick? W.H.N.

Concur in this if OK

H. L. BECK,
Superintendent of Lighthouses

RG:EMF

Bureau of Lighthouses, Washington, D. C., August 2, 1929.

Returned to 6th Superintendent with statement that the Bureau has some doubt as to the circumstances of this case, and would therefore be disposed to defer any action until the close of the calendar year, when your recommendation, if submitted, might properly be considered for waiving the excess leave taken. If, however, the twenty six days annual leave already taken this calendar year was also on account of illness, the Bureau would be disposed to reconsider your present recommendation if resubmitted with information on this point.

H. B. BOWERMAN

Acting Commissioner of Lighthouses.

Personnel
Finance
Law & Prop.
Adm. Asst.
Dep. Comm'r.
Commissioner

R. M. K.

#1803

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
CHARLESTON, S. C.

HLB/hec

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES 1929 AUG 8 AM 9-12

LIGHTHOUSES 1929 JUL 31 AM 9-07

OFFICE OF SUPERINTENDENT, 6TH DISTRICT
CHARLESTON, S. C.

July 29, 1929.

SUPT. LIGHTHOUSES. CHARLESTON, S.C. AUG 6 1929

8/15/29 Lex Dept

Commissioner of Lighthouses.

1. Mr. David Swain, Second Assistant Keeper, at Hillsboro Inlet Light Station had to leave the station on June 22, 1929 and proceed to the U. S. Marine Hospital at Key West, Florida, for the purpose of being operated on for appendicitis. The operation was successfully performed and he returned to his station and entered on duty again on July 21, 1929.

2. Before he left the station on June 22, 1929, he had b been granted 26 days of annual leave during this calendar year. In connection with his illness in the hospital it was necessary for him to take 28 days more of leave. Hillsboro Inlet Light Station is in Class II where only 30 days leave per annum exclusive of Sundays and holidays may be granted. As Mr. Swain was ill in a hospital through no fault of his own and it would be a hardship on him to be deprived of pay during the period of his absence it is recommended that authority be granted to approve his application for leave with pay for the additional period of 24 days in excess of the period that the Superintendent is authorized to grant.

Airways
Surveys
Constrn.
Commun
Weather
Chertical
Adm. Offer
Air Engr.
Chief Engr.
Hydro.
Radio
Engr. Constr.
Mar. Engr.
Personnel
Finance
Law
Adm. Asst.
Dep. Comm.
Commissioner

Par. to Dept. for addl leave 8/9

H. L. BECK,
Superintendent of Lighthouses

RG:EMF Bureau of Lighthouses, Washington, D. C., August 2, 1929.

Returned to 6th Superintendent with statement that the Bureau has some doubt as to the circumstances of this case, and would therefore be disposed to defer any action until the close of the calendar year, when your recommendation, if submitted, might properly be considered for waiving the excess leave taken. If, however, the twenty six days annual leave already taken this calendar year was also on account of illness, the Bureau would be disposed to reconsider your present recommendation if resubmitted with information on this point.

HBB

H. B. BOWERMAN

Acting Commissioner of Lighthouses.

HLB/hec Office of Superintendent of Lighthouses, Charleston, S.C., August 6, 1929.

Returned to the Bureau with the report that the 26 days of annual leave which had already been taken when it was necessary for Mr. Swain to go to the hospital was not on account of illness. The objection to deferring action until the close of the calendar year instead of approving it now as recommended is that Mr. Swain will be deprived of pay for a period of 24 days which he needs at the present time.

In view this apparently in connection with the cannot be regarded as a meritorious case, I suggest we advise Dept & B/A

H. L. BECK,
Superintendent of Lighthouses.

RG:EMF
Incl.

August 15, 1929.

Secretary of Commerce:

There is inclosed a copy of the 6th Superintendent's letter of July 29, recommending that the Regulations be waived, in order to allow Assistant Keeper David Swain twenty-four days additional leave. Mr. Swain's position has a regular leave allowance of thirty days per annum, inclusive of sick leave, and in view of the fact that he was required to exceed the regular allowance by reason of confinement in a hospital on account of serious illness, the Bureau considers that it is a meritorious case and recommends approval.

H. B. BOWERMAN
Acting Commissioner of Lighthouses.

February 25,1929, should be restricted to special meritorious cases. It is hardly to be expected that lighthouse employees can be spared all expenses in connection with obtaining medical treatment. However, upon receipt of the information requested, this case will be considered further.

H. D. KING

H. C. GILLAM

Acting Commissioner of Lighthouses.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
CHARLESTON, S. C.

DEPARTMENT OF COMMERCE
LIGHTHOUSES
LIGHTHOUSE SERVICE

1929 JUL 20 AM 11 54

OFFICE OF SUPERINTENDENT, 6TH DISTRICT
July 19, 1929. CHARLESTON, S. C.

Commissioner of Lighthouses,

1. Several weeks ago Mr. David Swain, Second Assistant Keeper at Hillsboro Inlet Light Station was sent to the US. Marine Hospital at Key West, Florida, where an operation for appendicitis was performed. Several days before his discharge on July 13, 1929, the Medical Officer in Charge wrote to this office and requested that Mr. Swain be furnished with transportation back to his station. He was advised by this office that there was no authority for furnishing Mr. Swain with transportation at Government expense and was requested to advise Mr. Swain accordingly. The latter was instructed to take a receipt for his railroad fare and keep a record of his other expenditures as there was a possibility that this office would obtain authority to reimburse him.

2. It is recommended that authority be granted to reimburse Mr. David Swain for his travel expenses from Key West, Florida to Hillsboro Inlet Light Station. It appears that this authority may be granted in accordance with the act approved February 25, 1929 (Public-803-70th Congress).

H. L. BECK,
Superintendent of Lighthouses

WPH:AB

Bureau of Lighthouses, Washington, D.C.,
July 29, 1929.

Returned to 6th Superintendent, Charleston, S.C., with request that Bureau be informed as to the cost of transportation back to station incurred by Mr. Swain. With reference to the provision in the Act approved February 25, 1929, it is stated that this legislation was obtained to take care of extreme cases of isolation, with special reference to conditions such as obtained in Alaska. The regulations to be prescribed by the Secretary of Commerce under this Act have not been promulgated and the general principles which will govern allowance of traveling expenses for the purpose of obtaining medical treatment have not been determined. It is considered that the provisions of law with respect to medical treatment of lighthouse keepers and some other employees in the Lighthouse Service are already fairly liberal and it is believed that the Act of

Airways
Surveys
Construction
Maintenance
Weather
Electrical
Adm. Officer
Asst. Engr.
Chief Engr.
Inspectors
Engr. Constru.
Engr. Engr.
Personnel
Prop.
Asst.
Dep. Comm'r.
Commissioner

(See Page 2 attached)

6

February 25,1929, should be restricted to special meritorious cases. It is hardly to be expected that lighthouse employees can be spared all expenses in connection with obtaining medical treatment. However, upon receipt of the information requested, this case will be considered further.

LIGHTHOUSES
1929 AUG 2 AM 8 44

HERRING,
Acting Commissioner of Lighthouses.

File
Airways
Depot
Property
Proposals
Personnel
Vouchers
L. H. Eng.
Chief Clerk
Asst. Supt.
SUPT.
LIGHTHOUSES,
CHARLESTON, S. C.
JUL 31 1929

HLB/hec

Indorsement.

Office of Superintendent of Lighthouses,
Charleston, S. C., July 31, 1929.

Returned with the report that I saw Mr. Swain at Hillsboro Inlet Light Station on July 26. He informed me that the only expenses of travel for which he would claim reimbursement in the event of Bureau approval of my recommendation would be for the cost of his railroad ticket from Key West, to Miami, a distance of 156 miles, that he would not be greatly disappointed if he was not reimbursed. I told him that there was doubt.

For the information of the Bureau it is stated that when the recommendation was made I was not aware that the legislation was intended to take care of extreme cases of isolation only as stated by the Bureau. Such being the case it is doubtful that there can properly be any cases in the 6th District that can come within the scope of the Act.

H. L. BECK,
Superintendent of Lighthouses.

Expense involved alk. not sufficient to recommend relief under act.

Concur & file 8/6

OPH 8/6

Airways
Depot
Constrn.
Commun.
Weather
Clerical
Adm. Offcr.
Air Engr.
Chief Engr.
Hydro.
Radio
Engr. Constrn.
Mar. Engr.
Personnel
Finance
Law & Prop.
Adm. Assist.
Gen. Comptr.
Commissioner

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
CHARLESTON, S. C.

HLB/hec

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
1929 JUL 20 AM 11 55

1929 AUG 2 AM 8 44

OFFICE OF SUPERINTENDENT, 6TH DISTRICT
CHARLESTON, S. C.

July 19, 1929.

Commissioner of Lighthouses,

1. Several weeks ago Mr. David Swain, Second Assistant Keeper at Hillsboro Inlet Light Station was sent to the US. Marine Hospital at Key West, Florida, where an operation for appendicitis was performed. Several days before his discharge on July 13, 1929, the Medical Officer in Charge wrote to this office and requested that Mr. Swain be furnished with transportation back to his station. He was advised by this office that there was no authority for furnishing Mr. Swain with transportation at Government expense and was requested to advise Mr. Swain accordingly. The latter was instructed to take a receipt for his railroad fare and keep a record of his other expenditures as there was a possibility that this office would obtain authority to reimburse him.

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H. L. BECK,
Superintendent of Lighthouses

---

WPH:AB

Bureau of Lighthouses, Washington, D.C.,
July 29, 1929.

Returned to 6th Superintendent, Charleston, S.C., with request that Bureau be informed as to the cost of transportation back to station incurred by Mr. Swain. With reference to the provision in the Act approved February 25,1929, it is stated that this legislation was obtained to take care of extreme cases of isolation, with special reference to conditions such as obtained in Alaska. The regulations to be prescribed by the Secretary of Commerce under this Act have not been promulgated and the general principles which will govern allowance of traveling expenses for the purpose of obtaining medical treatment have not been determined. It is considered that the provisions of law with respect to medical treatment of lighthouse keepers and some other employees in the Lighthouse Service are already fairly liberal and it is believed that the Act of

(See Page 2 attached)

H IB/IK

PERSONNEL CLASSIFICATION BOARD FORM NO. 14—FIELD QUESTIONNAIRE
(To be filled out in accordance with the instructions given in P. C. B. Forms Nos. 15 and 16)

Bureau No. It. 41 Sheet No. 6(b)-27

Space reserved for the use of the Board

1. Swain (Surname) David (Given name) (Initial)

2. Department Commerce
3. Bureau Lighthouses
4. Field service Lighthouse Service
5. (a) Field station 6th Lighthouse District
(b) Subdivision Hillsboro Inlet Lighthouse
(c) City or town Deerfield, State Florida

6. Pay roll title Keeper
7. Customary office title Second Assistant Keeper
8. Present administrative allocation $1080-$1380
9. Present gross rate of pay $ 1380
10. Deduction for allowances $ 240
11. Net rate paid in cash $ 1140

12. Indicate by an "X" in the proper box or boxes the kind of allowances, if any, received by the employee:
☒ House ☐ Room { ☐ Furnished ☐ Heat ☒ Fuel ☐ Uniform Meals per day: ☐ 1 ☐ 2 ☐ 3
☒ Unfurnished ☒ Light ☐ Laundry ☐ Subsistence or rations in kind

13. Describe any other allowance, privilege, or perquisite of value Free medical treatment by U. S. Public Health Service

14. If any special equipment or a bond is required by law or regulation to be furnished at the employee's expense, state kind and annual cost
Uniform - $10.00

15. (a) Regular hours of work: From Variable m. to m. (b) How many hours per week excluding unusual or irregular overtime work? Summer 48-60 Winter 48-60 (c) If not a full time and all-the-year-round position, state number of hours per day; number of days per { week / month / year }; (d) If certain hours of availability for duty, outside of regular working hours, are required, state hours and type of such duty

16. (a) Rate of pay for overtime ——— (b) Amount of overtime pay in last 12 months ———

17. (a) Does the employee in any way direct or supervise other employees? No (b) If so, in what way? (See Form 16 before answering) ———
(c) How many? ———

18. If the employee supervises other persons through immediate contact, give the name and the sheet numbers of such persons. (For such of these as may not be covered by questionnaires, give number and kinds by occupations.) If the employee exercises supervision through section or division heads, give the title of such sections or divisions and the names and sheet numbers of their heads.

———

19. (a) Is the employee in any way directed, supervised, or instructed, or his work reviewed? Yes (b) If so, in what way? (See Form 16 before answering.)
Works under close observation and is expected to confer with superior frequently.

20. What is the name, official position, and sheet number of the employee's immediate superior? Thomas Knight, Keeper 6(b)-25

21. Employee's education: Strike an "X" over the number representing the highest grade or year completed in each type of school:

| Elementary | | | | | | | | High | | | | Normal | | | | College | | | | Postgraduate or professional | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | X | 7 | 8 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | (Kind) |

Other education (describe):

22. What length and kind of experience or other training did the employee possess upon original entrance into this position which was most qualifying or pertinent?
Boatman, several years experience in manual jobs and such positions as oiler on U. S. engineer dredge.

10—1856

23. TO THE EMPLOYEE: Describe in detail the work you do. Put each distinct duty, task, or process in a separate paragraph. Explain first those that require most of your time. Explain occasional duties last. In the column at the left opposite each paragraph enter the approximate percentage of your time devoted to the work described in that paragraph. DO NOT ATTEMPT TO COMPOSE THIS STATEMENT WITHOUT FOLLOWING THE INSTRUCTIONS OF P. C. B. FORM NO. 15.

| Percentage of working time | |
|---|---|
| | My duties at the Station consist of a watch in the tower every third day. |
| 10 hrs. per day | I go on duty at twelve o'clock midnight and come off at seven o'clock in the morning. Go back at four thirty in the afternoon and come off again at twelve midnight. This is a revolving oil vapor light and where a lot of attention is required. It revolves with a weighted clock, it has to be wound one time each hour. Storage tanks have to be pumped up once two hours. |
| | The days I am not on watch in the Twoer we are chipping and painting the tower or painting the dwellings. The tower is of iron and steel structure one hundred and forty feet high. It has to be painted from a swinging cradle and is subject to the salt spray therefor it has to be chipped, red leaded and painted once each year, to avoid the rust. |
| | We have about two acres of yard that has to be mowed and raked, we do this on unfavorable days for painting. |

24. I hereby certify that the foregoing was composed by me after reading P. C. B. Form No. 15, and that it is a true statement of my duties.

/s/ David Swain, 2nd Asst. Keeper.
(Signature of Employee)

25. TO THE PREPARING OFFICER: Write your own description of the employee's work. If in describing the work of the position you would cover the same subject matter and use the same language and expressions, indicate your concurrence in the employee's statement and utilize the rest of the space below by giving further and broader information regarding the position, such as the kind and degree of responsibility involved, the ultimate purpose of the work, its place in your organization, its working conditions, etc. If more space is needed, attach a separate sheet. See instructions in Form No. 16.

I concur in the above. 50% of his time is spent on watch duty at night. 50% of his time is occupied in cleaning and painting the lighthouse, dwellings, grounds and outbuildings, obtaining and storing supplies, etc.

26. How long have the employee's duties been substantially as described above? Since November 23, 1926

27. I hereby certify that to the best of my knowledge and belief the statements made by me on both sides of this sheet are accurate and complete.

September 12th, 1928 (Date) — H. L. Beck (Signature of Preparing Officer) — Superintendent of Lighthouses (Title)

28. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief, the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ——— In my judgment the compensation of this position should be in a range from $ 1080 to $ 1380

September 12th, 1928 (Date) — H. L. Beck (Signature of head of field office or station) — Superintendent of Lighthouses. (Title)

29. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ——— In my judgment the compensation of this position should be in a range from $ 1080, to $ 1380

SEP 20 1928, 1928 (Date) — H. B. BOWERMAN (Signature of head of bureau or his representative) — Acting Commissioner of Lighthouses (Title)

U. S. GOVERNMENT PRINTING OFFICE: 1928 10—1856

RG:EMF

LIGHTHOUSES

JUL 15 PM 3:45

July 6, 1927.

Mr. David Dunin, Assistant Keeper,
Hillsboro Inlet Light Station, Florida.
(Through Commissioner of Lighthouses).

Dear Sir:

I have read with interest a report relative to your action on June 26, in rescuing a girl and a young man from the waters of the inlet near your station. I note that the girl was with a party spending the day on the south side of the inlet and that the young man went to her assistance when she got beyond her depth in the water and that both probably would have been drowned if it had not been for your swimming to their assistance. I take pleasure in commending you for your action in this emergency and recording the matter as part of your official history.

Very truly yours,

WM. P. MacCRACKEN, JR.
Acting Secretary of Commerce.

Rep'd. in Bulletin Aug. 1, 1927.

✓ RR

Bureau of Lighthouses, Wash., Copy to 6 Supt.

LIGHTHOUSES---Bureau's file.

WM. P. MacCRACKEN, JR.

Exact copy, as signed by _____

Mailed _____ by _____

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES
1927 JUN 30 PM 12 11

SIXTH DISTRICT
336
Hillsboro Inlet Light Station, Fla.
(Depot, Vessel, or Station)

June 27, 1927

Superintendent of Lighthouses, 6th L. H. District,
Charleston, S.C.
Dear Sir:—

On Sunday about 2 o'clock pm, June 26, 1927 Mr. David Swain, 2nd Asst. Keeper at this Station, noticed a young girl struggling in the Inlet and calling for help.

He jumped in and swam out to her. A young man had also gone to her assistance. He was not an able swimmer; for, when Mr. Swain got to them, he was about worn out. struggling against the tide, which was very strong at that time; and the girl was going down the third time.

It was a very narrow escape for both of these people for they would in all probability have drowned, if Mr. Swain had not gone to them when he did.

The girl was about 15 years of age. She was

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

2

SIXTH DISTRICT

336

Hillsboro Inlet Light Station, Fla.

(Depot, Vessel, or Station)

June 27, 1927

with a party of people who were spending the day on the South side of the Inlet.

Respectfully —

Thomas Knuglet,

Keeper.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
CHARLESTON, S. C.

# DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

HLB:LP

LIGHTHOUSES

OFFICE OF SUPERINTENDENT, 6TH DISTRICT
CHARLESTON, S. C.

7/2/27 commended 1927 June 30 Swain
Copy to 6th Dist.

June 29, 1927.

Commissioner of Lighthouses.

Subject: Commendation.

Reference: Regulations, 1918, Art. 496.

Enclosure: Letter of June 27th, 1927 from Thomas Knight, Keeper, Hillsboro Inlet L.H.

1. For the reasons given in the enclosed letter from the keeper of Hillsboro Inlet L.H. it is recommended that Mr. David Swain, 2d Asst. Keeper at that station be commended by the Department.

H.L. BECK,
Superintendent of Lighthouses.

Aug. 1, 1927.

Airways
Surveys
Lighting
Radio
Weather
Clerical
Civil Engr.
Hydro.
Radio
Engr. Const.
Mar. Engr.
Personnel
Finance
Law & Prop.
Adm. Assist.
Inspections
Commissioner

OK HH
June 30

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
CHARLESTON, S. C.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

RAW

LIGHTHOUSES

OFFICE OF SUPERINTENDENT, 6TH DISTRICT
CHARLESTON, S. C.

1926 DEC 3 PM 3 56

December 2, 1926.

Commissioner of Lighthouses,

SUBJECT: Probationary appointment of David Swain to position of Keeper (2nd Asst.), Hillsboro Inlet L.H., Fla.

REFERENCE: Form 73 dated Nov. 16/26 - Nomination of David Swain to position of Keeper (2nd Asst.),Hillsboro Inlet L.H., Fla.

Bureau telegram of Nov. 20/26.

1. Bureau telegram of November 20, 1926 advised that appointment of David Swain to position of Keeper (2nd Asst.), Hillsboro Inlet L.H., Fla., had been approved, but to date no Department letter of appointment for Mr. Swain has been received in this office.

2. Mr. Swain entered on duty at Hillsboro Inlet L.H., Fla., as Keeper (2nd Asst.), Nov 23 1926 and his Oath of Office and Personal History sheet are enclosed herewith.

Incls.
Oath of Office,
Personal History sheet.

H. L. Beck,
Superintendent of Lighthouses.

- - - - - - - - - - -

J Bureau of Lighthouses, Washington, D. C. December 4, 1926.
Incl.

Returned to Superintendent of Lighthouses, Charleston, S. C., together with Mr. Swain's appointment certificate which was just received from the Department yesterday. His oath of office and personal history sheet have been submitted to the Department, the date of effect being in accordance with the effective date on his notice of appointment.

Acting Commissioner of Lighthouses.

Washington D C NOV 20 1926

Lighthouse Superintendent Charleston South Carolina

Appointment Swain approved

Putnam

- - - - -

CONFIRMATION to 6th:

Bureau of Lighthouses

Commissioner of Lighthouses

NOV 20 1926
O.K.

Telephoned 330 pm 11/20/26 GBT

0

# POSTAL TELEGRAPH – COMMERCIAL CABLES

CLARENCE H. MACKAY, PRESIDENT.

RECEIVED AT
EVANS BUILDING
1418 NEW YORK AVENUE
WASHINGTON, D. C.
TELEPHONE: MAIN 6600

*This is a fast Telegram unless otherwise indicated by signal after the number of words—"Blue" (Day Letter) "N. L." (Night Letter) or "Nite" (Night Telegram)*

TELEGRAMS TO ALL AMERICA

THE MACKAY SYSTEM — POSTAL TELEGRAPH — COMMERCIAL CABLES — "THE PULSE OF THE WORLD"

CABLEGRAMS TO ALL THE WORLD

DELIVERY NO.

STANDARD TIME INDICATED ON THIS MESSAGE

16—5988

90AGMS 1211PM 18 GOVT

CHARLESTON SC NOV 18 1926

LIGHTHOUSE COMMISSIONER 112

WASHN DC

1926 NOV 18 PM 12 20

NOMINATION DAVID SWAIN APPOINTMENT ASSISTANT KEEPER APPROVED BY SECRETARY FIFTH CIVIL SERVICE DISTRICT APPROVAL APPOINTMENT REQUESTED BY TELEGRAM

BECK

NOV 20 1926

Has Been passed to Dept – No.

11/18/26

Flyers
Radio
Engr. Dept.
Mar. Engr.
Personnel
Financial
Law and Pres.
Adm Asst.
Dep. Comr.
Comr.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
CHARLESTON, S. C.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

RAW

SPECIAL

TELEGRAPHIC REPLY IS DESIRED

OFFICE OF SUPERINTENDENT, 6TH DISTRICT
CHARLESTON, S. C.

Nov. 16, 1926.

Inclosure Received

LIGHTHOUSES
1926 NOV 17 PM 3 35

The District Secretary,
Fifth Civil Service District,
Atlanta, Ga.

Sir:

Enclosed herewith is Form 75 (in duplicate), Nomination of David Swain for position of Keeper (2nd Asst.), Hillsboro Inlet L.H., Fla., effective November 22, 1926 or as soon thereafter as he enters on duty. Attached to the nomination form are Form 7 (Service Record Card) and Form 206 (Record of Physical Examination of Light Keeper).

As the services of a 2nd Asst. Keeper are urgently needed at Hillsboro Inlet L.H., the enclosed nomination is being forwarded with request that it be acted on as soon as practicable and this office be advised by telegram of action taken on the nomination. This office has forwarded the Commissioner of Lighthouses the necessary information to take action to secure prompt appointment in case of approval of the nomination by your office.

Rpts
Repts
Engr. Com.
Mar. Inc.
Personnel
Financial
Law and Prop
Adm Asst.
Dep. Comr.
Comr.

Respectfully,

Incls.
Form 75 in dup.
Form 206.
Form 7.

H. L. Beck,
Superintendent of Lighthouses.

SPECIAL

TELEGRAPHIC REPLY IS DESIRED

Copy forwarded to Commissioner of Lighthouses together with copy of nomination forwarded to Fifth Civil Service District with a view to securing the probationary appointment of Mr. Swain subject to the approval of the District Secretary, 5th C.S. District. The Bureau will be advised by telegram as soon as information is received from the District Secretary, 5th C.S. District. The services of a 2nd Assistant Keeper at Hillsboro Inlet L.H., are urgently needed, and it is desired, if possible, to have Mr. Swain enter on duty November 22, 1926 or as soon thereafter as practicable.

H. L. Beck,
Superintendent of Lighthouses.

Incl.
Copy of Form 75.

COAST GUARD UNIT
MPRC 50

CG-53921

VETERANS ADMINISTRATION

# REQUEST FOR INFORMATION

1. TYPE OF CLAIM: SUPP'L DISABILITY

2. SEPARATION FORMS ON FILE: [X] YES [ ] NO

3. DATA REQUESTED: [ ] SERVICE [X] MEDICAL [ ] DENTAL [ ] OTHER

4. TO: [ ] ARMY [ ] NAVY [ ] AIR FORCE [ ] MARINE CORPS [X] COAST GUARD [ ] NATIONAL GUARD (Army) [ ] NATIONAL GUARD (Air) [ ] OTHER (Specify)

| FROM | 5A. NAME AND ADDRESS OF VA REQUESTING OFFICE | 5B. ORIGINATING UNIT | 6. CLAIM NO. / 7. INSURANCE NO. |
|---|---|---|---|
| | VA Regional Office<br>P O Box 1437<br>St. Petersburg, Florida 33731 | 21 | C- 9 915 645 |

| 8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served) | 9. ALL SERVICE NOS. |
|---|---|
| SWAIN, David | 227 449 |

| 10. DATE OF BIRTH | 11. PLACE OF BIRTH | 12. DATE OF DEATH |
|---|---|---|
| 12-20-95 | N.C. | |

| | 13. DATE ENTERED ACTIVE DUTY | 14. DATE SEPARATED FROM ACTIVE DUTY | 15. CHARACTER OF SEPARATION OR DISCHARGE | 16. LAST GRADE, RATE OR RANK, AND ORGANIZATION |
|---|---|---|---|---|
| A. | 6-4-41 | 1-1-52 | Hon Ret | BM 1C |
| B. | | | | |
| C. | | | | |

| | 17. ALLEGED DISEASE OR INJURY | 18. DATES OF TREATMENT | 19. PLACES OF TREATMENT | 20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED |
|---|---|---|---|---|
| A. | heart condition | 5-9-50 to 5-19-50 | Joint Long-range Proving Grounds | |
| B. | | | Hospital Cocoa Beach, | Florida |
| C. | | | | |

21. ADDITIONAL INFORMATION REQUESTED

/amw

| 22. DATE | 23. SIGNATURE AND TITLE OF VA OFFICIAL |
|---|---|
| 10-2-64 | GUY R. NICHOLS, Adjudication Officer |

ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))

[ ] AVAILABLE REQUESTED RECORDS FORWARDED
[ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT
[ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

No additional medical records found. Prior report furnished 28 Jul 61 under above claim number. See rept for ORL-Norfolk 18 Feb 63

| NO. OF ENCLOSURES | ORIG | COPY | NO. ENCLS. (Cont.) | ORIG | COPY | | DATE | SIGNATURE AND TITLE |
|---|---|---|---|---|---|---|---|---|
| HEALTH RECORDS | | | CLINICAL RECORDS | | | SERVICE INFORMATION | | |
| PHYSICAL EXAMINATIONS AT ENTRANCE | | | X-RAYS | | | | | |
| | | | DENTAL RECORDS | | | MEDICAL RECORDS | 10/1/64 | SIGNATURE AND TITLE GNMRFG[illegible] |
| PHYSICAL EXAMINATIONS AT SEPARATION | | | MEDICAL RECORDS | | | | | |
| | | | OTHER RECORDS | | | | | |

V A FORM JULY 1957 3101

SUPERSEDES VA FORM 3101, NOV. 1945; VA FORM 3101-1, NOV 1945; AND VA FORM 3102, JAN 1946; WHICH WILL NOT BE USED.

Y 000 22 7049

| | | | | |
|---|---|---|---|---|
| 000 22 7049 | WARD HENRY | AR | B 4 798 011 | |
| 000 22 7049 | WARD HENRY | QM | P 0000 605 505 | |
| 000 22 7049 | SWAIN DAVID | CG | 0 0 041 164 | ✓ |

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CGHQ-3867 (Rev. 8-71)

# CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE: 1 December 1976

| NAME OF DECEASED | SERVICE NUMBER | RANK OR RATING | SOCIAL SECURITY NUMBER |
|---|---|---|---|
| SWAIN, David | 227 049 | BM1 / RETIRED | 262 50 7794 |

EACH PERSON LISTED BELOW IS:
☒ DESIGNATED BENEFICIARY ☐ UNDESIGNATED BENEFICIARY ☐ CLAIMANT

ESTAB'D DATE OF DEATH: 27 September 1976

| NAME OF BENEFICIARY OR CLAIMANT | | RELATIONSHIP | ADDRESS |
|---|---|---|---|
| Mary E. Swain | 100% | Widow | 54 Comares Avenue<br>St. Augustine, FL 32084 |

Reg # 004164

☒ I CERTIFY that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to receive unpaid pay and allowances that might be due the decedent and that the requirements of applicable law and regulations have been satisfied.

☐ I CERTIFY that the records of the U. S. Coast Guard show that the decedent did not designate a beneficiary or beneficiaries to receive any unpaid pay and allowances that might be due.

☐ I CERTIFY that any claimant named above has qualified to receive any unpaid pay and allowances that might be due and that the requirements of applicable law and regulations have been satisfied. Attached are substantiating documents to support this claim.

☐ Payment of unpaid pay and allowances that might be due is to be made to the person(s) determined to be entitled thereto under the laws of the domicile of the deceased.

ENCLOSURE(S):

SF-1174
Death Certificate

| TYPED NAME AND TITLE OF APPROVING AUTHORITY | SIGNATURE |
|---|---|
| AARON O. MARTIN<br>Chief, Decedent Affairs and Claims Brc. | |

PREVIOUS EDITIONS MAY BE USED

# CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

**Part A**

| 1. Name(s) and social security number(s) of claimant(s) | 2. Relationship to deceased | 3. If minor, state age |
|---|---|---|
| Mary Etta Swain<br>Soc. Sec. # 261-78-2815 | wife | --- |
| | | 4. Is designation of beneficiary for unpaid compensation on file with service? yes (Yes or No) |
| | | 5. Are you named beneficiary? yes (Yes or No) |
| 6. Name, rank or rating, service number, and social security number of decedent<br>David Swain BM1<br>227 045, USCG, Retired; SS# | 7. Date of death<br>5-27-76<br>262 50 7794 | 8. Name of service<br>US Coast Guard |
| | | 9. Decedent's domicile 54 [illegible] AVE.<br>St. Augustine, Fla. 32084 |

**Part B** (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? yes

**WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.**

**Part C**

1. List below the name, social security number, age, relationship, and address of: n/a
   (a) Widow or widower.
   (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
   (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
   (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

| Name and social security number | Age | Relationship to deceased | Address |
|---|---|---|---|
| | | | |
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RECEIVED
MAY 24 1976
GAO (R-3)-1



(Continued on other side)

Standard Form 1174
June 1972
4 GAO 26.1

**Part D**

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed N/A (Executor or administrator) of the estate of the deceased, as evidenced by certificate of appointment herewith, administration having been taken out in the interest of

_____
(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE.—If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? _____ (Yes or No)

**DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT FILL IN PART E. ALL OTHERS MUST.**

**Part E**

Have the funeral expenses been paid? N/A (Yes or No) (If paid, receipted bill of the undertaker must be attached hereto.) Whose money was used to pay the funeral expenses? _____

**FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith**

| (Signature of claimant) | 11-17-76 (Date) | (Signature of claimant) | (Date) |
|---|---|---|---|
| 54 Comares Ave. (Street address) | | (Street address) | |
| St. Augustine, Fla. 32084 (City, State, and ZIP code) | | (City, State, and ZIP code) | |

**TWO WITNESSES ARE REQUIRED**

*We certify that we are well acquainted with the above* Mary Etta Swain (Name(s) of claimant(s)) *and that the signature(s) of the claimant(s) was (were) affixed in our presence.*

| (Signature of witness) | (Signature of witness) |
|---|---|
| (Street address) | (Street address) |
| (City, State, and ZIP code) | (City, State, and ZIP code) |

**All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.**

* GPO: 1974 O-526-533

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3294 (Rev. 4-57)

# TRANSCRIPT OF MEDICAL HISTORY

*(From records on file at Coast Guard Headquarters)*

| NAME | SERVICE NO. | GRADE OR RATE |
|---|---|---|
| SWAIN, David | 227-049 | BM 1 CL, NAVY |

| WHERE TREATED | DIAGNOSIS | TREATMENT BEGAN | TREATMENT ENDED | IP or OP |
|---|---|---|---|---|
| MH KEY WEST FLA | Appendectomy | 6- -29 | 7- -29 | IP |
| TS ST AUGUSTINE FLA | Stomatitis | 3-2-43 | 3-2-43 | OP |
| | Conjunctivitis, acute | 5-5-43 | 5-5-43 | OP |

9-18-61
CERTIFIED TO BE A TRUE TRANSCRIPT
OF THE MEDICAL HISTORY IN THIS CASE.

L. W. TIBBITS, CDR,USCG

GPO 923197

COMM., USCG HDQTRS.
WASHINGTON, D. C.

VETERANS ADMINISTRATION

# REQUEST FOR INFORMATION

1. TYPE OF CLAIM: SUPPL DISAB

2. SEPARATION FORMS ON FILE: [X] YES [ ] NO

3. DATA REQUESTED: [ ] SERVICE [X] MEDICAL [ ] DENTAL [ ] OTHER

4. TO: [ ] ARMY [ ] NAVY [ ] AIR FORCE [ ] MARINE CORPS [X] COAST GUARD [ ] NATIONAL GUARD (Army) [ ] NATIONAL GUARD (Air) [ ] OTHER (Specify)

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE
VA Regional Office
P. O. Box 1437
St. Petersburg, Florida

5B. ORIGINATING UNIT: 21

6. CLAIM NO.: C- 9 915 645

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): SWAIN, David

9. ALL SERVICE NOS.: 227 049

| 10. DATE OF BIRTH | 11. PLACE OF BIRTH | 12. DATE OF DEATH |
|---|---|---|
| 12-20-95 | N.C. | |

| | 13. DATE ENTERED ACTIVE DUTY | 14. DATE SEPARATED FROM ACTIVE DUTY | 15. CHARACTER OF SEPARATION OR DISCHARGE | 16. LAST GRADE, RATE OR RANK, AND ORGANIZATION |
|---|---|---|---|---|
| A. | 6-4-41 | 1-1-52 | HON (RET) | BM1C |
| B. | | | | |
| C. | | | | |

| | 17. ALLEGED DISEASE OR INJURY | 18. DATES OF TREATMENT | 19. PLACES OF TREATMENT | 20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED |
|---|---|---|---|---|
| A. | Heart cond. | Aug. 1946 | N. Hosp., Patrick AFB, Fla. | |
| B. | Ulcers | 1-1-52 | USPHS - Savannah, Ga. - N. Hosp., Patrick AFB, Florida | |
| C. | | | | |

21. ADDITIONAL INFORMATION REQUESTED

Please furnish any available clinical treatment records supplementing your 3101, 9/19/61.

22. DATE: Feb. 1, 1963

23. SIGNATURE AND TITLE OF VA OFFICIAL: Guy R. Nichols EWM(1)mar
GUY R. NICHOLS, Adjudication Officer

ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))

[ ] AVAILABLE REQUESTED RECORDS FORWARDED
[ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT
[ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

A search of Air Force records on file in this section & Navy Section fails to disclose a record of treatment for the alleged conditions. Clinical records of treatment at USPHS Hospital Savannah Ga. may be requested direct.

| NO. OF ENCLOSURES | ORIG | COPY | NO. ENCLS. (Cont.) | ORIG | COPY | | DATE | SIGNATURE AND TITLE |
|---|---|---|---|---|---|---|---|---|
| HEALTH RECORDS | ✓ | | CLINICAL RECORDS | | | SERVICE INFORMATION | | |
| PHYSICAL EXAMINATIONS AT ENTRANCE | | | X-RAYS | | | | | |
| | | | DENTAL RECORDS | | | | | |
| PHYSICAL EXAMINATIONS AT SEPARATION | | | MEDICAL RECORDS | | | MEDICAL RECORDS | 2/18/63 | BNHRF-CG/Rock |
| | | | OTHER RECORDS | | | | | |

V A FORM 3101 JUL 1957

SUPERSEDES VA FORM 3101, NOV 1945; VA FORM 3101-1, NOV 1945; AND VA FORM 3102, JAN 1946; WHICH WILL NOT BE USED.

2

FEB 4 1963

GENERAL SERVICES ADMINISTRATION

# REQUEST FOR SERVICE

CURRENT DATE

SEARCH REQUESTED BY

FIELD MEDICAL RECORDS BRANCH

INITIALS ER FOR CODE

RECORD(S) REQUESTED BY

TITLE/NAME VARO

ADDRESS St. Petersburg Fla

DATE OF REQUEST 2/1/63

## DESCRIPTION OF RECORD(S) REQUESTED

NAME (last, first, middle):

SWAIN, David

SERVICE NUMBER:

227 049

~~DEPENDENT~~/OTHER:

CG

PLACE OF TREATMENT:

Patrick AFB

DATE OF TREATMENT:

1946 & 1952

NATURE OF TREATMENT:

☐ IN PATIENT ☐ OUT PATIENT ☐ X-RAY

CONDITION FOR WHICH TREATED:

REMARKS:

RESULTS OF SEARCH

☐ RECORD(S) LOCATED AND ATTACHED HERETO

☑ SEE REMARKS

DATE 2/18/63 TIME OF SEARCH

INITIALS OF SEARCHER ER

REMARKS

Army & Air Force clinicals on file in ORV Navy Station searched with negative results.

R6-1220
November 1961

Commandant
U.S. Coast Guard

VETERANS ADMINISTRATION
# REQUEST FOR INFORMATION

1. TYPE OF CLAIM: ORIG

2. SEPARATION FORMS ON FILE: [X] YES [ ] NO

3. DATA REQUESTED: [X] SERVICE [X] MEDICAL [ ] DENTAL [ ] OTHER

4. TO: [ ] ARMY [X] NAVY [ ] AIR FORCE [ ] MARINE CORPS [ ] COAST GUARD [ ] NATIONAL GUARD (Army) [ ] NATIONAL GUARD (Air) [ ] OTHER (Specify)

FROM
5A. NAME AND ADDRESS OF VA REQUESTING OFFICE: VA Regional Office, P.O. Box 1437, St. Petersburg, Fla.

5B. ORIGINATING UNIT: 21

6. CLAIM NO.: C- 9 915 645

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): SWAIN, David

9. ALL SERVICE NOS.: 22 70 49

| 10. DATE OF BIRTH | 11. PLACE OF BIRTH | 12. DATE OF DEATH |
|---|---|---|
| 12-26-95 | N.C. | |

| | 13. DATE ENTERED ACTIVE DUTY | 14. DATE SEPARATED FROM ACTIVE DUTY | 15. CHARACTER OF SEPARATION OR DISCHARGE | 16. LAST GRADE, RATE OR RANK, AND ORGANIZATION |
|---|---|---|---|---|
| A. | Prior Sv 19 yrs 5 | mo 22 da | | |
| B. | 6-4-61 | 1-1-52 | Hon (RET) | BM 1 CL Navy |
| C. | | | | |

| | 17. ALLEGED DISEASE OR INJURY | 18. DATES OF TREATMENT | 19. PLACES OF TREATMENT | 20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED |
|---|---|---|---|---|
| A. | Arthritis | 1943 | Banana River Air Base, Fla. | |
| B. | Ulcers | 1951 | Savannah, USNH | |
| C. | | | | |

21. ADDITIONAL INFORMATION REQUESTED

Please verify all AD & HD dates, and
Furnish all medical records

STF(5)db

22. DATE: 7-28-61

23. SIGNATURE AND TITLE OF VA OFFICIAL: E. H. BELLER, Acting Adjudication Officer

ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))

[X] AVAILABLE REQUESTED RECORDS FORWARDED [ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT [X] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

#9 - (227-049) #10 - 12-20-95

#13A - 6-1-41 #14A - 6-3-41 #15A - Honorable #16A - BM1c, USCG
#13B - 6-1-47 #14B - 6-7-50 #15B - Honorable #16B - BM1, USCG
#13C - 6-8-50 #14C - 1-1-52 #15C - Retired #16C - BM1, USCG

#21 - SWAIN has 11 years', 6 months, 11 days Lighthouse Service.
Veteran had 90 days or more active service, exclusive of furlough time and other non-creditable time

There is no record of alleged treatment or any clinical records on file in this case. Clinical records of treatment at USPHS Hospital Savannah, Ga., maybe requested direct. Neither is there a record of a physical examination upon appointment in the Lighthouse service nor retirement on 1-1-52.

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

| NO. OF ENCLOSURES | ORIG | COPY | NO. ENCLS. (Cont.) | ORIG | COPY |
|---|---|---|---|---|---|
| HEALTH RECORDS | | 16P | CLINICAL RECORDS | | 1C |
| PHYSICAL EXAMINATIONS AT ENTRANCE | 2 encl | 1C | X-RAYS | | |
| | | 1C | DENTAL RECORDS | | |
| PHYSICAL EXAMINATIONS AT SEPARATION | | | MEDICAL CARDS | | |
| | | | OTHER RECORDS | | 1P |

SERVICE INFORMATION — DATE: 8-9-61
MEDICAL RECORDS — DATE: SEP 9 1961

SIGNATURE AND TITLE: [illegible], USCG
ASST. CHIEF, MEDICAL DIVISION
BY DIRECTION OF THE COMMANDANT

VA FORM 3101 JUL 1957 SUPERSEDES VA FORM 3101, NOV 1945; VA FORM 3101-1, NOV 1945; AND VA FORM 3102, JAN 1946; WHICH WILL NOT BE USED.

2

AUG 4 1961 Corres mfo ORB AUG 9 1961

PE-1
16 November, 1951

AUTH:S15068

From: Commandant
To: SWAIN, David (227-049) EM1, United States Coast Guard
Via: (1) Commander, Seventh Coast Guard District
(2) Commanding Officer, Cape Canaveral Light Station, USCG, Artesia, Florida

Subj: Retirement; travel

1. Your application for retirement by reason of completion of thirty years service is hereby approved pursuant to the provisions of Title 14, United States Code, Section 354, and the date of 31 December, 1951, is fixed as the effective date of your retirement. Therefore, effective 31 December, 1951, you are detached from all duties previously assigned you. On 1 January, 1952, you will be placed on the inactive retired list of the Coast Guard.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States, will be issued by Headquarters and forwarded to you after your release from active duty.

3. Your commanding officer will immediately furnish a copy of this order to the certifying officer having custody of your pay record. The certifying officer will transmit the pay record information to the Commandant (PA) in accordance with existing directives after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

4. You will immediately notify the Commandant (PA) of your mailing address and you will thereafter notify the Commandant (PA) of any change in that address.

5. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if completed within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival at your permanent home, action is final and no further designation may be made.

BRUMMELER:me-ae ret 3-11

PE

J. A. HIRSHFIELD
By direction

Incls (2)

-SWAIN-

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

No. 63-52

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David | (227-049) | BM1 |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| Ponce de Leon Inlet Group | Cape Canaveral Light Station | Artesia, Fla. |
| **MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM No.** | **DATE** |
| 07-200300 | 07-300330 | 4 January, 1952 |

TIME
DATE — REPORTED FROM:
FOR

45

DUTY CODE NO. — AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

Retired upon completion of 30 years creditable service as of 2400R 31st. Dec. 1951 by order of Commandant's letter PE-1 16 November, 1951.

DUTY CODE NO. — AUTH:

B.B. ODIN, CBUSN USCG.
*(Commanding)*

**SPACE BELOW IS FOR HEADQUARTERS' USE ONLY**

| Enlisted Personnel | | | | |
|---|---|---|---|---|
| Rate | Pay Grade | District | Foreign Domestic | Duty |
| | | | | |

| Officer Personnel | | | |
|---|---|---|---|
| District | Sea Shore | Foreign Domestic | Duty |
| | | | |

| Records | |
|---|---|
| Posting | Coding |
| | |

| Machine Accounting |
|---|
| Punched _____ |
| Verified _____ |

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

UG DE UH INT K RR K FP K R 2
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DE NMA3
RR 211300Z
FM CAPE CANAVERAL LS
TO COMNDR FT PIERCE GROUP
INFO CCGD SEVEN

XX
P X SWAIN DAVID KEEPER CAPE CANAVERAL LIGHT STATION RETUERNED FM AL
AT 2200R 20 DEC 1959 X ST

ROUTINE
PERS**

TOD 1304/21 DEC GB NMA3

8 - 21

-4

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I F O CCGD SEVEN

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[illegible] 1407/17 [illegible]C 6[illegible]1 1.3
[illegible]E FP E [illegible]

[illegible] A AL

REF USG 3-17

ROUTINE
SPEDS/[illegible]NS/[illegible]DS
16-17

NCG 2500
(Rev. June, 1942)

# ENLISTMENT CONTRACT

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

ENLISTMENT OF SWAIN, David (n) (Full name, surname to left); 227-049 (Service number); $249.90 (Pay per month)

Accepted for enlistment at District Office, 7th CG District; BMC (Rating in which enlisted)

Enlisted at District Office, 7th CG District; 8 June 1950 (Date of enlistment)

Transferred to Cape Canaveral Light Station, Cape Canaveral, Florida

Occupation Mariner Citizenship * NB If naturalized, place and date of naturalization — Certificate No. —

Date of birth 20 December, 1895 Place of birth Brunswick County, N. C.

Home address Canaveral, Florida (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Mary Etta Swain — Wife (Relationship) Cape Canaveral, Florida (Address)

Continuous Service Certificate — (Number) Previous service { Coast Guard / ~~Reserve~~ } 9 (Years) 0 (Months) 4 (Days)

First enlisted 4 June 1941 (Date) at St. Augustine, Florida (Place) and was last discharged 7 June, 1950 (Date) from District Office, 7th CG District (Unit) with Honorable (Character) discharge as BMC (Rate) No. — —

Previous Navy service — (Years) — (Months) — (Days) Previous Marine Corps service — (Years) — (Months) — (Days)

Previous Army service — (Years) — (Months) — (Days) Age 54 years 6 months.

Height 5 feet 8½ inches. Weight 149 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color White

Personal characteristics None marks, etc. Appendectomy scar 3" long; Hernia scar; rt. side, 6" long

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 LTJG H.J. LEBLANC 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 8 June, 1950, 1 / during minority until ——, 1 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

*Third:* I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

*Fourth:* I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

*Fifth:* I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

*Oath of Allegiance:* I, David Swain 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.

David Swain

David Swain
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 8th day of June, A. D. 1950

H. J. LEBLANC, LTJG, USCG
(Commanding officer, notary public, or other officer qualified to administer oths)

Chief Military Personnel Div.
By direction
Commander, 7th CG District

Citizenship substantiated and contract perfected.

H. J. LEBLANC

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

## EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

.....
(Signature of man)

.....
(Signature of commanding officer)

16—8420-2

NCG 2500-C
(Rev. June 1942)

# SERVICE RECORD

RECORD OF SWAIN, David (n) 227-049
(Full name, surname to the left) (Service number)

## 1. TRANSFERS

| Departed from— | | | Reported to— | | |
|---|---|---|---|---|---|
| Unit | Date | Signature | Unit | Date | Signature |
| OC7CGD Miami, Fla. | 6-8-50 | LTJGBydir | CCGD7, Miami, Fla. | 6-8-50 | LTJGBydir |
| Retirement effected Ponce de Leon LBS | 12/31/51 | B. B. ODIN, CBOSNCO | Cape Canaveral | LT.STA.6-8-50: | BM1 |

## 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—6070-2

RECORD OF SWAIN, David (n) 227-049
(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 |
|---|---|---|---|---|---|---|---|
| 6-30-50 | BM1 | 3.8 | 3.7 | | 3.7 | 4.0 | CCGD7 H. J. LeBLANC, LTJG, By dir |
| 9-30-50 | BM1 | 3.8 | 3.7 | | 3.7 | 4.0 | G. I. HOLT, CDR, USCG, By dir. |
| 12-31-50 | BM1 | 3.8 | 3.7 | | 3.7 | 4.0 | G.I. HOLT, CDR, USCG, Bydir. |
| 3-31-51 | BM1 | 3.8 | 3.7 | — | 3.7 | 4.0 | T.R. DALTON, SCLK, By dir. |
| 6-30-51 | BM1 | 3.8 | 3.7 | | 3.7 | 4.0 | T. R. DALTON, SCLK, Bydir |
| 9-30-51 | BM1 | 3.8 | 3.7 | - | 3.7 | 4.0 | PonceDeLeonLBSta: B. B. Odin CBOSN: |
| 12/31/51 | BM1 | 3.8 | 3.7 | - | 3.7 | 4.0 | Ponce de Leon LBS B. B. ODIN CBOSN |
| AVERAGE | X X X X | 3.8 | 3.7 | - | 3.7 | 4.0 | B. B. ODIN, CBOSN, USCG, CO. |

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

## 7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

| Ship or station | Date | REMARKS |
|---|---|---|
| 0,CCGD7 | 10-12-50 | Issued Good Conduct Medal and two (2) Bars for nine (9) year period of meritorious enlisted service ending 6-3-44, 6-3-47, and 6-7-50. G. I. HOLT, CDR, USCG, By dir. |



16—9676-2

CG 2500-C
(Rev. 4-49)



RECORD OF SWAIN, DAVID (Full name, surname to the left) 227-049 (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 | | | | |
| Reenlisted | 6-8-50 | | | | | | | | | | LTJG, Bydir CCGD7 |
| | | | | 1300 | 6-8-50 | 2000 | 6-13-50 | ADV-REG | -5 | -5 | LTJG, Bydir CCGD7 |
| ANCR 6-30-50 | 0 | 23 | 2 | | | | | | | -3 | LTJG, Bydir CCGD7 |
| BBF 7-1-50 | | | | | | | | | | -3 | LTJG, Bydir CCGD7 |
| | | | | 0700 | 12-17-50 | 2200 | 12/20/50 | ADV-EMG | 3 | -6 | LTJG, Bydir. CCCGD7 |
| ANCR 6-30-51 | 12 | 0 | 30 | | | | | | | 24 | T.R. DALTON, SCLK Bydir (OCCGD7) |
| BBF 7-1-51 | | | | | | | | | | 24 | T.R. DALTON, SCLK Bydir (OCCGD7) |
| 12/31/51 | 6 | 0 | 15 | | | | | | | 39 | B. B. ODIN, CBOSN CO |

ENTITLED TO CASH COMPENSATION FOR UNUSED ACCRUED LEAVE ON RETIREMENT

B. B. ODIN, CBOSN, CO

1/8/52 Credited cash compensation for 39 days unused leave accrued at time of retirement in amount $400.92

B.M. BARNETT, ACO, 1377

## 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— | Reason | Months | Days | Signature and Unit |
|---|---|---|---|---|---|
| NONE | | | | | |



16—9676-8

RECORD OF _____ _____
(Full name, surname to the left) (Service number)

## 10. TRIALS BY COURTS MARTIAL

| Unit | REMARKS.—Date and kind of court, charges and specifications, findings and sentence, date and action of convening and reviewing authorities, and date of publication of sentence. |
|---|---|
| | |

## 11. DEDUCTIBLE TIME

*(Includes AOL, AWOL, AOM, Confinement awaiting trial by a Coast Guard Court resulting in conviction and Sentence of Confinement by a Coast Guard Court.) (Under TIME LOST show months and days lost for purposes of longevity credit and actual days to be retained in service beyond the normal date of expiration of enlistment to complete enlistment.)*

| Period | | Reason (AOL, AOM, etc.) | Time Lost | | | Signature and Unit |
|---|---|---|---|---|---|---|
| From— | To— | | Longevity | | Enlistment | |
| (Inclusive dates) | | | Months | Days | Days | |
| | | | | | | |

## 12. ON DESERTION

| Unit | Date | Remarks | Signature |
|---|---|---|---|
| | | | |

## 13. DEATH

| Unit | Date | Cause | Place of burial | Disposition of effects | Was death in line of duty? | Signature |
|---|---|---|---|---|---|---|
| | | | | | | |

## 14. RETIREMENT

| Unit | Date | Cause | Authority | Signature |
|---|---|---|---|---|
| Ponce de Leon LBS, New Smyrna Beach, Fla (CAPE CANAVERAL LS) | 12/31/51 | 30-yrs service | H/L 11/16/51 AUTH:515068 | B B Odin B. B. ODIN, CBOSN,USCG, CO. |



16—9076-3 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-10104 (Rev. 12-48)

# PAY ADJUSTMENT VOUCHER

8588

Date: 16 October 1951

| FILE OR SERVICE NO. | SURNAME | FIRST NAME | MIDDLE INITIAL |
|---|---|---|---|
| 227 049 | SWAIN | DAVID | - |

| DESIGNATION | PAY GROUP NUMBER |
|---|---|
| BM1 | 85 |

TO: Commanding Officer Commander of 7th CG District (f)

Deliver this voucher to the authorized certifying officer having custody of pay records of your ship or station.

If the above named individual has been transferred, forward this voucher to the commanding officer of the unit to which transferred.

TO: AUTHORIZED CERTIFYING OFFICER

You are authorized and directed* to make the following (CREDIT ☐ CHECKAGE ☒) in the pay account of the above named individual. Your entry in the pay account should show:

| AMOUNT | APPROPRIATION | PERIOD |
|---|---|---|
| $44.10 | 20X1201.001 | 7/1 - 12/31/49 |

NAME OF ACCOUNTABLE OFFICER

DISPOSITION: File original with your return. File triplicate in the individual's service record, and return signed duplicate to Commandant (FA-PR), Coast Guard Headquarters, Washington 25, D. C.

Reason

GAO Informal Exception No. 3050

Credited pay as BM1(22) from 10/1 to 12/31/49, 3 months at $264.60 in the amount of - - - - - - - - - - - - - - - - $793.80

Should have been credited pay, same period, at $249.90 - 749.70

Overcredited - - - - - - - - - - $ 44.10

Correct rate of pay BM1(22) - $249.90. Member was correctly credited pay on subsequent pay records.

Overcredit occurred on pay record closed to 31 December 1949.

D. B. SOLLENBERGER
By direction

NR

* The directive herein made is based on a thorough examination of all records available to HEADQUARTERS. If the authorized certifying officer has knowledge that a previous adjustment has been made for the same item, this voucher should be returned to Commandant (FA-PR) with a brief statement of the reason for failure to make the adjustment.

| SHIP OR STATION | DATE |
|---|---|
| O-Comdr., 7th CG District, Miami, Florida | 22 October, 1951 |

Adjustment has been made as requested and copy has been returned.

NAME AND SIGNATURE - OFFICER MAKING ADJUSTMENT

D. D. MURPHY, LCDR., USCG Authorized certifying officer

If checkage is for credit to other than current appropriation, complete the following:

NO D/D ISSUED, CHECKAGE CURRENT APPROPRIATION

Schedule of Collections _____, Dated _____

C/D No. _____, Dated _____, Symbol _____

Accounts of Paul D. Banning, CDO, for Month of _____

B 8166 TREASURY-CGHQ-WASH.,D.C.

d
4 October, 1950
670

From: Commander, 7th CG District
To: SWAIN, David (227-049) BM1, USCG

Subj: Good conduct awards

1. It is a pleasure to award you the inclosed Good Conduct Medal and two Bars for your nine-year period of meritorious enlisted service in the United States Coast Guard ending 3 June, 1944, while attached to Captain of the Port Office, New Smyrna, Florida; 3 June, 1947, while attached to Office of the Commander, 7th Coast Guard District, Miami, Florida; and 7 June, 1950, while attached to Cape Canaveral Light Station, Canaveral, Florida.

2. You are congratulated on this well-deserved recognition of your exemplary conduct and efficient service during the nine-year period.

G. E. McCABE

CC: Service Record
HQ

Incls:
1 Good Conduct Medal
2 Good Conduct Bars

Ind.-1
Cape Canaveral Light Station
Canaveral, Florida

12 October, 1950

1. Receipt of above subject awards is acknowledged herewith.

David Swain

David Swain BM1

# 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 |
|---|---|---|---|
| SWAIN, David (n) | BM2 | | ☐ 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*)

Mary Etta Swain — Wife

ADDRESS (*Number, street, city, zone, and State*)

Cape Canaveral Light Station, Canaveral, Florida

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*)

Mary Etta Swain (44 yrs.) — Cape Canaveral Light Station Canaveral, Florida

| 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 |
|---|---|---|---|---|---|---|
| Betty Jean Swain | Cape Canaveral Light Sta. Canaveral, Florida | | x | | x | 16 yrs |
| Cary Loise Swain | Cape Canaveral Light Sta. Canaveral, Florida | | x | | x | 23 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*)

Deceased

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

Lillie Lewis — Sister

ADDRESS (*Number, street, city, zone, and State*)

Fountain, Florida

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

Mary Etta Swain — Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

Cape Canaveral Light Station, Canaveral, Florida — 95 % OF MY PAY.

MILITARY ADDRESS — DATE SIGNED — SIGNATURE OF DESIGNATOR

U.S. Coast Guard
Cape Canaveral Light Station
Canaveral, Florida

1 Sept. 1950

David Swain BM1

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

## INSTRUCTIONS

1. This form will be accomplished and maintained current by all officer and enlisted personnel of the armed forces.
2. Disposition of signed copies will be as follows:

| | | |
|---|---|---|
| Army | Original | To The Adjutant General, Wash. 25, D. C., ATTN: AGPI. |
| | Duplicate | File in service record or field 201 file. |
| Air Force | Original | To Headquarters USAF, Air Adjutant General, Wash 25, D. C. |
| | Duplicate | File in service record or field personnel record (201) file. |
| Navy | Original | To BuPers, Wash. 25, D. C., ATTN: Casualty Section. |
| | Duplicate | (*Same as original.*) |
| | Triplicate | File in service record or officer's qualification jacket at duty station. |
| Marine Corps | Original | File in service record book (*page 15*) or in officer's qualification record. |
| | Duplicate | To CMC, Wash. 25, D. C. |
| Coast Guard | Original | To Commandant (P), USCG Hq., Wash. 25, D. C. |
| | Duplicate | Place with individual service record. |

3. This form will be accomplished upon initial entry into the service, upon reenlistment, and/or when a change in status occurs which affects information contained in Items 1, 2, 5, 6, or 10 of this form. The individual may file a revised form at any other time that he desires.
4. For the purpose of Items 10 and 11 of this form, fathers, mothers, brothers, and sisters are automatically considered dependent relatives. If other relatives are listed, they must be related to the designator by blood or marriage and be able to prove dependency at time of death of designator.
5. With the exception of Item 6, only names of *LIVING* individuals will be entered on this form.

*(Continuation of Item 7)*

| CHILDREN<br>FIRST NAME—MIDDLE NAME—LAST NAME | ADDRESS<br>(*Number, street, city, zone, and State*) | CHECK ONE<br>MARRIED | CHECK ONE<br>SINGLE | SEX<br>M | SEX<br>F | AGE |
|---|---|---|---|---|---|---|
| Jacqueline Ponce | Davies Shores,<br>St. Augustine, Florida | x | | | x | 27 yrs |

*(Continuation of Item 12)*

| FULL NAME OF COMPANY | ADDRESS OF HOME OFFICE | POLICY NO. |
|---|---|---|
| | | |

REMARKS:

16—61480-1 U. S. GOVERNMENT PRINTING OFFICE: 1950—O-873269

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

District Office, 7th CG District (Unit) — Miami, Florida (Place)

8 June, 1950 (Date)

FROM: SWAIN, David (n) (227-049) BM1, USCG

TO: COMMANDANT (via Commander, 7th 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:

| | |
|---|---|
| Mary Etta Swain (Full name of wife; if not married, so state) | Canaveral, Florida (Address of wife) |
| Betty Jean Swain (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 8th day of June, 1950

H. J. LEBLANC
(Signature)

LTJG, USCG
(Rank or title)

David Swain
(Signature)

BM1
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

UNITED STATES COAST GUARD

SEP 14 3 37 PM '50

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

12 September, 1950
FILE: PE-3, MM

From: Commandant
To: Commander, 7th CG District (p)

Subj: SWAIN, David (227-049) BM1; statement of service

1. Your letter of 8-30-50 states that Form 2668 dated 6-4-41 indicates that subject man served 19 years, 5 months and 22 days in the Lighthouse Service whereas Headquarters statement of service dated 7-27-48 shows only 14 years, 6 months and 11 days.

2. Headquarters statement is correct as his Lighthouse service which is creditable for increases in basic pay commenced on 11-23-26. His service prior to that date (4 years, 11 months and 11 days) was civilian service in the War Department and although such service was creditable towards retirement under the provisions of the Lighthouse Retirement Act, it is not creditable for the purpose of computing service for pay as the Act of 24 June, 1948 (Public Law 761, 80th Congress) authorizes longevity credit only for service in the Lighthouse Service.

3. He is entitled to 14 years, 6 months and 11 days Lighthouse service for pay purposes and 19 years, 5 months and 22 days for retirement purposes.

B. A. Shaw

B. A. SHAW
By direction

19-5-22
9-0-4
28-5-26

20-6-11
3-3-11
4-11-11
27-20-33
28-9-

52-9-14
47-6-3
3-3-11

12 September, 1950
PE-3, MM

From: Commandant
To: Commander, 7th CG District (p)

Subj: SWAIN, David (227-049) BM1; statement of service

1. Your letter of 8-30-50 states that Form 2668 dated 6-4-41 indicates that subject man served 19 years, 5 months and 22 days in the Lighthouse Service whereas Headquarters statement of service dated 7-27-48 shows only 14 years, 6 months and 11 days.

2. Headquarters statement is correct as his Lighthouse service which is creditable for increases in basic pay commenced on 11-23-26. His service prior to that date (4 years, 11 months and 11 days) was civilian service in the War Department and although such service was creditable towards retirement under the provisions of the Lighthouse Retirement Act, it is not creditable for the purpose of computing service for pay as the Act of 24 June, 1948 (Public Law 761, 80th Congress) authorizes longevity credit only for service in the Lighthouse Service.

3. He is entitled to 14 years, 6 months and 11 days Lighthouse service for pay purposes and 19 years, 5 months and 22 days for retirement purposes.

B. A. SHAW
By direction

CG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

# STATEMENT OF CREDITABLE SERVICE

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-5)
REFER TO FILE: CG-73

UNITED STATES COAST GUARD HEADQUARTERS

~~OFFICERS~~

27 July, 1948

To: Commanding Officer, Cape Canaveral Light Station
VIA: Commander, 7th Coast Guard District (pmp)
Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 3 June, 1947 of SWAIN, David (227-049) BM1, USCG.

| Entered Service | Service Terminated | Absent Without Leave (Inclusive dates) | | Absent Due to Own Misconduct (Inclusive dates) | | Nonperformance of Duty Because of (Inclusive dates) | |
|---|---|---|---|---|---|---|---|
| | | From— | To— | From— | To— | From— | To— |
| 6-4-41 | | NONE | | NONE | | NONE | |
| Enl. Ext. 3 Years | from | | | | | | |
| 6-4-44 | 6-3-47 H D | NONE | | NONE | | NONE | |
| 6-4-47 | | | | | | | |
| Now serving | | | | | | | |

| | Yr. | Mo. | Days |
|---|---|---|---|
| Coast Guard Service | 6 | 0 | 0 |
| Navy service | | | |
| Lighthouse service | 14 | 6 | 11 |
| Total | 20 | 6 | 11 |

Completed years

B. A. Shaw
B. A. SHAW
By direction

16—66636-2 U. S. GOVERNMENT PRINTING OFFICE

CG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

# STATEMENT OF CREDITABLE SERVICE

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-5)
REFER TO FILE: CG-73

UNITED STATES COAST GUARD HEADQUARTERS

~~OFFICERS~~

27 July, 1948

To: Commanding Officer, Cape Canaveral Light Station
VIA: Commander, 7th Coast Guard District (pmp)
Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 3 June, 1947 of SWAIN, David (227-049) BM1, USCG.

| Entered Service | Service Terminated | Absent Without Leave (Inclusive dates) From— | Absent Without Leave (Inclusive dates) To— | Absent Due to Own Misconduct (Inclusive dates) From— | Absent Due to Own Misconduct (Inclusive dates) To— | Nonperformance of Duty Because of (Inclusive dates) From— | Nonperformance of Duty Because of (Inclusive dates) To— |
|---|---|---|---|---|---|---|---|
| 6-4-41 | | NONE | | NONE | | NONE | |
| Enl. Ext. 3 Years from | | | | | | | |
| 6-4-44 | 6-3-47 H D | NONE | | NONE | | NONE | |
| 6-4-47 | | | | | | | |
| Now serving | | | | | | | |

CERTIFIED TO BE A TRUE COPY

G. I. HOLT

G. I. HOLT, CDR, USCG

| | Yr. | Mo. | Days |
|---|---|---|---|
| Coast Guard Service | 6 | 0 | 0 |
| Navy service | | | |
| Lighthouse service | 14 | 6 | 11 |
| Total | 20 | 6 | 11 |

Completed years

B. A. SHAW
By direction

16—86436-2 U. S. GOVERNMENT PRINTING OFFICE

Address reply to:
Bureau of Naval Personnel
Navy Department
Washington 25, D.C.
Refer to No.

NAVY DEPARTMENT
BUREAU OF NAVAL PERSONNEL
WASHINGTON 25, D.C.

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

Subj: **SWAIN, David (227-049) BM1, USCG**
Statement of service.

Ref: (a) Ltr PE-PR-4,CG-73, dtd **27 July, 1948**

1. The following is a statement of service of the subject-named man

| ENLISTED | DISCHARGED | TIME LOST (AWOL, SICK, NPDI) AS SPECIFIED | | OTHER TIME NOT CREDITABLE FOR LONGEVITY | REMARKS |
|---|---|---|---|---|---|
| | | FROM | TO | | |
| **6-4-41** | | | **NONE** | **NONE** | |
| **Enl. Ext.** | **3 Years from** | | | | |
| **6-4-44** | **6-3-47 HD** | | **NONE** | **NONE** | |
| **6-4-47** | | | | | |
| **Now serving** | | | | | |

By direction of Chief of Naval Personnel

| | | | |
|---|---|---|---|
| **Coast Guard Service** | **6 yrs.** | **0 mos.** | **0 days** |
| **Lighthouse Service** | **14 yrs.** | **6 mos.** | **11 days** |
| **Total** | **20 yrs.** | **6 mos.** | **11 days** |

**B. A. SHAW**
**By direction**

CERTIFIED TO BE A TRUE COPY

H. J. LEBLANC
By direction

Address reply to:
Bureau of Naval Personnel
Navy Department
Washington 25, D.C.
Refer to No.

NAVY DEPARTMENT
BUREAU OF NAVAL PERSONNEL
WASHINGTON 25, D.C.

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

Subj: **SWAIN, David (227-049) BM1, USCG**
Statement of service.

Ref: (a) Ltr PE-PR-4,CG-73, dtd **27 July, 1948**

1. The following is a statement of service of the subject-named man

| ENLISTED | DI CHARGED | TIME LOST (AWOL, SNCC, UNDI) AS SPECIFIED) | | OTHER TIME NOT CREDITABLE FOR LONGEVITY | REMARKS |
|---|---|---|---|---|---|
| | | FROM | TO | | |
| 6-4-41 | | | NONE | NONE | |
| Enl. Ext. 3 Years from | | | | | |
| 6-4-44 | 6-3-47 HD | | NONE | NONE | |
| 6-4-47 | | | | | |
| Now serving | | | | | |

By direction of Chief of Naval Personnel

| | | | |
|---|---|---|---|
| **Coast Guard Service** | **6 yrs.** | **0 mos.** | **0 days** |
| **Lighthouse Service** | **14 yrs.** | **6 mos.** | **11 days** |
| **Total** | **20 yrs.** | **6 mos.** | **11 days** |

**B. A. SHAW**
**By direction**

CERTIFIED TO BE A TRUE COPY

**H. J. LEBLANC**
**By direction**

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Cape Canaveral Light Station
Canaveral, Florida
REFER TO FILE

OFFICE OF COMMANDER
AUG 28 10 05 AM '50
7TH CG DISTRICT, MIAMI, FLA.

25 August, 1950

From: SWAIN, David (227-049) BM1

To: Comdr. 7th CG District(p)

Subj: Evidence of creditable service; forwarding of

1. Enclosed herewith find two(2) photostatic copies of Form No. 2668 "Report Of Change In Pay Status" showing amount of creditable service given me under the Lighthouse Retirement Act prior to my enlistment in the Coast Guard.

2. In veiw of the evidence submitted it is requested that my records be altered accordingly.

David Swain BM1
Officer in charge

22 49

Form No. 2668
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. 4[illegible]
Pay No. 4[illegible]

# REPORT OF CHANGE IN PAY STATUS

| [redacted] | David | - | 227-049 | Coxswain |
|---|---|---|---|---|
| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |

| ST. AUGUSTINE LIGHT STATION | St. Augustine, Florida. | 4 June, 1941. |
|---|---|---|
| (Unit) | (Place) | (Date) |

From: [redacted] Commander, Jacksonville District.
To: PAY OFFICER. - Jax District.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Enlisted, this date, for a period of three (3) years, in regular establishment as Coxswain.

PAY: St. Augustine, Florida. - [redacted]

Not entitled to enlistment allowance.

Entitled to clothing bounty in amount of $112.75.

Former Lighthouse Service position held: 1st Assistant Keeper - Rate of pay: $1200.00 per annum

Creditable service under lighthouse retirement acts: 19 years, 5 months, 22 days.

AUTHORITY: Hdqrts 3rd indorsement on Form 2525B, 20 May, 1941.

Pay determined by "Saving Clause" - Section 7, Act of August 5, 1939. Last paid on voucher No. _____ account of C. F. Allen, C.D.O. 101-108, _____, 1941, at annual rate of $1200.00 per annum.

H. G. RICKETTS,
(Commanding)

Chief of Staff.
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

JUN 5 1941
(Date)

L. D. YOUNG,
(Pay officer)
Pay Clerk, U.S.C.G.

U. S. GOVERNMENT PRINTING OFFICE © 10930

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 |
|---|---|---|---|
| SWAIN, David (n) | 227-049 | BM1 | USCG |

| 5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL | RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER | 6. EFFECTIVE DATE OF SEPARATION: DAY | MONTH | YEAR | 7. TYPE OF SEPARATION |
|---|---|---|---|---|---|
| | | 7 | June | 1950 | Discharged |

| 8. REASON AND AUTHORITY FOR SEPARATION | 9. PLACE OF SEPARATION |
|---|---|
| CG Regulations Art. 589 (1) | Miami, Florida |

| 10. DATE OF BIRTH: DAY | MONTH | YEAR | 11. PLACE OF BIRTH (City and State) | 12. DESCRIPTION: SEX | RACE | COLOR HAIR | COLOR EYES | HEIGHT | WEIGHT |
|---|---|---|---|---|---|---|---|---|---|
| 20 | 12 | 1895 | Brunswick County, N. C. | MALE | WHITE | BROWN | BLUE | 5' 8½" | 149 |

## SELECTIVE SERVICE DATA

| 13. REGISTERED: YES | NO | 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 | 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: 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) |
|---|---|---|---|---|
| 4 | June | 1947 | Miami, Florida | Canaveral, Florida |

| STATEMENT OF SERVICE FOR PAY PURPOSES | A. YEARS | B. MONTHS | C. DAYS |
|---|---|---|---|
| 21. NET (Coast Guard) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD | 06 | 00 | 00 |
| 22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD | 03 | 00 | 04 |
| 23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES | 14 | 06 | 11 |
| 24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES | 23 | 06 | 15 |

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

26. FOREIGN AND/OR SEA SERVICE: YEARS | MONTHS | DAYS

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NONE

| 28. MOST SIGNIFICANT DUTY ASSIGNMENT | 29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) |
|---|---|
| Cape Canaveral Light Station | NONE |

| 30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED | DATES (From-To) | MAJOR COURSE | 31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED |
|---|---|---|---|
| NONE | NONE | NONE | NONE |

PERIOD OF SERVICE (unless otherwise indicated) — APPLY TO ALL

## 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 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 |
|---|---|---|---|
| NSI | | | |

| 35. TOTAL PAYMENT UPON SEPARATION | 36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT | 37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER |
|---|---|---|
| $967.60 | $10.80 | B.M. BARNETT, CPO&K, USCG |

## AUTHENTICATION

38. REMARKS (Continue on reverse): Recommended for reenlistment

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: H. J. LEBLANC, Chief Military Personnel Div.

NAME, GRADE AND TITLE (Type): By direction, Commander, 7th CG District

## PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: | CLAIM NUMBER

| 41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM | TO | 42. MAIN CIVILIAN OCCUPATION | 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER |
|---|---|---|---|
| | | | |

| 44. UNITED STATES CITIZEN | 45. MARITAL STATUS | 46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR | HIGH SCHOOL | COLLEGE | DEGREE(S) | MAJOR COURSE OR FIELD |
|---|---|---|---|---|---|---|
| [X] YES [ ] NO | Married | | | | | |

| 47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State) | 48. SIGNATURE OF PERSON BEING SEPARATED |
|---|---|
| Canaveral, Florida | David Swain |

DD FORM 1 JAN 50 214

RECORD COPY (ARMY & AIR FORCE: ATTACH TO MR FOR DAY ON WHICH SEPARATION ACTUALLY OCCURS
NAVY: TO DISTRICT CIVIL READJUSTMENT OFFICE
MARINE CORPS: TO VETERAN CONTACT SERVICE OF RESERVE DISTRICT INDICATED IN ITEM 47
COAST GUARD: TO DISTRICT PERSONNEL OFFICER OF UNIT EFFECTING SEPARATION

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Cape Canaveral Light Station
Canaveral, Florida
REFER TO FILE

DIST. COAST GUARD OFFICE
7TH NAVAL DIST. MIAMI, FLA.
JAN 31 10 41 AM '49

28 January, 1949

To: Comdr. 7th CG District (p)

From: SWAIN, David (227-049)BM1

Subj: BMC rating; information concerning; request for

1. In March of 1946 I successfully passed the BMC examination. I wish to know whether or not I was ever recommended for advancement to BMC and/or if my name was put on the elegibility list. If my name is not on the elegibility list, will I be required to take another examination in order to be placed on the list, or will the original examination qualify me?

David Swain

David Swain BM1
Officer in charge

Reply to Ltr. dtd

# The United States Coast Guard Institute

This is to Certify that David Swain, BMlc USCG

has creditably completed the Chief Boatswain's Mate

Course with a grade of Ninety per cent

Awarded this 5th day of October 1945

J. D. Farrington

J. D. Farrington, Lieut. Comdr., USCG, Director

TERMINATION OF SERVICE - U.S. COAST GUARD - CG-2930-C (Supplement)(11-47)

| Name | Service No. | Rating |
|---|---|---|
| Unit SWAIN, David (n) | 227-049 | BM1 |
| District Office, 7th CG District | Location: Miami, Florida | Date reported: 7 June, 1950 |

| FINAL AVERAGE EFFICIENCY MARKS | Proficiency in rating | Conduct |
|---|---|---|
| | 3.63 | 4.0 |

| DEDUCTIBLE TIME WHILE ATTACHED | None | Entered in absence from duty article of record |
|---|---|---|
| | X | |

| DISPOSITION OF IDENTIFICATION CREDENTIALS | Surrendered | Not Surrendered (Explanation below) |
|---|---|---|
| | | X |

## STATEMENTS OF DISCHARGEE

Explanation of non-surrender of identification credentials

Reenlisting following day

Place to which travel allowance is elected

Canaveral, Florida

Receipt of the following is acknowledged

- [ ] Honorable Discharge Button
- [ ] Honorable Service Button
- [ ] Honorable Service Emblems
- [ ] Satisfactory Service Card No.
- [ ] Information relative to rights and benefits as a veteran

DD-214
DD-217

Address subsequent to discharge

Canaveral, Florida

Signature of dischargee

David Swain

David Swain

Remarks

Recommended for reenlistment

## DISCHARGE

| Date | Type of discharge |
|---|---|
| 7 June, 1950 | Honorable |

Reason: Expiration of Enlistment

Authority: Art. 589 (1) CG Regulations

### MUSTERING OUT PAY

| Entitled | Not entitled |
|---|---|
| | X |

| Amount paid | Voucher No. | Check No. |
|---|---|---|
| | | |

### TRAVEL ALLOWANCE AND PAY

| Paid TA from | To |
|---|---|
| Miami, Fla. | Canaveral, Fla. |

| Total TA | Total TA & pay (in full to date of discharge) |
|---|---|
| $10.80 | $987.60 |
| Check No. | Name of Pay Officer: B.M. BARNETT, CPCLK, USCG |

### CREDITABLE SERVICE THIS ENLISTMENT

| Years | Months | Days |
|---|---|---|
| 03 | 00 | 04 |

### REENLISTMENT RECOMMENDATION

| Recommended | Not Recommended |
|---|---|
| X | |

Certified to be correct upon termination of service

H. J. LEBLANC
Chief Military Personnel Div.
By direction
Commander, 7th CG District
Commanding Officer

N. C. G.-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

# STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

District Office, 7th CG District (Unit)

SWAIN, David (n) (Name in full—surname to the left) 7 June, 1950 (Date)

227-049 (Service number) BM1 (Rating on discharge)

| | Year | Month | Day |
|---|---|---|---|
| Date of last enlistment (for 3 years) | 1947 | 6 | 4 |
| Enlistment extended (for ..... years from) | 1950 | 6 | 4 |
| Date of discharge (Honorable (Character of discharge)) | 1950 | 6 | 7 |

| NUMBER OF— | Years | Months | Days |
|---|---|---|---|
| Total time of last enlistment period | 03 | 00 | 04 |

**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 | | |

6-8-50 Pd. $360.00 Reen. Bonus.

No previous enlistment allowance paid. B.M. BARNETT

Total Absence (00 days)

| | | | |
|---|---|---|---|
| Creditable time served during last enlistment period | 03 | 00 | 04 |

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. Net creditable service including Coast Guard and Lighthouse Service. 23 yrs. 6mos. 15 days.

H. J. LEBLANC

Date 7 June, 1950 (Rank) LTJG, U. S. C. G.

By direction *Commanding officer.*

## REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 8 June, 1950 District Office, 7th CG District, Miami, Fla. (Unit and place)

I CERTIFY that the above-named man Reenlisted (Reenlisted or voluntarily extended his enlistment) for a period of SIX years from this date.

H. J. LEBLANC

(Rank) LTJG, U. S. C. G.

By direction *Commanding officer.*

16—20905-1

SHIP OR STATION _____ DATE _____ 19____

FOR _____

R To: District Personnel Office: Coleman

GM. OR C.C.

6-24-48

Please place in mans' Service Record jacket.
Note USMH rec. for 15 days SL

Corbeil, HMC

NO. | SIGNATURE

(MC) USN

227-049

150

Name Swain, David Age 43 Total service 12 yrs. 6 mo.
(surname first)

Present station St.Augustine LS Present civil grade Keeper Present pay $1200
Allowances
(per annum)

Qualified ? Yes

Disqualified? (give reason)

Grade recommended by board B.M.1c. Pay and allowances

Grade determined by Hdqrs. Pay and allowances
(per annum)

If man is qualified but does not desire induction, state here .

Increase or decrease of military pay and allowances with respect to present pay and allowances:

Increase

Decrease

Jacksonville District.

Service and age based on approx. date of December 31 1939.

NCG-2500
(Rev. June, 1942)

PE-PR-2

# ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD
[redacted] }

ENLISTMENT OF SWAIN, David (n) (Full name, surname to left); 227-049 (Service number); $249.90 (Pay per month)

Accepted for enlistment at District Office, 7th CG District; BM1 (Rating in which enlisted)

Enlisted at District Office, 7th CG District; 8 June 1950 (Date of enlistment)

Transferred to Cape Canaveral Light Station, Cape Canaveral, Florida

Occupation Mariner Citizenship* NB If naturalized, place and date of naturalization - - - - - - - - - Certificate No. .....

Date of birth 20 December, 1895 Place of birth Brunswick County, N. C.

Home address Canaveral, Florida (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Mary Etta Swain - Wife - Cape Canaveral, Florida (Relationship) (Address)

Continuous Service Certificate - - (Number) Previous service { Coast Guard [redacted] } 9 (Years) 0 (Months) 4 (Days)

First enlisted 4 June 1941 (Date) at St. Augustine, Florida (Place) and was last discharged 7 June, 1950 (Date) from District Office, 7th CG District (Unit)

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

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

Previous Army service - - - - - (Years) (Months) (Days) Age 54 years 6 months.

Height 5 feet 8½ inches. Weight 149 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color White

Personal characteristics None marks, etc. .....

Appendectomy scar 3" long; Hernia scar; rt. side, 6" long

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 LTJG H. J. LEBLANC 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 8 June, 1950, 1 / during minority until ....., 1 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

*Third:* I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

*Fourth:* I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

*Fifth:* I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

*Oath of Allegiance:* I, David Swain, 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.

David Swain

David Swain

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 8th day of June, A. D. 1950

H. J. LEBLANC, LTJG, USCG

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

Chief Military Personnel Div.
By direction
Commander, 7th CG District

(Title)

Citizenship substantiated and contract perfected.

H. J. LEBLANC

LTJG, *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

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 of or 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 in connection 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 of 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 associations 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 concerning, or failure fully to disclose (in the absence of an express claim of privilege), any detail of association with, or activities in connection with, any of the organizations, associations, movements, groups, or combinations listed on the attached sheet which I have initialed, or any detail of present or past conduct or associations 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 conditions other than honorable with or without any 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 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 any one or more of the groups named on the attached list, and of 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 16 day June, 1950.

David Swain

"David Swain BM1"

STANDARDS ESTABLISHING GROUNDS FOR SEPARATION OF PERSONNEL OF ANY COMPONENT OF THE COAST GUARD AND REJECTION OF PERSONS SEEKING ENLISTMENT OR APPOINTMENT IN ANY COMPONENT OF THE COAST GUARD, INCLUDING, BUT NOT LIMITED TO, ANY ONE OF THE FOLLOWING:

a. Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic association with or voluntary assistance to persons whom the subject of the investigation has reasonable cause to believe may be spies or saboteurs.

b. Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

c. Advocacy of revolution or by force or violence to alter the existing constitutional form of government of the United States, advocacy of revolution or by force or violence to bring about economic, political, or social change.

d. Intentional unauthorized disclosure to any person, under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

e. Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

f. Membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons,

(1) Which practices, seeks to practice, or advocates:

(a) Denial, by force, violence, or intimidation, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State governments.

(b) Alteration, through or with the aid of force, violence, or intimidation, of the existing form of government of the United States or territory subject to its jurisdiction or of the existing economic, social or political order within it.

(2) Which (regardless of practice, advocacy, or nonadvocacy of any of the tenets set forth in (1) (a) and (b) above) is disclosed by investigation or designated by the Attorney General to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

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 Nipponjin Kai)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (Military Virtue 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 American Military Conscripts Association)
Hinode Kai (Imperial Japanese Reservists)
Hinomaru Kai (Rising Sun Flag Society--a group of Japanese War Veterans)
Hokubei Zaigo Skoke Dan (North American Reserve Officers Association)
Japanese Association of America
Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (Recruiting Organization)
Jikyoku Iin 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 (Reichsdeutsche 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 Naz ionale Conbattenti Italiani, Federazione degli Stati Uniti d'America)
Friends of the New Germany (Freunde des Neuen Deutschlands)
German-American Bund (Amerikadeutscher Volksbund)
German-American Republican League
German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)
Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund), Kyffhaeuser Fellowship (Kyffhaeuser-Kameradschaft)
Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk)
Lictor Society (Italian Black Shirts)
Mario Morgantini Circle
National Blue Star Mothers of America
Na tionalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Illinois
Action Committee to Free Spain Now
American League Against War and Fascism
American Association for Reconstruction in Yugoslavia, Inc.
American Committee for 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 Croatian Congress
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
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, California
Central Council of American Women of Croatian Descent, aka Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to 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 Republica 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
Council for Pan-American Democracy
Dennis 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 People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for 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
People's Educational Association
People's 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-Darcy 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 of Social Science, Philadelphia, Pennsylvania
Tom Paine School of Westchester, New York
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
United May Day Committee
United Negro and Allied Veterans of America
United Spanish Aidd Committee
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, New Jersey
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, Including Socialist Youth League **
Young Communist League

Subversive:

Communist Party, U.S.A.
Communist Political Association
German-American Bund
Socialist Workers Party
Workers Party **
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence 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 unconstitutional means":

Communist Party, U.S.A.
Communist Political Association
Industrial Workers of the World
Nationalist Party of Puerto Rico
Socialist Workers Party
Workers Party **
Young Communist League

** Name change to "Independent Socialist League" announced by organization in April, 1949. Similar designation under the new name, "Independent Socialist League," announced by Attorney General under date of 26 September, 1949.

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

District Office, 7th CG District (Unit) — Miami, Florida (Place)

8 June, 1950 (Date)

FROM: SWAIN, David (n) (227-049) BM1, USCG

TO: COMMANDANT (via Commander, 7th 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:

| | |
|---|---|
| Mary Etta Swain (Full name of wife; if not married, so state) | Canaveral, Florida (Address of wife) |
| Betty Jean Swain (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 8th day of June, 1950

H. J. LEBLANC (Signature)

LTJG, USCG (Rank or title)

David Swain (Signature)

BM1 (Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

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| Betty Jean Swain (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) |

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(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 8th day of June, 1950

H. J. LEBLANC (Signature)

Lt.JG, USCG (Rank or title)

David Swain (Signature)

BM1 (Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

TERMINATION OF SERVICE - U.S. COAST GUARD NAVCG-ECO-C (Supplement)(11-47)

PE-PR-2

| Name | Service No. | Rating |
|---|---|---|
| SWAIN, David (n) | 227-049 | BM1 |
| **Unit** | **Location** | **Date reported** |
| District Office, 7th CG District | Miami, Florida | 7 June, 1950 |

| FINAL AVERAGE EFFICIENCY MARKS | Proficiency in rating | Conduct |
|---|---|---|
| | 3.63 | 4.0 |

| DEDUCTIBLE TIME WHILE ATTACHED | None | Entered in absence from duty article of record |
|---|---|---|
| | X | |

| DISPOSITION OF IDENTIFICATION CREDENTIALS | Surrendered | Not Surrendered (Explanation below) |
|---|---|---|
| | | X |

## STATEMENTS OF DISCHARGEE

Explanation of non-surrender of identification credentials

Reenlisting following day

Place to which travel allowance is elected

Canaveral, Florida

Receipt of the following is acknowledged

- [ ] Honorable Discharge Button
- [ ] Honorable Service Button
- [ ] Honorable Service Emblems
- [ ] Satisfactory Service Card No.
- [ ] Information relative to rights and benefits as a veteran

DD-214
DD-217

Address subsequent to discharge

Canaveral, Florida

Signature of dischargee

David Swain

Remarks

Recommended for reenlistment

## DISCHARGE

| Date | Type of discharge |
|---|---|
| 7 June, 1950 | Honorable |

Reason

Expiration of Enlistment

Authority

Art. 589 (1) CG Regulations

### MUSTERING OUT PAY

| Entitled | Not entitled |
|---|---|
| | X |

| Amount paid | Voucher No. | Check No. |
|---|---|---|
| | | |

### TRAVEL ALLOWANCE AND PAY

| Paid TA from | To |
|---|---|
| Miami, Fla. | Canaveral, Fla. |

| Total TA | Total TA & pay (in full to date of discharge) |
|---|---|
| $10.80 | $987.60 |

| Check No. | Name of Pay Officer |
|---|---|
| | B.M. BARNETT, CPCLK, USCG |

### CREDITABLE SERVICE THIS ENLISTMENT

| Years | Months | Days |
|---|---|---|
| 03 | 00 | 04 |

### REENLISTMENT RECOMMENDATION

| Recommended | Not Recommended |
|---|---|
| X | |

Certified to be correct upon termination of service

H. J. LEBLANC
Chief Military Personnel Div.
By direction
Commander, 7th CG District

Commanding Officer

TERMINATION OF SERVICE - U. S. COAST GUARD NAVCG 3500-C (Supplement)(11-47)

| Name | Service No. | Rating |
|---|---|---|
| Unit SWAIN, David (n) | 227-0[illegible]9 | BM1 |
| District Office, 7th CG District | Location: Miami, Florida | Date reported: 7 June, 1950 |

| FINAL AVERAGE EFFICIENCY MARKS | Proficiency in rating | Conduct |
|---|---|---|
| | 3.63 | 4.0 |

| DEDUCTIBLE TIME WHILE ATTACHED | None | Entered in absence from duty article of record |
|---|---|---|
| | X | |

| DISPOSITION OF IDENTIFICATION CREDENTIALS | Surrendered | Not Surrendered (Explanation below) |
|---|---|---|
| | | X |

## STATEMENTS OF DISCHARGEE

Explanation of non-surrender of identification credentials

Reenlisting following day

Place to which travel allowance is elected

Canaveral, Florida

Receipt of the following is acknowledged

- [ ] Honorable Discharge Button
- [ ] Honorable Service Button
- [ ] Honorable Service Emblems
- [ ] Satisfactory Service Card No.
- [ ] Information relative to rights and benefits as a veteran

DD-214
DD-217

Address subsequent to discharge

Canaveral, Florida

Signature of dischargee

David Swain

Remarks

Recommended for reenlistment

## DISCHARGE

| Date | Type of discharge |
|---|---|
| 7 June, 1950 | Honorable |

Reason: Expiration of Enlistment

Authority: Art. 589 (1) CG Regulations

### MUSTERING OUT PAY

| Entitled | Not entitled |
|---|---|
| | X |

| Amount paid | Voucher No. | Check No. |
|---|---|---|
| | | |

### TRAVEL ALLOWANCE AND PAY

| Paid TA from | To |
|---|---|
| Miami, Fla. | Canaveral, Fla. |

| Total TA | Total TA & pay (in full to date of discharge) |
|---|---|
| $10.80 | $987.60 |
| Check No. | Name of Pay Officer |
| | R.M. BARNETT, CPCLK, USCG |

### CREDITABLE SERVICE THIS ENLISTMENT

| Years | Months | Days |
|---|---|---|
| 03 | 00 | 04 |

### REENLISTMENT RECOMMENDATION

| Recommended | Not Recommended |
|---|---|
| X | |

Certified to be correct upon termination of service

H. J. LEBLANC
Chief Military Personnel Div.
By direction
Commander, 7th CG District

Commanding Officer

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 |
|---|---|---|---|
| SWAIN, David (n) | 227-049 | BM1 | USCG |

| 5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL | RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER | 6. EFFECTIVE DATE OF SEPARATION: DAY | MONTH | YEAR | 7. TYPE OF SEPARATION |
|---|---|---|---|---|---|
| | | 7 | June | 1950 | Discharged |

| 8. REASON AND AUTHORITY FOR SEPARATION | 9. PLACE OF SEPARATION |
|---|---|
| CG Regulations Art. 589 (1) | Miami, Florida |

| 10. DATE OF BIRTH: DAY | MONTH | YEAR | 11. PLACE OF BIRTH (City and State) | 12. DESCRIPTION: SEX | RACE | COLOR HAIR | COLOR EYES | HEIGHT | WEIGHT |
|---|---|---|---|---|---|---|---|---|---|
| 20 | 12 | 1895 | Brunswick County, N. C. | MALE | WHITE | BROWN | BLUE | 5' 8½" | 149 |

## SELECTIVE SERVICE DATA

| 13. REGISTERED: YES | NO | 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 | 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: 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) |
|---|---|---|---|---|
| 4 | June | 1947 | Miami, Florida | Canaveral, Florida |

| STATEMENT OF SERVICE FOR PAY PURPOSES | A. YEARS | B. MONTHS | C. DAYS |
|---|---|---|---|
| 21. NET (Coast Guard) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD | 06 | 00 | 00 |
| 22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD | 03 | 00 | 04 |
| 23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES | 14 | 06 | 11 |
| 24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES | 23 | 06 | 15 |

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

26. FOREIGN AND/OR SEA SERVICE: YEARS | MONTHS | DAYS

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NONE

28. MOST SIGNIFICANT DUTY ASSIGNMENT: Cape Canaveral Light Station

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 | DATES (From-To) | MAJOR COURSE | 31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED |
|---|---|---|---|
| NONE | NONE | NONE | 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 NUMBERS IF KNOWN.

| 32. KIND OF INSURANCE (amount and premium due each month): N.S.L.I. | U.S.G.L.I. | 33. MONTH ALLOTMENT DISCONTINUED | 34. MONTH NEXT PREMIUM DUE |
|---|---|---|---|
| NSI | | | |

| 35. TOTAL PAYMENT UPON SEPARATION | 36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT | 37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER |
|---|---|---|
| $987.60 | $10.80 | B.M. BARNETT, CPSLK) USCG |

## AUTHENTICATION

38. REMARKS (Continue on reverse): Recommended for reenlistment

39. SIGNATURE OF PERSON AUTHORIZED TO SIGN: H. J. LEBLANC

NAME, GRADE AND TITLE (Typed): Chief Military Personnel Div.
By direction
Commander, 7th CG District

## PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. | CLAIM NUMBER

| 41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM | TO | 42. MAIN CIVILIAN OCCUPATION | 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER |
|---|---|---|---|
| | | | |

| 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 |
|---|---|---|---|---|---|---|---|
| X | | Married | | | | | |

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

48. SIGNATURE OF PERSON BEING SEPARATED: David Swain
David Swain

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD.
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C.
MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK.
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.)

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

No._____

| SURNAME, FIRST NAME, INITIAL | SERVICE No. | PRESENT RANK OR RATING |
|---|---|---|
| SWAIN, David (n) | 227-049 | BM1 |
| **MAJOR UNIT NAME** | **MINOR UNIT NAME** | **LOCATION** |
| District Office, 7th CG District | | Miami, Florida |
| **MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT** | **MINOR UNIT ITEM No.** | **DATE** |
| 07-02000 | | 7 June, 1950 |

TIME 0950
DATE 7 June, 1950

REPORTED FROM: USMH, Savannah, Georgia
FOR TD

DUTY CODE NO.

AUTH: USMH, Savannah, Ga. dated 6 June, 1950

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

Enlistment extended from 4 June, 1950 to 7 June, 1950 for medical purposes. Auth: CG Regulations Art. 591 (3)

Discharged this date and place from Regular Establishment, USCG in accordance with CG Regulations Art. 589 (1) as BM1. Reenlisting following day.

DUTY CODE NO.

AUTH:

H. J. LEBLANC, LTJG, 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—40385-2

SWAIN, David (n) 227-049 BM1

District Office, 7th CG District Miami, Florida

07-02000 7 June, 1950

0950
7 June, 1950 TD USMH, Savannah, Georgia

USMH, Savannah, Ga. dated 6 June, 1950

Enlistment extended from 4 June, 1950 to 7 June, 1950 for medical purposes.
Auth: CG Regulations Art. 591 (3)

Discharged this date and place from Regular Establishment, USCG in accordance with CG Regulations Art. 589 (1) as BM1. Reenlisting following day.

H. J. LEBLANC, LTJG, USCG
By direction

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)

District Office, 7th CG District
(Unit)

SWAIN, David (n)
(Name in full—surname to the left)

7 June, 1950
(Date)

227-049
(Service number)

BM1
(Rating on discharge)

| | Year | Month | Day |
|---|---|---|---|
| Date of last enlistment (for 3 years) | 1947 | 6 | 4 |
| Enlistment extended (for ..... years from) | 1950 | 6 | 4 |
| Date of discharge (Honorable) (Character of discharge) | 1950 | 6 | 7 |

| Total time of last enlistment period | NUMBER OF— Years | Months | Days |
|---|---|---|---|
| | 03 | 00 | 04 |

**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 | | |

6-8-50 Pd. $360.00 Reen. Bonus.

No previous enlistment allowance paid.

B.M. BARNETT

Total Absence (00 days)

| Creditable time served during last enlistment period | 03 | 00 | 04 |
|---|---|---|---|

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. Net creditable service including Coast Guard and Lighthouse Service. 23 yrs. 6mos. 15 days.

H. J. LEBLANC

Date 7 June, 1950

(Rank) LTJG, U. S. C. G.

By direction *Commanding officer.*

## REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 8 June, 1950

District Office, 7th CG District, Miami, Fla.
(Unit and place)

I CERTIFY that the above-named man Reenlisted for a period of SIX years from this date.
(Reenlisted or voluntarily extended his enlistment)

H. J. LEBLANC

(Rank) LTJG, U. S. C. G.

By direction *Commanding officer.*

16—20908-1

NCG 2500
(Rev. June, 1942)

# ENLISTMENT CONTRACT

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

ENLISTMENT OF SWAIN, David (nmn) (Full name, surname to left); 227-049 (Service number); 141.75 (Pay per month)

Accepted for enlistment at O. Comdr. 7th CG District, Miami, Fla.; BM1c. (Rating in which enlisted)

Enlisted at O. Comdr., 7th CG District, Miami, Fla.; 4 June, 1947 (Date of enlistment)

Transferred to Cape Canaveral Light Statio, Cape Canaveral, Florida

Occupation Mariner Citizenship * NB If naturalized, place and date of naturalization -- Certificate No. --

Date of birth 20 December, 1895 Place of birth Brunswick County, N.C.

Home address Canaveral, Florida (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Mary Etta Swain - wife - (Relationship) Cape Canaveral, Florida (Address)

Continuous Service Certificate --- (Number) Previous service { Coast Guard / ~~Reserve~~ } 6 (Years) 0 (Months) 0 (Days)

First enlisted 4 June, 1941 (Date) at St. Augustine, Florida (Place) and was last discharged 3 June, 1947 (Date) from O. Comdr., 7th CG District (Unit)

with Honorable (Character) discharge as BM1c (Rate) No. B95652

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

Previous Army service -- (Years) (Months) (Days) Age 51 years 6 months.

Height 5 feet 8½ inches. Weight 149 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color White

Personal characteristics none marks, etc.

Appendectomy scar 3" long; Hernia scar; rt. side, 6" long

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 J. R. HINMANT of the United States Coast Guard, as follows:

*First:* To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

*Second:* I oblige and subject myself to serve { THREE years from 4 June, 1947, 1 / during minority until ....., 1 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

*Third:* I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

*Fourth:* I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

*Fifth:* I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

*Oath of Allegiance:* I, David Swain 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.

David Swain

David Swain
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 4th day of June, 1947, A. D. 19____.

J. R. HINNANT
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commander, USCG
(Title)

Citizenship substantiated and contract perfected.

NB

J. R. HINNANT

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

## EXTENSION OF ENLISTMENT CONTRACT

District Office, 7th CG District (Unit) Miami, Florida (Place) 4 June, 1950 (Date)

Enlistment extended until 7 June, 1950 by reason of

medical purposes

under authority of CG Regulations Art. 591 (3)

David Swain
(Signature of man)

H. J. LEBLANC, LTJG, USCG
(Signature of commanding officer)

16—8420-2

C
1942)

# SERVICE RECORD

RECORD OF SWAIN, David 227-049
(Full name, surname to the left) (Service number)

## 1. TRANSFERS

| Departed from— | | | Reported to— | | |
|---|---|---|---|---|---|
| Unit | Date | Signature | Unit | Date | Signature |
| Re-enl. 6-4-47 | O,Comdr.7thCGD | | O,Comdr.7CGD | 10-3-46 | J.R. HINNANT,Cdr. |
| COGD7, Miami, Fla. Discharged 6/7/50 | | LTJG Bydir. | OC7CGD Miami,Fla. | 6/7/50 | LTJG Bydir. |

## 2. CHANGES IN RATING

| Unit | Rated or disrated to— | Date | Signature |
|---|---|---|---|
| | | | |

## 3. DETAILS—RESERVE ACTIVE DUTY

| Ship or station | Date | | Duty | Signature |
|---|---|---|---|---|
| | From— | To— | | |
| O,Comdr.7thCGD | 10-3-46 | | Cape Canaveral LS | J. R. HINNANT,Cdr |

## 4. SWIMMING QUALIFICATIONS

| Unit | Date of qualification | Signature |
|---|---|---|
| | | |



16—9676-2

RECORD OF SWAIN, David 227-049

(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 |
|---|---|---|---|---|---|---|---|
| 6-30-47 | BM1c | LESS THAN ONE MONTH | | | | | |
| 9-30-47 | BM1c | 3.6 | 3.4 | 3.4 | 3.6 | 4.0 | Off. Comdr. 7CGD Lt.(jg),By dir. Comdr. By dir. |
| 12-31-47 | BM1c | 3.6 | 3.4 | 3.4 | 3.6 | 4.0 | Comdr. By dir. |
| 3-31-48 | BM1c | 3.6 | 3.4 | 3.4 | 3.6 | 4.0 | CdrBydir |
| 6-30-48 | BM1 | 3.6 | 3.4 | 3.4 | 3.6 | 4.0 | CdrBydir |
| 31 MAR 1949 | BM1 | 3.5 | 3.5 | 3.4 | 3.5 | 4.0 | Comdr. By dir. |
| 6-30-49 | BM1 | 3.5 | 3.5 | 3.4 | 3.5 | 4.0 | CAPT. Bydir. |
| 9-30-49 | BM1 | 3.5 | 3.5 | 3.4 | 3.5 | 4.0 | CAPT. Bydir. |
| 12-31-49 | BM1 | 3.8 | 3.7 | 3.7 | 3.7 | 4.0 | CAPT. Bydir |
| 3-31-50 | BM1 | 3.8 | 3.7 | 3.7 | 3.7 | 4.0 | CCGD7 LTJG, By direction |
| 6-7-50 | BM1 | 3.8 | 3.7 | 3.7 | 3.7 | 4.0 | OC7CGD LTJG By dir. |
| AVERAGE | X X X X | 3.63 | | | | 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.

## 7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

| Ship or station | Date | REMARKS |
|---|---|---|
| | | |



16—0676-2

CG 2500-C
(Rev. 4-49)



RECORD OF SWAIN, David (n) 227-049
(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 | | | | |
| Brought forward from old leave account as of 1 July, 1949, OCCGD7, Miami, Florida | | | | | | | | | | 60 | /s/HERBERT F. WALSH CAPT,USCG,By dir. |
| | | | | | 8-29-49 | | 9-7-49 | REGACC | 10 | 50 | /s/H.J.LEBLANC,LTJG By direction |
| ANCR | 11 | 7 | 28 29 | | | | | | | 60 | LTJGBy dir |
| DISCHARGED 6/7/50 | | | | | | | | | | 0 | |

ELECTS AND IS ENTITLED TO BE COMPENSATED IN CASH FOR SIXTY (60) DAYS UNUSED ACCRUED LEAVE.

H. J. LEBLANC, LTJG, USCG
By direction

6-8-50 PD. 60 DYS. UNUSED LEAVE, SUBS. QTRS. $616.80.

B.M. BARNETT, CPCLK, USCG

## 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— | Reason | Months | Days | Signature and Unit |
|---|---|---|---|---|---|
| | | | | | |

RECORD OF
(Full name, surname to the left)



16—9076-8

LEAVE RECORD

SWAIN, David
(Full name, surname to left)

227-042
(Service No.)

| ACCRUED CREDITS | | | LEAVE TAKEN | | | | | BAL DUE | CO's SIGNATURE |
|---|---|---|---|---|---|---|---|---|---|
| MARCH | DATE | NO. DAYS | FROM (inclusive dates) | TO | TYPE OF LEAVE | REASON | NO. DAYS | NO. DAYS | AND UNIT |
| BBF | 7-1-47 | 60 | | | | | | 60 | CdrBydir |
| | | 20 | 11-4-47 | 12-3-47 | ACC | REG | 30 | 30 | CdrBydir |
| ANCR | 6-30-48 | 30 | | | | | | 60 | CdrBydir |
| BBF | 7-1-48 | 60 | | | | | | 60 | CdrBydir |
| | | | 12-25-48 | 1-13-49 | ACC | REG | 20 | 40 | CdrBydir |
| | | | 5-24-49 | 6-2-49 | ACC | REG | 10 | 30 | CCGD7 LT, Bydir |
| ANCR | 6-30-49 | 30 | | | | | | 60 | CCGD7 CAPT, Bydir |
| BBF | 7-1-49 | 60 | | | | | | 60 | CAPT, Bydir CCGD7 |
| | | | 8-29-49 | 9-7-49 | ACC | REG | 10 | 50 | N. J. LeBLANC Lt. (J.G.) by direction |

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

| FROM | TO | REASON | NO. DAYS | CO's SIGNATURE AND UNIT |
|---|---|---|---|---|
| | | | | |

RECORD OF SWAIN, David 227-042
(Service Number)

# LEAVE RECORD

| ACCRUED CREDITS | | | LEAVE TAKEN | | | | | BAL DUE | CO's SIGNATURE AND UNIT |
|---|---|---|---|---|---|---|---|---|---|
| REASON | DATE | NO DAYS | FROM | TO | REASON | NO DAYS | ADV. LV | NO DAYS | |
| IC | 9-1-46 | 60 | | | | | | | J.R. HINMANT, Lt.(jg)Bydi |
| | | | 11-24-46 | 11-31-46 | An Lv | 8 | | | |
| ANCR | 6-30-47 | 25 | | | | | | 60 | Lt.(jg)Bydi |
| BBF | 7-1-47 | 60 | | | | | | | Lt.(jg)Bydi |
| | | | 11-4-47 | 12-3-47 | Reg | 30 | | | Cdr., Bydir |
| | | | SEE NEW LEAVE ACCOUNT | | | | | | |

## PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

| FROM | TO | REASON | NO DAYS | CO's SIGNATURE AND UNIT |
|---|---|---|---|---|
| | | | | |

4-164

SWAIN, David 227-049 BM1

Cape Canaveral Light Station Cape Canaveral, Fla.

Comdr., 7th CG District 18 May, 1948

1600
5/12/48

U.S.M.H. Savannah, Georgia
Medical treatment and hospitalization

C7CGD/L 5/12/48 (CG-73-531)

HERBERT F. WALSH, Commander, USCG
By direction

SWAIN, David | 227-049 | BMlc

O, COMDR. 7 CG DIST. | CAPE CANAVERAL LIGHT STA. | MIAMI, FLA.

07-001 | 07-075 | 4 JUNE, 1947

2200
3 June, 1947 Astdu

O, Comdr.7th CGD, Miami, Fla.

Comdr7thCGD/L,5-27-47, CG-73-531

J. R. HINNANT, Comdr.,USCG

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

| (Surname) | (First name) | (Middle initial) | (Service No.) | (Rank or rating) |
|---|---|---|---|---|
| SWAIN, | David | (n) | 227-049 | BM2, USCG |

| (Unit) | (Place) | (Date) |
|---|---|---|
| Cape Canaveral Light Station, | Canaveral, Florida | 9 August, 1948 |

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

11/22/47 Entitled to 5% of base pay for longevity pay upon completion of 5 years creditable service;

Reenlisted (3) . . . . . 6/4/47
Creditable Service on reenlistment . . . . . 0 yrs 0 mos 0 dys
U. S. Lighthouse service (See Form 2611-B dated 7/27/48 attached). . . . . 14yrs 6 mos 11 days
AWL . . . . . None
Sick, Misc. . . . . None
U.P.D.I. . . . . None
Completed 21 years creditable service . . . . 11/22/47

AUTHORITY:

AMT 211, PASL

ROBERT P. WALSH, Commander, USCG
By direction (Commanding)

(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 1942 — O - 426485

Cape Canaveral Light Station
Canaveral, Florida

17 March, 1947

To: Comdr. 7th CG District (p)

From: SWAIN, David (227-040) BM1c

Subj: Reenlistment leave; information concerning; request for

1. I would like to know if my reenlistment leave for my present period of enlistment is still available.

David Swain BM1c
Officer-in-Charge

Ind-1
O. Comdr. 7th CG District (p)
Miami, Florida 19 March, 1947

From: Commander, 7th CG District
To: OinC, Cape Canaveral Light Station, Canaveral, Florida

Returned. Your leave account indicates that you are entitled to ten (10) days' reenlistment leave. However, in accordance with PB 107-44, unexpended balances of reenlistment leave shall lapse upon termination of period for which reenlisted or extended.

J. R. HINNANT
By direction

SWAIN, David (n) 227-049 EM1c

Office, Comdr., 7th CG District Cape Canaveral Light Station Canaveral, Fla.

07-001 07-075 11 June, 1947

0600
5 June, 1947 Office, Comdr., 7th CG District
Resumption of regular duties.

18-D C7CGD/L 27 May, 1947, CG-73-531

J. R. HINNANT, Commander, USCG
By direction

SWAIN, David (n) 227-049 BMlc

Office, Comdr., 7th CG District Miami, Florida

07-001 11 June, 1947

1500
4 June, 1947 Cape Canaveral Light Station, Canaveral, Fla.
Resumption of regular duties.

C7CGD/L 27 May, 1947, CG-73-531

J. R. HINNANT, Commander, USCG
By direction

SWAIN, David (n) 227-049 BM1c

Office, Comdr., 7th CG District Cape Canaveral Light Station Canaveral, Fla.

07-001 07-075 11 June, 1947

2000
3 June, 1947 Office, Comdr., 7th CGD, Miami, Fla.
Astdu, Discharge & Reenlistment

C7CGD/L 27 May, 1947, CG-73-531

J. R. HINNANT, Commander, USCG
By direction

Departed 1200 11/3/47
Returned 1200 12/3/47
DS.

NCG 2519
(Revised Nov. 1939)

# APPLICATION FOR LEAVE OF ABSENCE
## UNITED STATES COAST GUARD

Unit Cape Canaveral Light Station

Date 14 October, 1947

From: SWAIN, David (227-049)BMlc;present
To: Comdr. 7th CG District
Via: Comdr. 7th CG District(oan)

Subject: Leave of absence.

1. I request 30 days' leave of absence to depart 3 November, 1947

2. My reason for the above request is Accumulated leave

My address on leave will be Bolivia, North Carolina.

[a]3. I have had no days' leave of absence during my current enlistment—during the current fiscal year.

David Swain
David Swain (227-049)BMlc
(Signature)

---

**1st Endorsement**

[a]~~Leave account certified correct.~~
Forwarded, approved.
[b]~~Forwarded, disapproved~~

L. J. Pieczynski
ATON. Officer

*Commanding—Executive Officer.*

---

**2d Endorsement**

[a]~~Forwarded, approved~~
Returned, granted.
~~Returned not granted~~

[b]~~Forwarded, disapproved~~

HERBERT F. WALSH, Commander, USCG
By direction *District Commander—~~Commandant~~*

---

**3d Endorsement**

Coast Guard Headquarters,
Washington, D. C., (Date)

[a]1. Returned, granted.
2. Returned, not granted

[a] Strike out phrases not applicable.
[b] State reasons for disapproval.

*Commandant.*

[OVER]

16—8556-1

Records carried for Admin. purposes by O,C7CGD

SWAIN, David (n) 227-049 BMlc

Cape Canaveral Light Station Canaveral, Florida

07-105 11 December, 1947

1200 3 November, 1947 Departed on thrity (30) days authorized leave.

1100 3 December, 1947 Reported on time from thirty (30) days authorized leave.

30-D
Comdt's Cir 31-47

HERBERT F. WALSH, Commander, USCG
By direction

Miami 33, Florida

Comdr.,7th CGD(p)
CG-73
532

12 May, 1948

TRAVEL ORDER NO. 071654

From: Commander, 7th Coast Guard District
To: SWAIN, David (227-049) BM1, USCG

Subj: Orders; hospitalization; travel

1. Upon receipt hereof you are directed to proceed to Savannah, Georgia, and upon arrival thereat report to the Medical Officer in Charge, U. S. Marine Hospital, that place, for treatment and hospitalization.

2. The travel necessary for the execution of this order is required by the public interests and is authorized, chargeable against the Seventh CG District travel allotment, symbol 07-20.

3. No leave or proceed time enroute is authorized.

X4. Delivered and departed 1600, this date.

HERBERT F. WALSH
By direction

CC: USMH, Sav.,Ga.
Dist Allot - FinDiv

24 June, 1948.

Travel Order # 07-1305

From: Medical Officer in Charge.
To : BRAIN, David (227-049)BM1. USCG

Subj: Orders, travel, transfer.

1. Upon receipt hereof you are directed to proceed to the CMI, Savannah, Ga., where Gov. TR will be issued you, covering transportation from Savannah, Ga., to Cocoa, Fla. Upon your arrival in Cocoa, Fla., you will report to the C-in-C of the Cape Canaveral Light Station for the resumption of your regular duties.

2. The travel necessary to the execution of this order is required by the public interests and is authorized chargeable against the 7CGD travel allotement symbol 07-20.

3. You are hereby granted fifteen (15) days sick leave enroute which will expire prior to 0900, 10 July, 1948. It is understood that your address while on leave will be, St. Augustine, Fla., PO Box # 1548. (sick leave granted by Comdr. 7CGD., Miami, Fla.)

4. Your health record will be mailed under separate cover.

5. Delivered and departed this date at 1000.

I RAY HOWARD.
Surgeon. USPHS.
Acting.

CC
Comdr. 7CGD(p)
Comdr. 7CGD(m) ✓
File.
Clinical Record.
CMI. Savannah, Ga(4)

FROM CAPE CANAVERAL [illegible]
CLASS T

[illegible] DAVID (227-[illegible]) MMI REPORTED NAD TO LOS [illegible] THIS DATE

[illegible] 1557/1 [illegible] JCET TO K
[illegible] K L[illegible] AK

ROUTINE
PERSONNEL
46-12

[illegible]

R R R
UH V DC BT

FM CCGD7 192023Z
TO CAPE CANAVERAL L/S / UH PASS TO
GRNC

P X ADVISE REASON DELAY IN SWAIN BM1 REPORTING USMH SAVANNAH

R/O COMDR WALSH

ROUTINE/PERS

TOD 2023/19MAY RB AR
TOR V UH 202"/19 DAE

69-19

UH SD V DO
R R R
FM CCGD SEVEN 240132Z
TO CG REP US MARINE HOSPITAL SAVANNAH ( SD PASS)
INFO CAPE CANAVERAL ( UH PASS)

P X REUR 221655Z X TRANSFER SWAIN TO CAPE CANAVERAL LS FOR
RESUMPTION REG DUTY X GRANT 15 DAYS SICK LEAVE ENROUTE X
TRAV AUTH CHG DIST ALOT ORDER 071805

R/O CMDR WALSH

ROUTINE
PERSONNEL

TOD 0135 24 JUNE CG
TTOR V UH 0137/24 JUNE RH
TOR V SD 24/0137 JUNE CAJ

MT

0824

# UNITED STATES COAST GUARD INSTITUTE

ADDRESS REPLY TO
DIRECTOR (PT)
REFER TO FILE: 28088

GROTON, CONNECTICUT

5 October, 1945

To: CO, Fowey Rock Light Station, 7ND

Subj: SWAIN, David (227-049) BMlc
Completion of course; issue of educational certificate

1. The CG Institute takes pleasure in transmitting a certificate for the completion of

Chief Boatswain's Mate course (90%)

2. A copy of this letter should be placed in subject student's file and proper notation made in his/her Service Record and Continuous Service Certificate.

3. It is requested that the below listed textbooks issued for the course be returned to the CG Institute without delay:

Navy Training Course for BMlc and CBM

J. D. Harrington

J. D. HARRINGTON

Incl
Educational Certificate

CC: HQ

Ind-1
CG Group, Miami, Fla.
16 October, 1945

Delivered with pleasure.

G. M. Schellenger

G. M. SCHELLENGER
Commanding

UNITED STATES COAST GUARD




ADDRESS REPLY TO
Commanding Officer
CG Radio D/F Station
Jupiter, Fla.

OCT 14 10 52 AM '46

REFER TO FILE
73

12th October, 1946.

To: Commander, 7th Coast Guard District, Miami, Fla (p)

Subj: SWAIN, David 227-049 BM1c; service record; forwarding of.

Ref: (a) COM7CGD, shore plan, 1st October, 1946. file 601

1. Subject man having been transferred to Cape Canaveral LS for assignment to duty, inclosure 1 is forwarded your office as indicated in reference (a).

2. Receipt of inclosure 1 is requested by acknowledgement hereon.

H. O. Freytag

H. O. FREYTAG

Incl-1
Service record, SWAIN, David 227-049 BM1c.

Commanding Officer
CG Radio D/F Station
Jupiter, Fla.

73

12th October, 1946.

To: Commander, 7th Coast Guard District, Miami, Fla (p)

Subj: SWAIN, David 227-049 BMlc; service record; forwarding of.

Ref: (a) COM7CGD, shore plan, 1st October, 1946. file 601

1. Subject man having been transferred to Cape Canaveral LS for assignment to duty, inclosure 1 is forwarded your office as indicated in reference (a).

2. Receipt of inclosure 1 is requested by acknowledgement hereon.

H. O. FREYTAG

Incl-1
Service record, SWAIN, David 227-049 BMlc.

Miami, Florida

Comdr. 7th CG Dist(p)

CG-73

M E M O R A N D U M

To: SWAIN, David (227-049) BM1c, USCG

Subj: Leave granted month of November, 1946

It is requested furnish this office with information concerning time and date of departure and return from recent seven (7) days annual leave, this information is necessary in order to prepare necessary forms for computation of leave.

PERSONNEL OFFICE

FEIGENBAUM:

~~XXXXX~~ This man must be back from leave by now.

Please check Service record and see if entries made and 2599.

Kirk

This leave will expire before noon 1 December 1946.

DIST. COAST GUARD OFFICE 7TH NAVAL DIST., MIAMI, FLA. DEC 4 10 09 AM '46

NOV 18 1946.

DIST. COAST GUARD OFFICE 7TH NAVAL DIST., MIAMI, FLA. NOV 16 12 18 PM '46

NCG 2519
(Revised Nov. 1939)

# APPLICATION FOR LEAVE OF ABSENCE
## UNITED STATES COAST GUARD

Unit Cape Canaveral Light Station

Date 16 November 1946

From: Swain, David (227-049) BM1c
To: Commander 7th Coast Guard District Miami Florida.
Via: Office Aids to Navigation

Subject: Leave of absence.

1. I request 7 days' leave of absence to depart 23 November 1946
2. My reason for the above request is Annual Leave. My address on leave will be St. Augustine Florida Box 1548.
[a]3. I have had No days' leave of absence during my current enlistment—during the current fiscal year.

David Swain
David Swain BM1c
(Signature)

---

**1st Endorsement**

[a]Leave account certified correct.
Forwarded, approved.
[b]Forwarded, disapproved

David Swain BM1c
Officer in Charge ~~Commanding Officer~~.

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Off. Comdr. 7th CG Dist, Miami, Fla. **2d Endorsement** 19 November, 1946.

[a]~~Forwarded, approved.~~
Returned, granted.
~~Returned, not granted~~

[b]~~Forwarded, disapproved~~

J. R. HIGBANT, Commander, USCG.
By direction of *District Commander—Commanding.*

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**3d Endorsement**

Coast Guard Headquarters,
Washington, D. C., (Date)

[a]1. Returned, granted.
2. Returned, not granted

[a] Strike out phrases not applicable.
[b] State reasons for disapproval.

*Commandant.*

[OVER]

16—8556-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO

Miami, Florida

Comdr. 7th CG Dist(p)

REFER TO FILE CG-73

DIST. COAST GUARD OFFICE
7TH NAVAL DIST. MIAMI, FLA.

DEC 16 10 16 AM '46

M E M O R A N D U M

To: SWAIN, David (227-049) BMlc, USCG

Subj: Leave granted month of November, 1946

It is requested furnish this office with information concerning time and date of departure and return from recent seven (7) days annual leave, this information is necessary in order to prepare necessary forms for computation of leave.

PERSONNEL OFFICE

The following is information requested.
Departed November 23 at 0200
Returned December I at I200

David Swain

David Swain BMI/c
Officer in Charge

P.S. Please let me know how much
annual leave I have coming

ON FOR ALLOTMENT

From compensation of:

SWAIN, David (227-049) BMle

PAYABLE TO:

Name: TREASURER OF THE UNITED STATES
Street & number:
P.O. WASHINGTON, STATE: D. C.

Monthly allotment in the amount of:--
THREE DOLLARS and 24/100 ($ 3.24 )
If payable to a bank, business institution, or individual, for credit of:
NAME:
Reason for allotment: National Service Life Insurance.

First Payment: Mo. June 1943

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

David Swain

Rank or Rating: BMle USCG

3 JUNE 1943

Approved allotment granted:
G. R. LOEHR, LIEUT., U.S.C.G.R.

Cmdg: COP., St. Augustine, Florida

Wit. & Rgstd 3 JUNE 1943

L. C. SPANIOL, Lt.(jg) U.S.C.G.
COP., St. Augustine, Florida
NCG--2528

RECORD OF PAYMENTS

| Mo/Yr | 1943 | 1944 | 1945 | 1946 | 1947 | |
|---|---|---|---|---|---|---|
| Jan. | | | | | | |
| Feb. | | | | | | |
| Mar. | | | | | | |
| Apr. | | | | | | |
| May | | | | | | |
| June | | | | | | |
| July | | | | | | |
| Aug. | | | | | | |
| Sept. | | | | | | |
| Oct. | | | | | | |
| Nov. | | | | | | |
| Dec. | | | | | | |

FROM COMPENSATION OF Swain, David

SWAIN, David (227-049) BMlc.

# APPLICATION FOR ALLOTMENT

PAYABLE TO—

*Name:* Treasurer of the United States
*Address:* Washington, D. C.
*First payment:* Month JANUARY, 1944
*Last payment:* Month ....., 194....

MONTHLY ALLOTMENT IN THE AMOUNT OF—

SIX DOLLARS AND 25/100 ($ 6.25 ) D
(Words) (Figures)

Number of months INDEFINITE
(Words) (Fi

*Reason for allotment:* Purchase of War Bonds under Installme

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

David Swain

Rank or rating BMlc, U. S. C. G.

7 December, 1943

APPROVED: Allotment granted.

G. R. LOEHR, Lieutenant, USCGR

*Commanding* COTP, St. Augustine, Fla.

*D. C. G. O.* ..... *District.*

Witnessed and registered 9 December, 1943

F. THOMPSON, Ensign, USCG

COTP, St. Augustine, Fla. *Pay Officer.*

## RECORD OF PAYMENTS

| MONTH | YEAR 1942 | 1943 | 1944 | REMARKS |
|---|---|---|---|---|
| Jan. | | | | |
| Feb. | | | | |
| Mar. | | | | |
| Apr. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |

NCG 2528-B

16—31604-1

(o

**DO NOT FOLD—MAIL FLAT**

*Delivery of War Bonds to addresses outside the continental United States or to ships is temporarily suspended*

t is requested that, beginning JANUARY, 1944, monthly deductions of $6.25 be made so that United States War

ds of $25.00 denomination may be issued in the name of—

David — Swain

(First name, in full) (Middle name or initial, if any) (Last name)

ıay use your home address on the face of a War Bond or "% U. S. Coast Guard, Washington, D. C."

Anastasia, Florida

(State your address)

nay name either a coowner or a beneficiary, *but not both:*

*oowner:* {Mr. / Mrs. / ~~Miss~~} Maryetta — Swain

(Given name, in full) (Middle name or initial) (Last name)

Address Anastasia, Florida

*Beneficiary:* {Mr. / Mrs. / Miss} .....

(Given name, in full) (Middle name or initial) (Last name)

Address .....

Either coowner may redeem the bonds without the signature of the other. The beneficiary may redeem bonds only if surviving the ner. War Bonds may not be reissued during the lives of the persons named in order to change the registration; however, bonds regis- in one name alone may be reissued to add the name of a beneficiary.

Do you want your bonds held without charge in safekeeping? If so, indicate where:

..... Hold at Treasury Department. ..... Hold at Federal Reserve Bank of .....

il bonds to me at Anastasia Florida — David Swain

(Not to be filled in re to be held in safekeeping)

nature of purchaser David Swain — Bkr. — COTP, St. Augustine, Florida

(Name) (Rank or rating) (Station)

OFFICE

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

C. Comdr., 7th CG District (Unit) — 4 June, 1947 Miami, Florida (Place) (Date)

FROM: SWAIN, David (n) (2227-049) BMlc, USCG

TO: COMMANDANT (via Disbursing Officer, 7thCGD)

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:

| | |
|---|---|
| Mary Etta Swain (Full name of wife; if not married, so state) | Canaveral, Florida (Address of wife) |
| Betty Jean Swain (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) — Potential (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) — Potential (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 4th day of June, 1947

J. R. Hilliard, Commander, USCG (Signature)

Personnel Officer, 7th CGD (Rank or title)

David Swain (Signature)

Boatswain's Mate, First Class (Rating)

16—25758-1

SWAIN, David 227-049 BM1c

O, COMDR. 7 CG DIST. CAPE CANAVERAL LIGHT STA. MIAMI, FLA.

07-001 07-075 4 JUNE, 1947

2200
3 June, 1947 Astdu

O, Comdr.7th CGD, Miami, Fla.

Comdr7thCGD/L,5-27-47, CG-73-531

J. R. HINNANT, Comdr.,USCG

SWAIN, David 227-049 BMlc

O, COMDR. 7 CG DISTRICT MIAMI, FLA.

07-001 4 JUNE, 1947

-0830
4 June, 1947 Cape Canaveral Light St., Cape Canaveral, Fla.
Astdu, disch., and reenl.

Comdr7thCGD/L,5-27-47, CG-73-531

5 June, 1947: Issued Honorable Discharge No. B95652 this date by reason EXPIRATION OF ENLISTMENT, & 3 YR. EXTENSION THEROF. Net service 6yrs. 0 mos., 0 days. Entitled to TA fm Miami, Fla.(POD) to St. Augustine, Fla. (PAFE). Entitled MOP.

4 June, 1947: Reenlisted this date in regular establishment as BMlc, for a period of three (3) years. Entitled to Reenlistment Allowance.

Art 589(1) CG Regs.
Art 421 P&SI

J. R. HINMANT, Comdr., USCG
By direction

O. COMDR. 7 CG DISTRICT (CAPE CANAVERAL LIGHT STA) 1272-47

ENLISTED COAST GUARD PERSONNEL

1947

227-049 SWAIN, David (m) Tr to O.Comdr.7thCGD for td disch., reenl. (2200) xxx 6-3

Subs @$2.25 terminated. (2200) xxx 6-3

J. R. HINNANT, Comdr., USCG

PERSONNEL

CG–2888 (6–46)

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

SWAIN, David (Name—Surname to left) | BM1c (Rank or rating 31 Aug. 1946) | 227-049 (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 75 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) | Marie E. Swain (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.**

David Swain
David Swain (Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at O, Comdr. 7thCGD, Miami, Fla. this 3rd day of June, 1947

(SEAL)

J. R. HENNAM, Commander, USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

J. R. HINNANT, Commander, USCG — O, Comdr. 7th CGD

(*Signature of Commanding Officer*) (*Unit*)

---

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

| (*Monthly pay (base and longevity)*) | (*Officer monthly rental allowance*) | (*Officer daily subsistence allowance*) |
|---|---|---|
| | | |

(*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

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

SMITH, David (nmi) 227,049 BM2c
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

C, COMDR, 7 CG DISTRICT MIAMI, FLORIDA 3 JUNE, 1947
(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:

Completed a six (6) year period of net service and entitled to an increase in pay on the following statement:

| | |
|---|---|
| Completed three (3) years | 6-3-44 |
| AOL | NONE |
| Sick, Misc | NONE |
| N.P.D.I. | NONE |
| Completed six (6) years | 6-3-47 |

AUTHORITY:

PB 82-42
Art 411, PMSI

J. R. HIRAM
(Commanding)

Commander, 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: 1943 O - 534669

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)**

C, COMDR. 7 CG DISTRICT (Unit)

SMITH, David (num) (Name in full—surname to the left) 3 JUNE, 19XX (Date)

[illegible] (Service number) BOATSWAIN'S MATE, FIRST CLASS (Rating on discharge)

| | Year | Month | Day |
|---|---|---|---|
| Date of last enlistment (for 3 years) | 1941 | 6 | 4 |
| Enlistment extended (for 2 years from) | 1944 | 6 | 4 |
| Date of discharge (Honorable) (Character of discharge) | 1947 | 6 | 3 |
| Total time of last enlistment period | | | |

| NUMBER OF— | | |
|---|---|---|
| Years | Months | Days |
| 6 | 0 | 0 |

**ABSENT TIME DURING PERIOD (Inclusive dates to be shown)**

| Absent Without Leave | | | Absent Due to Own Misconduct | | | Absent Due to Confinement | | |
|---|---|---|---|---|---|---|---|---|
| From— | To— | Days | From— | To— | Days | From— | To— | Days |
| NONE | | | NONE | | | NONE | | |
| Total Absence (..... days) | | | | | | | | |
| Creditable time served during last enlistment period | | | | | | | | |
| | | | | | | | 6 | 0 | 0 |

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

J. R. ELMHART

Date 3 June, 19 47 (Rank) COMMANDER, U. S. C. G.
*Commanding officer.*

## REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 4 June, 19 1947 C, COMDR. 7 CG DISTRICT, MIAMI, FLA. (Unit and place)

I CERTIFY that the above-named man [illegible] (Reenlisted or voluntarily extended his enlistment) for a period of [illegible] years from this date.

[illegible]

(Rank) CG WARDEN, U. S. C. G.
*Commanding officer.*

16—20903-1

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1)-Ⓑ NAME (PRINT CLEARLY): SWAIN (LAST) DAVID (FIRST) "NONE" (MIDDLE) | SERVICE NUMBER: 227-049 | HEIGHT: FT. 5 IN. 9½ | WEIGHT: 155 LBS. | RACE: W

(2) HOME ADDRESS: SOUTH PORT, N.C.

(3) BIRTHPLACE: ~~Oct 9 95~~ SOUTH PORT, N.C. (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH: 12/20/95 | HOW LONG IN U.S.: 47 YEARS

(5) CITIZEN [✓ L-29] NON-CITIZEN [L-28] TAKEN OUT FIRST PAPERS [ ]

(6)-Ⓣ MARITAL STATUS: MARRIED (7)-Ⓣ 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 | 7 | | ✓ | SOUTH PORT N.C. | | 1910 |
| HIGH SCHOOL | | | | | | |
| COLLEGE OR UNIVERSITY | | | | | | |
| POST GRADUATE | | | | | | |
| TRADE, NIGHT OR BUSINESS SCHOOL | | | | | | |
| (9)-Ⓡ TOTAL SCHOOL YEARS | 7 | X X X X X X X X X X X X | | | | |

(10)-Ⓛ LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

| PUNCH ONLY FOR S | SPANISH (L-23) S R W | FRENCH (L-24) S R W | GERMAN (L-25) S R W | OTHER LANGUAGES (L-26) S R W | S R W |
|---|---|---|---|---|---|
| FAIRLY WELL | S R W | S R W | S R W | S R W | S R W |
| FLUENTLY (L-27) | S R W | S R W | S R W | S R W | S R W |

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: 7TH N.D. DATE: 6/4/41

(12)-Ⓑ BRANCH OF SERVICE

| REGULAR | RESERVE G | RESERVE S | RESERVE T | RESERVE W |
|---|---|---|---|---|
| ✓ | | | | |

(13)-Ⓣ MAIN OCCUPATION: LIGHT HOUSE KEEPER | YEARS AT IT: 15 | WKLY. WAGE: $25.00
D. O. T. CODE: 5-61.310
JUST WHAT DID YOU DO? TENDS TO THE OPERATION AND MAINTENANCE OF A LIGHT-HOUSE AND EQUIPMENT

LAST DATE OF EMPLOYMENT: 6/4/41
EMPLOYER (FIRM NAME): TREASURY DEPT. U.S. GOVT.
ADDRESS OF EMPLOYER: WASHINGTON, D.C.
DEPT., SHOP OR BRANCH | KIND OF BUSINESS: GOVT SERV.

(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)-Ⓑ X | (16)-Ⓑ 44 | (17)-Ⓑ 58 | HAS BAD EYES | | | |

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1.
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1. NONE
2.
3.

(24) RATING

(4) (9) TOP ROW: YEAR OF BIRTH BOTTOM ROW: NUMBER OF SCHOOL YEARS

NON-ENGLISH SPEAKING

ILLITERATE

**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: HAS BEEN IN LIGHTHOUSE SERVICE FOR 4 YEARS. HAS RATING AS BM 1/c

(23) NEXT OF KIN WIFE

NAME MRS. MARY ETTA SWAIN

ADDRESS

CITY ST. AUGUSTINE STATE FLA.

## (24)-® RECORD OF CURRENT SERVICE

| DATE | UNIT | RATING | PRINCIPAL DUTY |
|---|---|---|---|
| 6/4/41 | COP ST. AUGUSTINE | CoX | LIGHTHOUSE |
| 2/4/42 | ✓ ✓ ✓ | BM 2/c | ✓ |
| 3/27/43 | ✓ ✓ ✓ | BM 1/c | ✓ |

(25) DATE OF INTERVIEW 6/2/43 UNIT COP St AUGUSTIN

SIGNATURES

INTERVIEWER James J. Stamm (SP(T))

ENLISTED PERSON David Swain BM 1/c

N.C.G. FORM NO. 2710
JANUARY 1943

**IMPORTANT** — UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

McBEE KEYSORT U.S. PAT. NO. 2,213,607

SWAIN, David 227-049 BM1c

Coast Guard Group Fort Pierce, Fla.

7th Coast Guard District 23 July, 1946

1600, 6 July, 1946, Departed on 15 days annual leave of absence.

0800, 22 July, 1946, reported from above leave of absence-NOT AOL

J. L. GRAY, Ch. Bos'n., USCG

UNITED STATES COAST GUARD

DU PONT BUILDING
MIAMI, FLORIDA




ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT (p)
REFER TO FILE: CG-73-531

(ENL) Order No. 12,468 (07-001)

28 May, 1946

To: CO, CG Group, Miami, Florida

Subj: SWAIN, David (227-049) BMlc; orders; transfer; travel

1. Upon receipt hereof, transfer subject-named man from Fowey Rocks Light Station to Fort Pierce, Fla., directing him to report upon arrival thereat to the CO, CG Group for assignment to duty as Officer-in-Charge of Jupiter Inlet Light Station.

2. Travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 7th CG District Travel Allotment, Symbol No. 07-20.

3. This order constitutes a permanent change of station.

4. Records and account will be carried on transfer.

R. R. SMITH
By direction

CC: CO, CG Grp, Ft. Pierce, Fla.
Dist Allot
Dist Pay
File
Day File
M&F

SWAIN, David 207-049 EM1c

COAST GUARD GROUP Ft. Pierce, Fla.

SEVENTH COAST GUARD GROUP 7 June, 1946

1900
6 June, 1946 Comdr. 7th CG District
frt as Officer in charge of Jupiter L/S

EML Order No. 12,468

0900
7 June, 1946 Assigned Jupiter L/S
assignment to duty, Officer in charge

EML Order No. 12,468

J. L. GRAY, Lieut. Comdr., USCG
(acting)

Swain, David 227-049 B.M. 1/c

C. G. Group Fowey Rock Light Station Miami, Florida

07-069 1/17/46

On Emergency leave as follows: 0050, 10 January, 1946 to and including 0050, 17 January, 1946. Not AOL.

DM

30-D 1936 (3) Regs. PERSONNEL OFFICER, By direction

SWAIN, David 227-049 BMlc

~~227-324~~ CG GROUP Office Fowey Rock Light Sta. Miami, Fla.

07-074 1/10/46

0050, 10 January, 1946: Departed on seven (7) days compensatory leave.

ln

04-D 1936 (3) Regs. PERSONNEL OFFICER, By direction

SWAIN, David

CG GROUP OFFICE

07-074

227-049

Fowey Rock Light Station

EM1c

Miami, Fla.

12/26/45

On leave as follows: 2400, 30 November, 1945 to and including 1200, 22 December, 1945.

la

30-D

1936 (3) Rega

PERSONNEL OFFICER, By direction

**APPLICATION FOR LEAVE OF ABSENCE**
**UNITED STATES COAST GUARD**
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS: NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

| UNIT | ADDRESS | DATE |
|---|---|---|
| C. G. GROUP | MIAMI, FLORIDA | 29 NOVEMBER, 1945 |
| **FROM (REQUESTER):** | **TO** | **VIA:** |
| SWAIN, David (227-049) BM1c | Commanding Officer | Executive Officer |

THE FOLLOWING LEAVE IS REQUESTED:

| NO. OF DAYS LEAVE | NO. OF DAYS TRAVEL | COMMENCING | No. OF DAYS LEAVE DURING FISCAL YEAR | No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR | DATE OF EXPIRATION CURRENT ENLISTMENT YEAR |
|---|---|---|---|---|---|
| 15A & 6C | -0- | 30 NOVEMBER, 1945 | | | |

REASON FOR REQUEST:
Annual and Compensatory Leave

My address on leave will be: Anastasia, Florida

I will immediately inform my commanding officer of any change in address while on leave.

DAVID SWAIN
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG GROUP, Miami, Florida Date: 29 NOVEMBER, 1945
Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)
R. L. STARR, Lieut. Comdr., USCGR
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG GROUP, Miami, Florida Date: 29 NOVEMBER, 1945
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)
G. M. SCHELLENGER, Lieut. Comdr., USCG
COMMANDING—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.
COMMANDANT.

Ind.-4 Unit: CG GROUP, Miami, Florida Date: 30 NOVEMBER, 1945
Departed at [redacted] 2400 this date. This leave of absence will expire before NOON 22 DECEMBER, 1945, at THIS UNIT and is subject to the special instructions indicated on reverse hereof.
R. L. STARR, Lieut. Comdr., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, .....
Authority:
Signature and rank Title

Ind.-6 Unit: Date:
Reported at ..... this date, having taken ..... days' leave and ..... days' TT.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1 [OVER]

SWAIN, David 227-049 BMlc

CG GROUP OFFICE FOWEY ROCK Miami, Fla.

30 Nov.,1945

07-069

0900, 30 Nov.,1945: Departed on fifteen (15) days' (A) leave and six (6) days' (C) leave.

lca 30-D Art. 1936(3)Regs

PERSONNEL OFFICER By direction

SWAIN, David

CG GROUP, Office

07-074

227-049

Pompey Rock

Miami, Fla.

13 Nov., 1945

13 November, 1945: Made permanent in rating of Mlle

I certify that SWAIN is morally and professionally qualified to perform duties of Mlle

SC 30-B

Account 143-45

G. M. SCHELLENBERG, Lieut. Comdr. USCG

SWAIN, David 227-049 BMlc

CG GROUP OFFICE FOWEY ROCK LIGHT STA. MIAMI, FLA.

07-073 5 November, 1945

0005

On leave as follows: 0005, 26 October,1945 to and including 0935, 3 November, 1945. Not AOL.

lca 30-D Art 1936(3)Regs

PERSONNEL OFFICER By direction

SWAIN, David 227-049 EM1c

CG GROUP, Office 07-073 Miami, Fla 26, Oct., 1945

Powery Rock Light Sta.

0005, 26 Oct., 1945: Departed on seven(7) days (C) leave.

30-D
Art. 1936(3) Reg.

PERSONNEL OFFICER, BY DIRECTION

DCGO, 7ND (p)
CG-670

UNITED STATES COAST GUARD
DuPont Building
Miami, 30, Fla.

22 October, 1945

To: All CG Units, 7ND

Subj: American Campaign Medal

1. Attention is invited to ALNAV No. 351 (20 October, 1945), advising that all personnel who have served honorably for an accumulative period of one year within the continental limits of the United States on active duty, either temporary or regular, between 7 December, 1941 and a future date to be announced later, are considered eligible for The American Campaign Medal, and shall be authorized to wear The American Campaign Ribbon.

2. It is requested that responsible officers make suitable entry in service records of enlisted personnel authorized to wear subject ribbon, and furnish HQ copy of letters of authorization to officers.

J. E. WHITBECK

CC:
All CG Dist. Staff Ofcrs., 7ND

Certified to be a true and correct copy.

R. L. Starr

R. L. STARR
Lt. Comdr., USCG(R)

SWAIN, David 227-049 BMlc

CG GROUP OFFICE FOWEY ROCK LIGHT STA. Miami, Fla.

On leave as follows: 1000, 22 Sept.,1945 to and including 1110, 29 Sept.,1945.
Not AOL

lca

30-D Art 1936(3)Regs

PERSONNEL OFFICER By direction

SWAIN, David (227-049) EMlc

CG GROUP OFFICE FOWEY ROCKS LIGHT STA Miami, Florida

07-074 27 Aug.,1945

On leave (C) as follows: 0005 20 Aug., 1945 to and including 0935, 27 Aug., 1945.

lca 30-D 1st 1936(3) Regs

PERSONNEL OFFICER By Direction

SWAIN, David (227-049) Mate

CG GROUP OFFICE FOWEY ROCK LIGHT STA. MIAMI, FLA.

07-074 20 Aug., 1945

0005, 20 Aug., 1945: Departed on six (6) days' leave (C)

lcm

30-D Art. 1936(3) Regs

Personnel Officer By Direction

SWAIN, David 227-049 BMlc

COAST GUARD GROUP FOWEY ROCKS LIGHT STATION MIAMI, FLORIDA

07-074 26 July, 1945

On compensatory leave as follows: 1000, 29 July, 1945, to and including 1123, 26 July, 1945.

(Not AOL)

hw 30-D Art 1936(3) Regs

PERSONNEL OFFICER, By direction

SWAIN, David

CG GROUP OFFICE

07-869

227-049

FOWEY ROCKS LIGHT STATION

BMlc

MIAMI, FLORIDA

19 July, 1945

1000, 19 July, 1945: Dptd on six (6) days' Compensatory Leave.

alu

30-D

Art.1936(3),Regs.,

PERSONNEL OFFICER

By direction.

SWAIN, David 227-049 PhMc

CG GROUP OFFICE FOWEY ROCKS LIGHT STATION MIAMI, FLORIDA

07-074 20 June, 1945

0900
20 June, 1945

CG GROUP, Fort Pierce, Fla.
assignment to duty at Fowey Rocks Light Station. , HAVING had ten days' leave enroute and necessary days travel time.

alu 32-D

CGGROUP, Fort Pierce, Fla. Ord.No.0558(07-039).

PERSONNEL OFFICER By direction.

X

ORDER NO. 0558 (07-039)

COAST GUARD GROUP FORT PIERCE, FLORIDA 6/7/45 CG-73-531

SWAIN, David (227-049) BMlc - Cape Canaveral Light Station

DCGO 7ND ENL Order No. 8578 (07-001)

CG Group, Miami, Florida
Commanding Officer, thereat, prior to noon 20 June, 1945
assignment to duty at Fowey Rocks Light Station

no

| ADDRESSEE | Yes | Yes | No* | No |
|---|---|---|---|---|
| | | | | 7thCG(Miami) |

* Pay account carried by DCGO, 7ND

07-20
P&S

Travel at your own expense is authorized, reimburseable at the rate of 3¢ per mile via the shortest most usually traveled route from Cape Canaveral, Fla., to Miami, Fla.

C.S.CULPEPPER, Lieut.(jg) USCG Commanding Officer CG Group,Ft.Pierce,Fla.

NCC 2599
U.S. Coast Guard
(Jan. 1943)

HQ
Dist Pers
Dist Pay
Cardex
File

REPORT OF CHANGE IN PERSONNEL

SWAIM, David 227-049 Mile

(Surname) (First Name) (Middle initial) (Service No.) (Rank or rating)

07-215-84

SCGO-COTP Ft. Pierce, Fla. 6 Dec., 1944
(Unit) (Place) (Date)

Cape Canaveral Light Station,
Cape Canaveral, Fla.

1000 - 6 Dec., 1944: Reported from SCGO-COTP, New Smyrna, Florida, for administrative purposes.

30 D

AUTHORITY:

DCGO7ND/L 12/2/44 (CG-701)(pra)

C. S. CULPEPPER
(Commanding)

SCGO-COTP
(Title)

SPACE BELOW IS FOR HEADQUARTERS USE ONLY

| L&W | PERSONNEL RECORDS | | |
|---|---|---|---|
| | Statistics | Correspondence | Records |
| | | | |

SWAIN, David | 227-049 | BMlc

SCGO-COTP, New Smyrna, Florida | CAPE CANAVERAL LIGHT STA. | Cape Canaveral, Fla.

07-215-84 | 25 Nov., 1944

1645 - 24 Nov. , 1944: Rptd from five (5) days' leave of absence, having departed thereon at 0100, 19 Nov., 1944.

30 D

PB 107-44 L. R. DANIELS, Lieut., USCG, SCGO-COTP

SWAIN, David | 227-049 | BM1c

SCGO-COTP, New Smyrna, Florida | CAPE CANAVERAL LIGHT STA. | Cape Canaveral, Florida

07-215-84 | 21 November, 1944

0100 - 19 November, 1944: Dptd on five (5) days' leave of absence.

PB 107-44

L. R. DANIELS, Lieut., USCG, SCGO-COTP

| | | | |
|---|---|---|---|
| SWAIN, David | | 227-049 | BMlc |
| Office, Comdr., 7th CG District | | CAPE CANAVERAL LIGHT STATION | Canaveral, Fla. |
| 07-001 | | 07-075 | 20 Dec., 1946 |

At 0200, 23 Nov., 1946: Departed on seven (7) days annual leave.

At 1200, 1 Dec., 1946: Returned from 7 days annual leave. Not AOL.

18-D

Comdt Cir #33-46

U. R. HINMANT, Commander, USCG
By direction

SWAIN, David 227-049 BM1c

CG Group Ft. Pierce, Fla.

7th CG District 9/30/46

CG Group, Ft. Pierce, Fla. disestablished as such man covered by this report transferred to Jupiter Light Sta., Jupiter, Fla. at 1100 this date. Auth: Com7thCGD/D 232156Z Sept.

J. L. GRAY, Ch. Yeo'n., USCG

Fort Pierce, F

24 August, 1946
SWAIN, David (227-049) B.M.1c.
Commander, 7th CG District.

St. Augustine, Fla.,

Jupiter Light Station,
Jupiter, Fla.

August 46

COM7CGD (ENL) Order No. 12,468(07-001) 28 May 46

73-531

Miami, Florida

Jupiter Light Station, Jupiter, Fla.

Mary E. Swain Wife
Betty Jean Swain Daughter

20 July, 1934

Mailed to Lewis 8-24
He was directed to report
Jacksonville on to District

is not

DAVID SWAIN,

B.M.1c., USCG.

NAVCG 2766
(Revised 12-44)

# ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☐ [illegible]
☐ Restri[illegible]
☐ Confidentia[illegible]

ORDER NO. 1456 (07-069)

| UNIT | PLACE OR ADDRESS | DATE | FILE |
|---|---|---|---|
| CG GROUP BASE | MIAMI, FLORIDA | 6 JUNE, 1946 | CG-73-531 |

TO (insert name, surname first, Service No., rank or rating):

SWAIN, David (227-049) BM1c

1. In accordance with Comdr., 7thCG Dist/L, 5-28-46, CG-73-531Ord#12,468(07-001) { copy / certified copy / original of which is attached

PROCEED TO Ft. Pierce, Fla.
REPORT TO CO, CG Group, Ft. Pierce, Fla.
FOR Assign to duty as O-in-C, Jupiter Light Sta., Jupiter, Fla.

2. You will take charge of the 1 additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

| TRAVELER'S NAME(S) (Addressee) | SERVICE No. | RANK OR RATE | RECORDS ATTACHED (Indicate by check (✓) records included for each person) | | | |
|---|---|---|---|---|---|---|
| | | | SERVICE | HEALTH | PAY | OTHER |
| ADDRESSE | 227-049 | BM1c | yes | yes | yes | none |

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against 7th CG Dist. travel allotment, symbol 07-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by P&SI and indicated below, is (AUTHORIZED) (DIRECTED).

**GOVERNMENT TRANSPORTATION REQUEST.**

| T/R NUMBER(S) | SERVICE | FROM— | TO— | VIA— | PERSONS | VALUE |
|---|---|---|---|---|---|---|
| Neg 686, 313 | BUS | Miami, Fla. | Ft. Pierce, Fla. | FML | 1 | |

**MEAL TICKET(S) ISSUED** (Surrender unused or spoiled tickets at destination).

| NUMBERED FROM— | TO— | TOTAL TICKETS | TOTAL MEALS |
|---|---|---|---|
| | | | |

**PRIVATELY OWNED CONVEYANCE.**

| MAKE OF CAR | MODEL AND YEAR | LICENSE No. | STATE |
|---|---|---|---|

You are hereby furnished Forms _____, serially numbered from _____ to _____, to obtain a total of _____ gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

**OTHER** (specify):

ISSUED ITEMS AS DESCRIBED ABOVE.

(Signature) (Title) (Unit)

(OVER)

16—40626-2

4. LEAVE OF ABSENCE in the amount of no days and no days travel time is hereby authorized for you (and your charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnished to and maintained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto—

From CG Group, Miamik Fla. (Specific location) To Jupiter Light Sta., Jupiter, Fla.

6. DELIVERED AND DEPARTED at 1200 (Time) on 6 June, 1946 (Date)

E. G. BROOKS, Comdr., USCG
(Signature of commanding officer, transferring unit)

IND-1.

RECEIVED AT CG Group Base, Miami, Fla. (Place) on 6-6-46 (Date) at 1200 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

David Swain
(Signature of addressee)

IND-2. **INTERMEDIATE REPORTING**

| UNIT AND PLACE OR ADDRESS | TIME DATE | GOVERNMENT FACILITIES FURNISHED (Yes or No) | | SIGNATURE |
|---|---|---|---|---|
| | | QUARTERS | SUBSISTENCE | |
| CG GROUP, Ft. Pierce, FLa. | Reported 1900 6/6/46 | Yes | Yes | J. P. Gray, Lt. Comdr., USCG |
| CG GROUP, Ft. Pierce, Fla. | Departed 0900 6/7/46 | Yes | Yes | J. P. GRAY, Lt. Comdr., USCG |
| | Reported | | | |
| | Departed | | | |
| | Reported | | | |
| | Departed | | | |

IND-3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

Jupiter Light Station Jupiter Fla (Unit) (Place or address) 1300 (Time) 6-7-46 (Date)

Jack M. Publee BM2c
(Signature of commanding officer at destination)

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1. "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

## GENERAL INSTRUCTIONS

Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials. Maintain proper conduct and uniform of yourself and your charge at all times. The *intemperate use of alcoholic beverages* and the conduct usually characteristic of intoxicated men constitute *offenses against Coast Guard Regulations* and will be dealt with accordingly.. Attention is directed to the joint control of Navy–Army–Coast Guard–Marine Corps personnel by shore patrol and military police. Shore patrols and military police shall be obeyed and cooperated with at all times. In case of delay which will prevent reporting at designated time, advise destination officer of facts, including estimated time of arrival. If unable to contact destination officer, communicate with nearest DCGO if practicable, otherwise with nearest Coast Guard command *without delay.* In event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain *signed* certificate from responsible persons to confirm facts causing delay.

## SPECIAL INSTRUCTIONS

cc: Comdr., 7th CG Dist(pra)
Comdr., 7th CG Dist(fpd)
Dist. Travel Allot.
O-in-C, Ft. Pierce, Fla.
Card Index
Order File



U. S. GOVERNMENT PRINTING OFFICE 16—40626-2

NAVCG 2766
(Revised 12-44)

# ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☐ [illegible]
☐ Restricted
☐ Confidential

ORDER NO. 1456 (07-069)

| UNIT | PLACE OR ADDRESS | DATE | FILE |
|---|---|---|---|
| CG GROUP BASE | MIAMI, FLORIDA | 6 JUNE, 1946 | CG-73-531 |

TO (insert name, surname first, Service No., rank or rating):

SWAIN, David (227-049) BMlc

1. In accordance with Comdr., 7th CG Dist/L, 5-28-46, CG-73-531 Ord #12,468 (07-00) { copy / certified copy / original of which is attached

PROCEED TO ..... Ft. Pierce, Fla.
REPORT TO ..... CO, CG Group, Ft. Pierce, Fla.
FOR ..... Assign to duty as O-in-C, Jupiter Light Sta., Jupiter, Fla.

2. You will take charge of the ..... additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

| TRAVELER'S NAME(S) (Addressee) | SERVICE No. | RANK OR RATE | RECORDS ATTACHED (Indicate by check (✓) records included for each person) | | | |
|---|---|---|---|---|---|---|
| | | | SERVICE | HEALTH | PAY | OTHER |
| ADDRESSEE | 227-049 | BMlc | yes | yes | yes | none |

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against 7th CG Dist travel allotment, symbol ..... 07-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by ..... P&SI ..... and indicated below, is (AUTHORIZED) (DIRECTED).

**GOVERNMENT TRANSPORTATION REQUEST.**

| T/R NUMBER(S) | SERVICE | FROM— | TO— | VIA— | PERSONS | VALUE |
|---|---|---|---|---|---|---|
| Nog 686, 313 | BUS | Miami, Fla. | Ft. Pierce, Fla. | FWL | 1 | |

**MEAL TICKET(S) ISSUED** (Surrender unused or spoiled tickets at destination).

| NUMBERED FROM— | TO— | TOTAL TICKETS | TOTAL MEALS |
|---|---|---|---|
| | | | |

**PRIVATELY OWNED CONVEYANCE.**

| MAKE OF CAR | MODEL AND YEAR | LICENSE No. | STATE |
|---|---|---|---|

You are hereby furnished Forms ....., serially numbered from ..... to ....., to obtain a total of ..... gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

**OTHER** (specify):

ISSUED ITEMS AS DESCRIBED ABOVE.

(Signature) ..... (Title) ..... (Unit) .....

(OVER)

16—40626-2

LEAVE OF ABSENCE in the amount of _____ days and _____ days travel time is hereby authorized for you (and your charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnished to and maintained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto—

From CG Group, Miami, Fla. (Specific location) To Jupiter Light Sta., Jupiter, Fla.

6. DELIVERED AND DEPARTED at 1200 (Time) on 6 June, 1946 (Date)

E. G. BROOKS, Comdr., USCG
(Signature of commanding officer, transferring unit)

IND–1.

RECEIVED AT CG Group Base, Miami, Fla. (Place) on 6-6-46 (Date) at 1200 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

David Swain
(Signature of addressee)

IND–2. **INTERMEDIATE REPORTING**

| UNIT AND PLACE OR ADDRESS | TIME DATE | GOVERNMENT FACILITIES FURNISHED (Yes or No) | | SIGNATURE |
|---|---|---|---|---|
| | | QUARTERS | SUBSISTENCE | |
| CG GROUP, Ft.Pierce,Fla. | Reported 1900 6/6/46 | Yes | Yes | J.L.GRAY,Lt.Comdr.,USCG |
| CG GROUP, Ft.Pierce,Fla. | Departed 0900 6/7/46 | Yes | Yes | J.L.GRAY,Lt.Comdr.,USCG |
| | Reported | | | |
| | Departed | | | |
| | Reported | | | |
| | Departed | | | |

IND–3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

Jupiter Light Station, Jupiter, Fla. 1300 6-7-46
(Unit) (Place or address) (Time) (Date)

JACK M. PEEBLES, B.M.2c.
(Signature of commanding officer at destination)

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1. "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

## GENERAL INSTRUCTIONS

Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials. Maintain proper conduct and uniform of yourself and your charge at all times. The *intemperate use of alcoholic beverages* and the conduct usually characteristic of intoxicated men constitute *offenses against Coast Guard Regulations* and will be dealt with accordingly. Attention is directed to the joint control of Navy–Army–Coast Guard–Marine Corps personnel by shore patrol and military police. Shore patrols and military police shall be obeyed and cooperated with at all times. In case of delay which will prevent reporting at designated time, advise destination officer of facts, including estimated time of arrival. If unable to contact destination officer, communicate with nearest DCGO if practicable, otherwise with nearest Coast Guard command *without delay.* In event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain *signed* certificate from responsible persons to confirm facts causing delay.

## SPECIAL INSTRUCTIONS

cc: Comdr.,7th CG Dist(pra)
Comdr.,7th CG Dist(fpd)
Dist. Travel Allot.
C-in-C, Ft. Pierce, Fla.
Card Index
Order File

Certified to be a true copy
I. L. W. FARNSLEY
Lieutenant U. S. C. G.

NAVCG–2766 (Back)

U. S. GOVERNMENT PRINTING OFFICE 16—40626-2

NAVCG 2766
(Revised 12-44)

# ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☐ Restricted
☐ Confidential

ORDER NO. 1456(07-069)

| UNIT | PLACE OR ADDRESS | DATE | FILE |
|---|---|---|---|
| CG GROUP BASE | MIAMI, FLORIDA | 6 JUNE, 1946 | CG-73-531 |

TO (insert name, surname first, Service No., rank or rating):

SWAIN, David (227-049) BMlc

1. In accordance with Comdr., 7th CG Dist/L, 5-28-46, CG-73-531Ord#12,468(07-069) (copy / certified copy / original of which is attached

PROCEED TO Fort Pierce, Florida.
REPORT TO CO, CG Group, Fort Pierce, Florida.
FOR Assign to duty as O-in-C, Jupiter Light Sta., Jupiter, Fla.

2. You will take charge of the 1 additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

| TRAVELER'S NAME(S) (Addressee) | SERVICE No. | RANK OR RATE | RECORDS ATTACHED (Indicate by check (✓) records included for each person) | | | |
|---|---|---|---|---|---|---|
| | | | SERVICE | HEALTH | PAY | OTHER |
| ADDRESSE | 227-049 | BMlc | yes | yes | yes | none |

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against 7th CG Dist. travel allotment, symbol 07-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, prescribed by P&SI and indicated below, is (AUTHORIZED) (DIRECTED).

**GOVERNMENT TRANSPORTATION REQUEST.**

| T/R NUMBER(S) | SERVICE | FROM— | TO— | VIA— | PERSONS | V |
|---|---|---|---|---|---|---|
| Neg 686,313 | Bus | Miami, Fla. | Fort Pierce, Fla. | FML | 1 | |

**MEAL TICKET(S) ISSUED** (Surrender unused or spoiled tickets at destination).

| NUMBERED FROM— | TO— | TOTAL TICKETS | TOTAL MEAL |
|---|---|---|---|
| | | | |

**PRIVATELY OWNED CONVEYANCE.**

| MAKE OF CAR | MODEL AND YEAR | LICENSE No. | STATE |
|---|---|---|---|

You are hereby furnished Forms ____, serially numbered from ____ to ____, to obta
total of ____ gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

**OTHER** (specify):

ISSUED ITEMS AS DESCRIBED ABOVE:

(Signature) (Title) (Unit)

(OVER)

16—40

4. LEAVE OF ABSENCE in the amount of no days and no days travel time is hereby authorized for charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnish tained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled ther
From CG Group, Miami, Fla. (Specific location) To Jupiter Light Sta., Jupiter,

6. DELIVERED AND DEPARTED at 1200 (Time) on 6 June, 1946 (Date)

E. G. BROOKS, Comdr,
(Signature of commanding officer, tra

IND-1.

RECEIVED AT CG Group Base, Miami, Fla. (Place) on 6-6-46 (Date) at 1200 (Time)
enclosures listed in paragraph 2 is acknowledged.

David Swain
(Signature of addressee)

IND-2. **INTERMEDIATE REPORTING**

| UNIT AND PLACE OR ADDRESS | TIME DATE | GOVERNMENT FACILITIES FURNISHED (Yes or No) | | SIGNATURE |
|---|---|---|---|---|
| | | QUARTERS | SUBSISTENCE | |
| CG Group, Ft. Pierce, Fla. | Reported 1900 6/6/46 | Yes | Yes | J. L. GRAY, Lt. CG |
| CG Group, Ft. Pierce, Fla. | Departed 0900 6/7/46 | Yes | Yes | J. L. GRAY, Lt. USCG |
| | Reported | | | |
| | Departed | | | |
| | Reported | | | |
| | Departed | | | |

IND-3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

Jupiter Light Station, Jupiter, Fla. 1300 6/7/46
(Unit) (Place or address) (Time) (Date)

Jack M. Peebles, BM2c
(Signature of commanding officer at destination)

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1. "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

## GENERAL INSTRUCTIONS

Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials. Maintain proper conduct and uniform of yourself and your charge at all times. The *intemperate use of alcoholic beverages* and the conduct usually characteristic of intoxicated men constitute *offenses against Coast Guard Regulations* and will be dealt with accordingly. Attention is directed to the joint control of Navy–Army–Coast Guard–Marine Corps personnel by shore patrol and military police. Shore patrols and military police shall be obeyed and cooperated with at all times. In case of delay which will prevent reporting at designated time, advise destination officer of facts, including estimated time of arrival. If unable to contact destination officer, communicate with nearest DCGO if practicable, otherwise with nearest Coast Guard command *without delay.* In event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain *signed* certificate from responsible persons to confirm facts causing delay.

## SPECIAL INSTRUCTIONS

cc: Comdr., 7th CG Dist(pra)
Comdr., 7th CG Dist(fpd)
Dist. Travel Allot.
O-in-C, Ft. Pierce, Fla.
Card Index
Order File

Certified to be a true copy.
L. W. FARNSLEY
Lieutenant (jg) U. S. C. G.


U. S. GOVERNMENT PRINTING OFFICE 16—40626-2

NAVCG 2766
(Revised 12-44)

# ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☐ Restr...
☐ Confidenti...

ORDER NO. 1456(07-069)

| UNIT | PLACE OR ADDRESS | DATE | FILE |
|---|---|---|---|
| CG GROUP BASE | MIAMI, FLORIDA | 6 JUNE, 1946 | CG-73-531 |

TO (insert name, surname first, Service No., rank or rating):

SWAIN, David (227-049) BMlc

1. In accordance with Comdr., 7th CG Dist/L, 5-28-46, CG-73-5310rd#12,468(07-069) ☐ copy ☐ certified copy original of which is attached

PROCEED TO Fort Pierce, Florida.
REPORT TO CO, CG Group, Fort Pierce, Florida.
FOR Assign to duty as O-in-C, Jupiter Light Sta., Jupiter, Fla.

2. You will take charge of the 1 additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

| TRAVELER'S NAME(S) (Addressee) | SERVICE No. | RANK OR RATE | RECORDS ATTACHED (Indicate by check (✓) records included for each person) | | | |
|---|---|---|---|---|---|---|
| | | | SERVICE | HEALTH | PAY | OTHER |
| ADDRESSE | 227-049 | BMlc | yes | yes | yes | none |

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against 7th CG Dist. travel allotment, symbol 07-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by P&SI and indicated below, is (AUTHORIZED) (DIRECTED).

**GOVERNMENT TRANSPORTATION REQUEST.**

| T/R NUMBER(S) | SERVICE | FROM— | TO— | VIA— | PERSONS | VALUE |
|---|---|---|---|---|---|---|
| Neg 686,313 | Bus | Miami, Fla. | Fort Pierce, Fla. | FML | 1 | |

**MEAL TICKET(S) ISSUED** (Surrender unused or spoiled tickets at destination).

| NUMBERED FROM— | TO— | TOTAL TICKETS | TOTAL MEALS |
|---|---|---|---|
| | | | |

**PRIVATELY OWNED CONVEYANCE.**

| MAKE OF CAR | MODEL AND YEAR | LICENSE No. | STATE |
|---|---|---|---|

You are hereby furnished Forms ....., serially numbered from ..... to ....., to obtain a total of ..... gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

**OTHER** (specify):

ISSUED ITEMS AS DESCRIBED ABOVE,

(Signature) (Title) (Unit)

(OVER)

16—40626-2

4. LEAVE OF ABSENCE in the amount of no days and no days travel time is hereby authorized for you (and your charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnished to and maintained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto—
From CG Group, Miami, Fla. (Specific location) To Jupiter Light Sta., Jupiter, Fla.

6. DELIVERED AND DEPARTED at 1200 (Time) on 6 June, 1946 (Date)

E. G. BROOKS, Comdr., USCG
(Signature of commanding officer, transferring unit)

IND-1.

RECEIVED AT CG Group Base, Miami, Fla. (Place) on 6-6-46 (Date) at 1200 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

David Swain
(Signature of addressee)

IND-2. **INTERMEDIATE REPORTING**

| UNIT AND PLACE OR ADDRESS | | TIME | DATE | GOVERNMENT FACILITIES FURNISHED (Yes or No) QUARTERS | GOVERNMENT FACILITIES FURNISHED (Yes or No) SUBSISTENCE | SIGNATURE |
|---|---|---|---|---|---|---|
| CG Group, Ft. Pierce, Fla. | Reported | 1900 | 6/6/46 | Yes | Yes | J. L. GRAY, Lt. Comdr. USCG |
| CG Group, Ft. Pierce, Fla. | Departed | 0900 | 6/7/46 | Yes | Yes | J. L. GRAY, Lt. Comdr. USCG |
| | Reported | | | | | |
| | Departed | | | | | |
| | Reported | | | | | |
| | Departed | | | | | |

IND-3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

Jupiter Light Station, Jupiter, Fla. 1300 6/7/46
(Unit) (Place or address) (Time) (Date) Jack M. Peebles, BM2c
(Signature of commanding officer at destination)

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1. "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

## GENERAL INSTRUCTIONS

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## SPECIAL INSTRUCTIONS

cc: Comdr., 7th CG Dist(pra)
Comdr., 7th CG Dist(fpd)
Dist. Travel Allot.
C-in-C, Ft. Pierce, Fla.
Card Index
Order File

Certified to be a true copy.
L. W. FARNSLEY
Lieutenant (jg.) U. S. C. G.


U. S. GOVERNMENT PRINTING OFFICE 16—40626-2

Address Reply to
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT (p)
Refer to File CG-73-531

UNITED STATES COAST GUARD

(ENL) Order No. 12,468 (07-001)

28 May, 1946

To: CO, CG Group, Miami, Florida

Subj: SWAIN, David (227-049) BM1c; orders; transfer; travel

1. Upon receipt hereof, transfer subject-named may from Fowey Rocks Light Station to Fort Pierce, Fla., directing him to report upon arrival thereat to the CO, CG Group for assignment to duty as Officer-in Charge of Jupiter Inlet Light Station.

2. Travel necessary to the execution of this order is required by the public interests and is authorized, chargeable against the 7th CG District Travel Allotment, Symbol No. 07-20.

3. This order constitutes a permanent change of station.

4. Records and account will be carried on transfer.

R. R. SMITH
By direction

CC: CO, CG Gp, Ft. Pierce, Fla.
Dist Allot
Dist Pay
File
Day File
M&F

Certified to be a true copy.
L. W. FARNSLEY
Lieutenant (jg) U. S. C. G.

Address Reply to
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT (p)
Refer to File 00-73-531

UNITED STATES COAST GUARD

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R. R. SMITH
By direction

CC: CO, CG Grp, Ft. Pierce, Fla.
Dist Allot
Dist Pay
File
Day File
MKP

Certified to be a true copy.
L. W. FARNSLEY
Lieutenant (jg) U. S. C. G.

Address Reply to
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT (p)
Refer to File CG-73-531

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R. R. SMITH
By direction

CC: CO, CG Grp, Ft. Pierce, Fla.
Dist Allot
Dist Pay
File
Day File
MAF

Certified to be a true copy.
L. W. FARNSLEY,
Lieutenant (jg) U. S. C. G.

UNITED STATES COAST GUARD
536 DU PONT BUILDING
MIAMI 30, FLORIDA

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER (pra)
SEVENTH NAVAL DISTRICT
REFER TO FILE: CG-73

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

29 March, 1946

To: Commanding Officer, Coast Guard Group, Miami, Florida

Subj: SWAIN, David (227-049) BMlc; recommendation for advancement in rating to Chief Boatswain's Mate (acting)

1. Considering recent replies from Headquarters to all recommendations for advancement of individuals to chief petty officer ratings, especially chief boatswain's mate, it is not deemed advisable at this time to forward subject-named man's recommendation to HQ at this time, and letter is herewith returned.

2. Following is an excerpt from a typical letter from Headquarters:

> "In view of the fact that the number of chief petty officers in this specialty in the regular Coast Guard is far in excess of anticipated requirements for the post-war Service, the recommendation that _____ be advanced has been filed in his service jacket without action. Future advancements to acting chief petty officer of this specialty will not be considered until the permanent post-war rating structure of the Service has been established and advancements then, if authorized, will be entirely dependent upon Service needs."

Similar letter has also been received in answer to all requests for advancement to coxswain or boatswain's mate ratings.

3. It is suggested, however, that letter of recommendation be submitted after 30 June, 1946.

F. H. Collins

F. H. COLLINS
By direction

UNITED STATES COAST GUARD

DU PONT BUILDING
MIAMI, FLORIDA




ADDRESS REPLY TO
~~DISTRICT COAST GUARD OFFICER~~
~~SEVENTH NAVAL DISTRICT~~ C.O., CG Group
REFER TO FILE: CG 73

...ST. COAST GUARD OFFICE
7TH NAVAL DIST., MIAMI, FLA.
MAR 28 9 52 AM '46

27 March, 1946

To: The Commandant, (PEA)

Via: DCGO,7ND (p)

Subj: SWAIN, David (227-049) BM1c; recommendation for advancement in rating to Chief Boatswain's Mate (acting)

1. It is recommended that subject man be advanced in rating to that of Chief Boatswain's Mate, (acting). He is deemed qualified in all respects for the advancement.

2. Swain has completed fifteen years in the U.S. Lighthouse Service, four and one half years of active duty in the Coast Guard, and has completed the CG Institute course for Chief Boatswain's Mate with a certificate mark of 90%. He has held his present rating for a period of thirty-four months and while attached to this command he has demonstrated his ability as a Boatswain's Mate.

3. Marks assigned subject man for the last four quarters are averaged as follows:

| | |
|---|---|
| Proficiency in rating | 3.7 |
| Ability as leader of men | 3.7 |
| Seamanship | 3.5 |
| Conduct | 4.0 |

E. G. BROOKS
Commanding

[redacted] C.O., CG Group
CG 73

27 March, 1946

To: The Commandant, (PEA)

Via: DCGO,7ND (p)

Subj: SWAIN, David (227-049) BMlc; recommendation for advancement in rating to Chief Boatswain's Mate (acting)

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|---|---|
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| Ability as leader of men | 3.7 |
| Seamanship | 3.5 |
| Conduct | 4.0 |

E. G. BROOKS
Commanding

C.O., CG Group OF ENLISTED PERSONNEL

CG 73

Address Miami, Florida Date 19 March, 1946.

27 March, 1946 (227-049) Mate Name, Serv. No., Rate

I, the undersigned, hereby certify that the above named person was this date examined by me as to his qualifications for the rate of Chief Boatswain's Mate(s)

To: The Commandant, (PEA)

Via: DCGO,7ND (p)

Subj: SWAIN, David (227-049) Mate; recommendation for advancement in rating to Chief Boatswain's Mate (acting)

| Mark |
|---|
| 3.5 |

1. It is recommended that subject man be advanced in rating to that of Chief Boatswain's Mate, (acting). He is deemed qualified in all respects for the advancement.

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|---|---|
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| Ability as leader of men | 3.7 |
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| Conduct | 4.0 |

To _____ Date _____
To _____ Date _____
To _____ Date _____
To _____ Date _____
To _____ Date _____
To _____ Date _____

Date
Via: DCGO 7ND

E. G. BROOKS
Commanding

Forwarded, approved, recommending authorization.

Asst.
[illegible]ND, Miami, Fla. (p)
File:

Returned. (Authorized, effective _____, provided oath not and performance of duty since recommendation [illegible] ATTACH THIS APPLICATION TO Form 2577 (ADDRESSED TO U.S.) (Not authorized in view of

DCGO 7ND (Per-112)
SUBMIT IN TRIPLICATE; SIGN ALL COPIES
Submit 2 extra copies, all HA & PhM exams.

REPORT OF EXAMINATION OF ENLISTED PERSONNEL

Unit CG GROUP BASE Address Miami, Florida Date 19 March, 1946

SWAIN, David (227-049) BM1c Name, Serv. No., Rate

We, the undersigned, hereby certify that the above-named person was this date examined for advancement or change to the rating of Chief Boatswain's Mate(a) as indicated below.

RESULTS OF EXAMINATION

| PRACTICAL FACTORS: | MARK | PROFESSIONAL SUBJECTS: | MARK |
|---|---|---|---|
| From Para. No. 28 1(a) | 3.4 | From Para. No. 28 2(b) | 3.5 |
| Sub-Para. No. 28 1(b) | 3.4 | Sub-Para. No. 28 3(a) | 3.5 |
| P.B. 76-44 | | P.B. 76-44 | |

C. R. Lindenberg A. Schultz F. G. Jones.

C. R. LINDENBERG, Lt., USCGR A. SCHULTZ, Bos'n, USCG F. G. JONES, Bos'n, USCG
Signature & Rank of Member Signature & Rank of Member Signature & Rank of Member
(3 members for exams. for pay grade 1A; 2, for all others. Para. 10, P.B. 76-44.)

Date of active duty _____ Date assigned this activity _____
Age _____ Synopsis of Sea Duty _____
Resident courses successfully completed, and dates of completion:

Institute courses completed, and dates of certificates. If waived, state reasons:

| ALL advancements, changes, or reductions in rating: | | ALL marks assigned during required period: | | |
|---|---|---|---|---|
| | | Date | Prof. in Rating | Conduct |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |

Date
To: DCGO 7ND

Forwarded, approved, recommending authorization.

E. C. BROOKS, Comdr., USCG
Signature of Commanding Officer

Ind-1
DCGO 7ND, Miami, Fla. (p)
File:

Returned. (Authorized, effective _____, provided conduct and performance of duty since recommendation warrant advancement. ATTACH THIS AUTHORITY TO FORM 2599 FORWARDED TO HQ.) (Not authorized in view of

DCGO 7ND (Per-112)
SUBMIT IN TRIPLICATE; SIGN ALL COPIES
Submit 2 extra copies, all HA & PhM exams.

REPORT OF EXAMINATION OF ENLISTED PERSONNEL

Unit CG GROUP BASE Address Miami, Florida Date 19 March, 1946

SWAIN, David (227-049) BM1c
Name, Serv. No., Rate

We, the undersigned, hereby certify that the above-named person was this date examined for advancement or change to the rating of Chief Boatswain's Mate(s) as indicated below.

RESULTS OF EXAMINATION

| PRACTICAL FACTORS: | MARK | PROFESSIONAL SUBJECTS: | MARK |
|---|---|---|---|
| From Para. No. 28 1(a) | 3.4 | From Para. No. 28 2(b) | 3.5 |
| Sub-Para. No. 28 1(b) | 3.4 | Sub-Para. No. 28 3(a) | 3.5 |
| P.B. 76-44 | | P.B. 76-44 | |

C. R. Lindenberg A. Schultz F. G. Jones.

C. R. LINDENBERG, Lt., USCGR A. SCHULTZ, Boats, USCG F. G. JONES, Boats, USCG
Signature & Rank of Member Signature & Rank of Member Signature & Rank of Member
(3 members for exams. for pay grade 1A; 2, for all others. Para. 10, P.B. 76-44.)

Date of active duty _____ Date assigned this activity _____
Age _____ Synopsis of Sea Duty _____
Resident courses successfully completed, and dates of completion:

Institute courses completed, and dates of certificates. If waived, state reasons:

| ALL advancements, changes, or reductions in rating: | | ALL marks assigned during required period: | | |
|---|---|---|---|---|
| | | Date | Prof. in Rating | Conduct |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |
| To _____ | Date _____ | | | |

Date
To: DCGO 7ND

Forwarded, approved, recommending authorization.

E. O. BROOKS, Comdr., USCG
Signature of Commanding Officer

Ind-1
DCGO 7ND, Miami, Fla. (p)
File:

Returned. (Authorized, effective _____, provided conduct and performance of duty since recommendation warrant advancement. ATTACH THIS AUTHORITY TO FORM 2599 FORWARDED TO HQ.) (Not authorized in view of



## INSTRUCTIONS

rks to be assigned upon discharge, even though the period is less than one

ARTICLE 6.—In addition to recording the award of a good-conduct medal, honorable discharge button, or other medal or decoration, record should be made of special commendations by Headquarters or the performance of duty of an exceptionally excellent character.

ARTICLE 7.—Record should especially be made of special qualifications of an enlisted man not required in his rating, which will serve as a guide for advancement and the utilization of the man on special duty to best advantage.

ARTICLE 8.—Record details to duty drawing extra compensation, such as messmen, mail clerk, etc., and to special duty not ordinarily assigned to rating, such as recruiting, intelligence duty, instruction in radio, etc. (Will include inter-unit transfers.)

ARTICLE 10.—It is most important that an accurate record be kept of all periods during which a man is not in a pay status, in order that Article 16 may be executed correctly. An accurate record shall be kept of all absences on account of:

(1) Absence without leave (including overleave and desertion).

(2) Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

(3) Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

Abbreviations may be used in the "Remarks" column to indicate nature of absence, as follows:

A. W. O. L.—Absence without leave (including overleave and desertion).

A. O. M. (absent, own misconduct).—Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

Conf.—Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

ARTICLE 13.—On desertion this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 14.—On retirement this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 16.—The entries under Article 10 will be considered when compiling Article 16.

ARTICLE 17.—This certificate will be executed on discharge or death.

No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

**As far as possible, all entries on Service Record should be made on the typewriter.**

U. S. GOVERNMENT PRINTING OFFICE 16—9677

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

# ENLISTMENT CONTRACT

ENLISTMENT of SWAIN, David (Full name, surname to left) 227-049 (Service number) as Coxswain (Rating)

U. S. Coast Guard ~~Cutter~~ Station St. Augustine Lighthouse, District, St. Augustine, Florida. (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at St. Augustine, Florida. (Place)

1. I, David Swain (Full name), this 4th day of June, 19 41, desiring 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: Never.

2. I was born in Brunswick County, N. C., on 20 December, 1895 Citizenship [a] NB

If naturalized, place and date of naturalization ____ Certificate No. ____

If intentions declared, place and date of declaration ____

Home address St. Augustine Lighthouse, Anastasia, Florida.

Full name and address of the following: Mary Etta Swain, As above. (Wife, if any)
Jacqueline Swain (age 17 years), Carrie Louise Swain (age 13 years), Betty Jane Swain (age 6 years), all daughters residing at Anastasia, Florida. (Children under 21 years of age. Specify ages of children)

deceased. (Mother, if living) Widowed? ____

No others. (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 authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

Never arrested. (State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have not (If "not," so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

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 ____ (Kind of discharge) discharge, herewith submitted, serial No. ____

9. I agree to and with the United States of America, represented by David C. Kierbow, Y.1c. (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 through unauthorized absence or by absence on account of injury, sickness, or 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 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 David C. Kierbow, Y.1c. (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the said David Swain (Name of person enlisting) who has hereunto signed his

[a] 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.

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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.

**This enlistment effected pursuant to the Act of August 5, 1939.**

David Swain

David Swain.
(Signature of enlisted person)

UNITED STATES OF AMERICA.

By David C. Kierbow
DAVID C. KIERBOW, Yeoman, first class, USCG
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

David C. Kierbow
DAVID C. KIERBOW,
Yeoman, first class *U. S. C. G., Enlisting Officer.*

## 11. OATH OF ALLEGIANCE

I, David Swain (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.

David Swain
David Swain,
(Signature of enlisted person)

Subscribed and sworn to before me this 4th day of June, A. D. 19 41.

Joseph L. Dumas
(Comdg. officer, officer in charge of a unit, or notary public)

## 12. DESCRIPTIVE LIST

Age 45 years 6 months. Height 5 feet 8½ inches. Weight 149 pounds. Eyes Blue

Hair Brown Complexion Ruddy Color White Married Yes.

Distinguishing marks Appendectomy scar 3" long; Hernia scar, right side, 6" long.

## 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.

16—8420

Form 2500–A
TREASURY DEPARTMENT
U. S. COAST GUARD

# VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. Captain of the Port
(Unit)
New Smyrna Beach, Florida
(Place)
4 June, 1944
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder,

I, David Swain (Name of applicant), 227-049 (Service number), B.M.1c. (Rating), having on 4 June, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of Three year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of Three 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 In accordance with Alcoast #83, I further agree to the extension of this enlistment by the Secretary of the Navy for such additional time as may be deemed necessary in the public interests and time not to extend beyond six months after the date of termination of the war or national emergency.

David Swain
(Signature of applicant)

Tip of right forefinger

Voluntarily agreed and subscribed to before me this 4th day of June

A. D., 19 44

F. A. HOFFMAN, Lieutenant Commander, USCGR
(Commanding officer or notary public)

---

U. S. C. G. Captain of the Port
(Unit)
New Smyrna Beach, Florida
(Place)
4 June, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the date immediately following the date of expiration of said term of enlistment.

F. A. HOFFMAN, Lieutenant Commander, USCGR
(Officer authorized to accept extension)

---

U. S. C. G. Headquarters, Washington, D. C.

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

Original will be filed at headquarters.
Duplicate will become first page of service record.

16—21990 U. S. GOVERNMENT PRINTING OFFICE

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

Sheet

# SERVICE RECORD

RECORD OF SWAIN, David 227-049
(Full name, surname to the left) (Service No.)

## 1. TRANSFERS

| Departed from— Unit | Date | Signature | Reported to— Unit | Date | Signature |
|---|---|---|---|---|---|
| | | | St Augustine Li. Sta. 6-4-42 | | |
| L.H.O. St. Aug. Fla. | 10-1-42 | Lt. (jg | SCGO St. Aug. Fla | 10-1-42 | Lt. jg |
| | 12-31-42 | | Cap. New Smyrna, Fla. | 1-1-43 | |
| COP NEW SMYRNA | DEC 6 1944 | | | | |
| C G Group Ft. Pierre, Fla | 6-8-45 | | | | |
| | | | COP FT. PIERCE, FLA | 12-6-44 | |
| | | | CG GROUP, Miami, Fla. | 6-20-45 | LtComdr. |
| CG Grp Miami, Fla | 6-6-46 | | | 6-6-46 | |
| | 9-30-46 | | Jupiter Light Sta | 9-30-46 | |
| | 2 OCT 46 | | O, Cdr, 7th CGDist | 10-3-46 | By dir |
| O, Cdr 7 CGD | 6-3-47 | J. R. HINNANT | | | |
| Discharged. | | | | | |

## 2. CHANGES IN RATING

| Unit | Rated or disrated to— | Date | Signature |
|---|---|---|---|
| St. Augustine L.S. | B.M.2c.(Pro) | 2-17-42 | Capt. |
| COP. St. Aug. Fla. | CR to B.M.1c.(Pro) | 3-25-43 | |
| CG GROUP, Miami, Fla. 11/13/46 | Made permanent in rate of BM1c. AUTH: ALCOAST 143-45. | | Lt. Comdr. |



2—13678

gms

RECORD OF SWAIN, David 227-049

(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 | Rate | Proficiency in rating | Conduct / Seaman-ship | Leadership / Mech. Ability | Ability as leader of men | Health | Adaptability for warrant grade | Special Qualifications, or Special Detail / Vessel or station | Conduct | Signature |
|---|---|---|---|---|---|---|---|---|---|---|
| 9-30-41 | Cox. | 3.2 | 3.2 | 3.2 | 3.0 | | St. Augustine LH. | | 4.0 | |
| 12-31-41 | Cox. | 3.2 | 3.2 | 3.2 | 3.2 | | St. Augustine LH. | | 4.0 | |
| | BM2c | 3.2 | 3.2 | 3.2 | 3.2 | | St. Augustine LH. | | 4.0 | |
| 6-30-42 | BM2c | 3.2 | 3.2 | 3.2 | 3.2 | | St. Augustine L.S. | | 4.0 | |
| 9-30-42 | BM2c | 3.2 | 3.2 | 3.2 | 3.2 | | St. Augustine L.S | | 4.0 | |
| 12-31-42 | BM2c | 3.2 | 3.2 | 3.2 | 3.2 | | St. Augustine L.S. | | 4.0 | |
| 3-31-43 | BM1c. | 3.2 | 3.2 | 3.2 | 3.2 | | St. Augustine LH | | 4.0 | |
| 6-30-43 | BM1c | 3.2 | 3.2 | 3.2 | 3.2 | | | | 4.0 | |
| 9-30-43 | BM1c | 3.2 | 3.2 | 3.2 | 3.2 | | | | 4.0 | |
| 12-31-43 | BM1c | 3.2 | 3.2 | 3.2 | 3.2 | — | — | | 4.0 | |
| 3-31-44 | BM1c | 3.6 | 3.5 | 3.6 | 3.6 | | | | 4.0 | |
| 6-30-44 | BM1c | 3.6 | 3.5 | 3.6 | 3.6 | | | | 4.0 | |
| 9-30-44 | BM1c | 3.6 | 3.6 | 3.6 | 3.6 | | | | 4.0 | |
| DEC 6 1944 | BM1c | 3.7 | 3.7 | 3.6 | 3.6 | | | | 4.0 | |
| DEC 31 1944 | BM1c | Less than one month | | | | | | | 4.0 | |
| 3-31-45 | BM1c | 3.7 | 3.7 | 3.6 | 3.6 | | | | 4.0 | |
| 6-8-45 | BM1c | 3.7 | 3.7 | 3.6 | 3.6 | | | | 4.0 | |
| 6-30-45 | BM1c | LESS THAN ONE MONTH | | | | | GROUP, Miami, Fla. | | 4.0 | |
| 9-30-45 | BM1c | 3.7 | 3.7 | 3.6 | 3.6 | | CG GROUP, Miami, Fla | | 4.0 | |
| 12-31-45 | BM1c | 3.7 | 3.7 | 3.6 | 3.6 | | " " " " | | 4.0 | |
| 3-14-46 | BM1c | 3.7 | 3.7 | 3.6 | 3.6 | | " " " " | | 4.0 | |
| 3-31-46 | BM1c | Less than one month | | | | | " " " " | | 4.0 | |
| 6-6-46 | BM1c | 3.7 | 3.7 | 3.6 | 3.6 | | " " " " | | 4.0 | |
| 6-30-46 | BM1c | Less than one Month | | | | | | | 4.0 | |
| 9-30-46 | BM1c | 3.7 | 3.7 | 3.6 | 3.6 | | | | 4.0 | |
| 2 OCT-46 | " " | LESS THAN ONE MONTH | | | | | CG RADIO D/F STN JUPITER, FLA | | 4.0 | |
| 12-31-46 | BM1c | 3.6 | 3.6 | 3.6 | 3.6 | | O', Comdr. 7th CG Dist | | 4.0 | J. R. HINMAN, Comdr |
| 3-31-47 | BM1c | 3.5 | 3.5 | 3.5 | 3.5 | | | | 4.0 | |
| 6-3-47 | BM1c | 3.5 | 3.5 | 3.5 | 3.5 | | O, Cdr 7CGD | | 4.0 | J. R. HINMAN |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Average | | 3.5 | | | | 0, | Comdr 7th CGD | | 4.0 | J. R. HINMAN |

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 |
|---|---|---|
| | | |



U. S. GOVERNMENT PRINTING OFFICE 16—9076

RECORD OF SWAIN, David 227-049
(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 |
|---|---|---|---|
| CG GROUP, Miami, Fla. | 10-25-45 | Eligible for the American Campaign Medal, & authorized to wear the American Campaign Ribbon. ALNAV 351-45. | [illegible] Lt. Comdr. |
| CG Rad D/F Stn., Jupiter, Fla. | 2 Oct 46 | Auth wear Victory Medal #II Auth Alnav 352-45 | H. O. Freytag H. O. FREYTAG, C.O. |
| | | | |

RECORD OF SWAIN, David (Full name, surname to the left) 227-049 (Service No.)

## 7. SPECIAL QUALIFICATIONS

| Unit | Date | Proficient in— | Signature |
|---|---|---|---|
| CG Group, Miami, Fla. | 10-17-45 | Completed CG Institute course of CBM with mark of 90% | G. M. SCHELLENGER, Lt. Comdr. |

## 8. DETAILS

(Will include inter-unit transfers)

| Unit | Date From— | Date To— | Duty | Signature |
|---|---|---|---|---|
| CG Group - Ft Pierce | 12-6-44 | 6-8-45 | officer in charge Cape Canaveral Light | |
| CG GROUP, Miami, Fla. | 6-20-45 | | Fowey Rock Light Sta. | LtComdr. |
| CG GROUP, Miami, Fla. | 7-19-45 | 7-26-45 | Al(C) 6 days | Lt(R) |
| CG GROUP, Miami, Fla. | 8-20-45 | 8-27-45 | Al(C) 6 days | Lt.Comdr. |
| CG GROUP, Miami, Fla. | 9/22/45 | 9/29/45 | Al(C) 6 days | Lt.Comdr(R) |
| CG GROUP, Miami, Fla. | 10/26/45 | 11/3/45 | Al(C) 7 days | Lt.Comdr. |
| Jupiter Light Sta. | 6-6-46 | 2 Oct 46 | officer in charge. | H.O. + reports, C.O. |
| C, Cdr, 7th CG District | 10-3-46 | | CapeCanaveral Lt Sta | |



U. S. GOVERNMENT PRINTING OFFICE 2—13678

RECORD OF SWAIN, David (Full name, surname to the left) 227-049 (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:

_____ (Years) _____ (Months) _____ (Days)

(Notations under article 10 to be considered when executing this article.)

## 17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

The within-named man has been furnished travel allowance amounting to $_____ at the rate of _____ cents per mile from _____ to _____ _____ and paid $_____ in full to date of discharge. Name of pay officer _____

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION {To / Not to} REENLIST NEXT DAY.

Certified to be correct upon termination of service _____, 19____

_____

*Commanding Officer—Officer in Charge.*

U. S. GOVERNMENT PRINTING OFFICE 2—13078

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

RECORD OF SWAIN, David 227-042
(Full name, surname to the left) (Service No.)

## 9. LEAVE ACCOUNT
WITH PAY

| Unit | Date Departed | Date Returned | Number of days | Balance Annual | Balance Reenlist | Signature |
|---|---|---|---|---|---|---|
| St.Augustine LH | Credit 6-4-41 | | | 30 | 0 | |
| St.Augustine LH | 11-18-41 | 12-8-41 | 19 | 11 | 0 | |
| St.Augustine L.H. | Credit 6-4-42 | | | 30 | 0 | |
| St.Augustine L.H. | Credit 6-4-43 | | | 30 | 0 | |
| COP,St.Aug.Fla. | 7-14-43 | 7-27-43 | *10 | 20 | 0 | |
| COTP,New Smyrna | 6/4/44 | | CREDIT | 30 | 10 | |
| COTP NEW SMYRNA | 8-3-44 | 8-14-44 | 10 days | 20 | 10 | |
| COTP NEW SMYRNA | 11-19-44 | 11-25-44 | 6 | 15 | 10 | |
| CG Group, Ft.Pierce, Fla | 6-4-45 | CREDIT | 30 | 30 | 10 | |
| CG GROUP, Miami, Fla. | 6-8-45 | 6-20-45 | 10(ex. of 1-20 TT enroute) | | 10 | Lt.Comdr. |
| ~~CGGROUP, Miami, Fla.~~ | ~~10/26/45~~ | ~~11/3/45~~ | 7 | 13 | 10 | ~~Lt.Comdr.~~ |
| ~~CGGROUP, Miami, Fla.~~ | ~~10/26/45~~ | ~~11/3/45~~ | 7(C) | 20 | 10 | ~~Lt.Comdr.~~ |
| CG GROUP, Miami, Fla. | 11/30/45 | 12/22/45 | 6(C) | 5 | | Lt. Comdr. |
| | CREDIT | 6-4-46 | | 30 | 10 | Lt.Comdr. |
| | 7-6-46 | 7-22-46 | 15 | 15 | 10 | |
| O, Cdr,7thCGDist | 11-23-46 | 12-1-46 | 7 | | | By dir |

*Granted two (2) days travel time.

RECORD OF SWAIN, David 227-049
(Full name, surname to the left) (Service Number)

**11. DESERTION**

Date ....., 19..... Unit ..... Place .....

**12. DEATH**

| Unit | Date | Cause | Place of burial | Disposition of effects | Was death in line of duty? | Signature |
|---|---|---|---|---|---|---|
| | | | | | | |

NAV. S. AND A. FORM 550

## MUSTERING OUT PAYMENT

| 227-049 | SWAIN, | David | (n) | BMlc USCG |
|---|---|---|---|---|
| (File or service No.) | Surname) | (First name) | (Initial) | (Rank or rating and branch of service) |
| 3 June, 1947 | 0, Comdr., 7th CG District | | | More than 60 days. |
| (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* 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.*

J. R. HINNANT, Commander, USCG
(Name and signature of officer authorized to sign in accordance with article 2085(3) 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)

David Swain
(Signature of applicant)

**ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:**
(Omit address if service is LESS than 60 days)

(Number) (Street)

Canaveral, Florida
(City) (Zone) (State)

Paid $300 LUMP SUM PAYMENT
ALNAV 360-45

**DISBURSING OFFICER'S PAYMENT DATA**

Paid $100.00

XXXXX 410-2339 18,176 6/4/47
(Public Voucher) (Check Number) (Date)

Paul Manning Ch. Disb. Officer Div. of Disb.

By: J. R. [illegible] USCG Assistant Disb. Officer 16-477

16—39039-1

TRIPLICATE

**MUSTERING OUT PAYMENT DIVISION DATA**

Has signified intention { to / not to XXX } reenlist next day.

Creditable Coast Guard service during this enlistment 6 (Years) 0 (Months) 0 (Days)

Completed Six years' net service for pay purposes on 3 June, 1947

Total time lost and deducted for pay purposes thereafter to date of discharge 0 (Years) 0 (Months) 0 (Days)

3 June, 1947
(Date)

Certified correct upon termination of service.

J. R. HINNANT, Comdr., USCG
By direction
*Commanding Officer.*

(4)

16—9676-2

RECORD OF SWAIN, David 227-049
(Full name, surname to the left) (Service Number)

## 11. DESERTION

Date ....., 19..... Unit ..... Place .....

## 12. DEATH

| Unit | Date | Cause | Place of burial | Disposition of effects | Was death in line of duty? | Signature |
|---|---|---|---|---|---|---|
| | | | | | | |

## 13. RETIREMENT

| Unit | Date | Cause | Authority | Signature |
|---|---|---|---|---|
| | | | | |

CODED
NO. 4

## 14. DISCHARGE

Date 3 June, 1947 Place O, Comdr., 7th CG District

Discharged by reason of Expiration of enlistment & extension thereof

Kind of discharge Honorable Serial No. B95652

Authority Art 589(1) CG Regs.

Rating Boatswain's Mate, first class Monthly rate of pay $141.75

Furnished travel allowance at the rate of .05 cents per mile from Miami, Fla.

to St. Augustine, Fla. and paid $ 79.45 in full to date of discharge

J.R. AUSTIN, LIEUT., USCG. Auth. Cert.Officer. with check No. In Cash.
(Name of Disbursing Officer)

Address subsequent to discharge will be:

Canaveral, Florida

PD $200.00 MOP 6/4/47 at O-COMDR.7th CGD, MIAMI,
BY J.R. AUSTIN, LIEUT., USCG. ASST.DISB.OFFICER,
PAUL D. BANNING, CDO, DIV. OF DISB., TREAS DEPT.
SYMBOL, 18-477.

J.R. AUSTIN, LT.USCG
Asst.Dist.Officer.

Has signified intention { to / not to } reenlist next day.

Creditable Coast Guard service during this enlistment 6 (Years) 0 (Months) 0 (Days)

Completed Six years' net service for pay purposes on 3 June, 1947

Total time lost and deducted for pay purposes thereafter to date of discharge 0 (Years) 0 (Months) 0 (Days)

3 June, 1947
(Date)

Certified correct upon termination of service.

J. R. KINNAN, Comdr., USCG
By direction *Commanding Officer.*



16—0676-2

N.C.G. 2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

SCGO- CAPTAIN OF THE PORT (Unit) — St. Augustine, Florida (Place)

1 October, 1943 (Date)

From: SWAIN, David (227-049) B.M.1c.
To: Commandant (Via SCGO - Captain of the Port, St. Augustine, Florida. District Coast Guard Officer, Seventh Naval 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:

| | |
|---|---|
| Mary Etta Swain | St. Augustine Lighthouse, Anastasia, Florida. |
| (Full name of wife, if not married, so state) | (Address of wife) |
| Carrie Louise Swain | Same as above. |
| (Full name of child, if none, so state) | (Address of child) |
| Betty Jane Swain | Same as above. |
| (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:

| | | |
|---|---|---|
| No others. | | |
| (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:

| | | |
|---|---|---|
| No others. | | |
| (Full name of relative) | (Relationship) | (Address of relative) |

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of October, 1943

David Swain
(Signature)

Boatswain's Mate, First Class
(Rank or rating)

G. R. LOEHR, Lieutenant, USCGR
(Signature of Commanding Officer)

SCGO-Captain of the Port
(Rank or title)

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CAPTAIN OF THE PORT (Unit) — St. Augustine, Florida (Place)

1 April, 1943 (Date)

FROM: SWAIN, David (227-049) B.M.1c.(Pro)
Captain of the Port, St. Augustine, Florida.

TO: COMMANDANT (via DCGO, 7ND, Miami, Florida.)

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:

| | |
|---|---|
| Mary Etta Swain (Full name of wife; if not married, so state) | St. Augustine Lighthouse, Anastasia, Florida (Address of wife) |
| Carrie Louise Swain (Full name of child; if none, so state) | As above (Address of child) |
| Betty Jene Swain (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:

| | | |
|---|---|---|
| No others. (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:

| | | |
|---|---|---|
| No others (Full name of relative) | (Relationship) | (Address of relative) |

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of April, 1943

G. R[illegible]
Captain of the Port
(Rank or title)

David Swain
DAVID SWAIN
(Signature)

B.M.1c.(Pro)
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

N.C.G.-2529
(Rev.9-2 41)

UNITED STATES COAST GUARD

3-V

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

SECTION COAST GUARD OFFICE (Unit) — St. Augustine, Florida (Place)

1 October, 1942 (Date)

From: SWAIN, David (227-049) B.M.2c.(Pro)

To: Commandant (via SCGO, St. Augustine, Fla., DCGO, Seventh Naval 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:

| | |
|---|---|
| Mary Etta Swain (Full name of wife, if not married, so state) | St. Augustine, Lighthouse Anastasia, Florida (address of wife) |
| Jacqueline Swain (Full name of child, if none, so state) | As above. (Address of child) |
| Carrie Louise Swain (Full name of child; if none, so state) | As above. (Address of child) |
| Betty Jene Swain (Full name of child; if none, so state) | As above. (Address of child) |

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

| | | |
|---|---|---|
| No others. (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:

| | | |
|---|---|---|
| No others. (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, 1942.

David Swain
(Signature)

B.M.2c.(Pro)
(Rank or rating)

J. MINOR EVING
(Signature)

Section Coast Guard Officer
(Rank or title)

N.C.G.-2529
(Rev.9-2 41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Coast Guard Office — St. Augustine, Florida
(Unit) (Place)

1 October, 1942
(Date)

From: SWAIN, David (227-04 8) B.M.2c.(Pro)
To: Commandant (via. SCG, St. Augustine, Fla.)
D8CG, Seventh Naval 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:

| | |
|---|---|
| Mary Etta Swain | St. Augustine Lighthouse Anastasia, Florida |
| (Full name of wife, if not married, so state) | (address of wife) |
| Jacqualine Swain | As above. |
| (Full name of child, if none, so state) | (Address of child) |
| Carrie Louise Swain | As above. |
| (Full name of child; if none, so state) | (Address of child) |
| Betty Jane Swain | As above. |
| (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:

| | | |
|---|---|---|
| No others. | | |
| (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:

| | | |
|---|---|---|
| No others. | | |
| (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, 1942

J. Munn Lewis
(Signature)
Section Coast Guard Officer
(Rank or title)

David Swain
(Signature)
B.M.2c.(Pro)
(Rank or rating)

File 3-73

FP-4

OFFICE MEMORANDUM

20 April 1960

To: Senior Member, Board for Correction of Military Records of the Coast Guard

From: Chief, Payments and Claims Division

Ref: (a) Subject 52.30-15, Regulations governing the Board for correction of military records of the Coast Guard

Subj: SWAIN, David (227-049) BM1, USCG, Retired: report of settlement

1. Complying with instructions contained in reference (a), there is set forth below an itemization of the settlement of subject's claim for monetary benefits due by reason of correction of military record.

**Records in this office have been changed to show Mr. Swain retired under the provisions of the 20 year law, with entitlement to additional 10% for good conduct, instead of the 30 year law.**

**His retired pay has been adjusted from 1 January 1952 to 31 March 1960. Total adjustment in the amount of $2,649.32 less $446.87 tax withheld. Effective 1 April 1960 his retired pay will be $221.78 per month.**

2. Payment in this case was made on D. O. Voucher No. ~~of $2,292.45~~ Du Schedule No. ~~April~~ / 60 ~~19~~ accounts of the Assistant Disbursing Officer, Symbol No. 5100. 98-PRR-394

H. F. GERHARDT
Acting

mrf

53981

3-13

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3646 (Rev. 12-61)

# DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY

*(See instructions on reverse side)*

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until canceled by me in writing.

| RETIRED MEMBER'S NAME (Last, First, Middle) | SERVICE NO. | GRADE OR RATE |
|---|---|---|
| ~~David~~ Swain, David | 227-049 | BM1 Ret. |

**DESIGNATION OF BENEFICIARY**

| SHARE | NAME | ADDRESS | RELATIONSHIP |
|---|---|---|---|
| 100 % | Mary E. Swain | 54 Comares Ave St. Augustine - Fla. | wife |
| % | | | |
| % | | | |

| SIGNATURE AND ADDRESS OF WITNESS | SIGNATURE AND ADDRESS OF RETIRED MEMBER | DATE SIGNED |
|---|---|---|
| Mrs James A Ponce Sr. 57 Comares Ave. St. Augustine - Fla. | David Swain 54 Comares Ave St. Augustine - Fla. | 5/1/66 |

☐ START ☒ STOP ☐ SUPERSEDING ☐

NO. 841855

BLOCK NO. | SUPERSEDES NO. | DISCONTINUES NO. 1,536,469 | (Number ↑)

SERVICE NO. 227-049 | SERVICEMAN'S NAME (Last, first, middle) SWAIN, David | RATE BM1 | PREVIOUS SERV. NO.

| 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 | PI | MOS. RET. / OVP. | TOTAL AMOUNT RETROACTIVE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 88 | P | 11-46<br>11-49 | Mary E. Swain<br>General Delivery<br>Anastasia, Florida | Wife | | | A | | | | | x x x |
| | | | Betty J. Swain | Dau | 7-34 | | A | | | | | x x x |

DISCONTINUANCE

TOTALS ← | DATE OF APPLICATION | DATE REPORTING FOR ACTIVE DUTY | DATE INITIAL PAYMENT AUTHORIZED | TOTAL RETROACTIVE AMOUNT

REMARKS

FA Amount $80. Lump Sum Checkage FA 10-49 thru 11-49, $160

Entitlement ceased 9-49

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE 11s 2 De[illegible]er, 1949

Chief, FA Section

BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUREAUS COPY

NAV. S & A.
(REVISED)

NAVY DEPARTMENT

# AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,536,469

SUPERSEDES AUTH. NO. 1,529,474

SERVICE NO. ON PREVIOUS AUTH. Same.

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

SWAIN, David — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(227-049) — 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 | Mary E. Swain,<br>General Delivery,<br>Anastasia, Florida. | Wife | | |
| A | | 1 | Betty J. Swain, | Daughter | 7 | 34 |
| | P | 3 | David Swain,<br>General Delivery,<br>Anastasia, Florida. | Payee only | | |
| B | | 3 | John R. Dosher, | Father-in-law | | |
| | | | | | | |
| | | | | | | |

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 | |

lr

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

Effective month: October, 1946.
This is a death of payee case. John R. Dosher, father-in-law, died 10-24-46. For the month of October, 1946 ONLY. Change in payee.

DATE 13 December, 1946.

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.

NAV. S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

# AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,529,474

SUPERSEDES AUTH. NO. 1,525,555

SERVICE NO. ON PREVIOUS AUTH. Same

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

SWAIN, David — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE
(227-049) — 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 | Mary E. Swain,<br>General Delivery,<br>Anastasia, Florida. | Wife | | |
| A | | 1 | Betty J. Swain. | Daughter | 7 | 34 |
| B | P | 2 | John R. Dosher,<br>Southport, North Carolina. | Father-in-law | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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: September, 1945

Delete daughter, Carrie L. Swain, attained 18 years of age, August, 1945.

DATE 1 September, 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

NAV. S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

# AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,525,555

SUPERSEDES AUTH. NO. 961,548

SERVICE NO. ON PREVIOUS AUTH. Same

☒ SUPERSEDING
☐ SUPPLEMENTAL
☐

SWAIN, David — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(227-049) — 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 | Mary E. Swain,<br>General Delivery,<br>Anastasia, Florida. | Wife | | |
| A | | 1 | Carrie L. Swain,<br>Same. | Daughter | 8 | 27 |
| A | | 1 | Betty J. Swain,<br>Same. | Daughter | 7 | 34 |
| B | P | 2 | John R. Dosher,<br>Southport, North Carolina. | Father-in-law. | | |
| | | | | | | |
| | | | | | | |

BUREAU OF PERSONNEL COPY

| COMPUTED BY | REVIEWED BY |
|---|---|
| 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 | |

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)
Effective month: March, 1945

DATE 4 June, 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

S & A 66 RECEIVED

NAVY DEPARTMENT

# AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION No. 961,5[illegible]

| SWAIN | David | — | (227-0[illegible]9) |
|---|---|---|---|
| Last Name | First Name | Middle Name | Service No. |

| CLASS A or B | PAYEE | PAYEE NO. | NAME AND ADDRESS | RELATIONSHIP | DATE OF BIRTH MO. | DATE OF BIRTH YR. |
|---|---|---|---|---|---|---|
| A | P | 1 | Mary E. Swain, General Delivery, Anastasia, Florida. | Wife | | |
| A | | 1 | Carrie L. Swain, Same. | Daughter | 8 | 27 |
| A | | 1 | Betty J. Swain, Same. | Daughter | 7 | 3[illegible] |

22.00

BUREAU OF PERSONNEL COPY

* THE AGE LIMITATION ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCE TO A DEPENDENT CHILD WILL APPLY EXCEPT AS NOTED HERE. None

NO LEGAL LIMITATION EXISTS ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCES TO A WIFE DIVORCED AND/OR CHILD(REN) EXCEPT AS NOTED HERE. None

LAST AUTHORIZATION No. None (Number or "None") DATED ____ 19____

IS SUPERSEDED AND CANCELLED BY THIS AUTHORIZATION. ☐

THE 3 (Number of) DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCE(S) AUTHORIZED BY PUBLIC LAW 625 (77th CONGRESS, 2nd SESSION). FIRST PAYMENT TO BE MADE FOR THE MONTH OF November

DATE 13 November, 1943

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, Military Morale Section

APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT

NAVPERS - 660

24 March, 1945 Add Class B

SHIP OR STATION: CG GROUP, FORT PIERCE, FLORIDA

DATE OF APPLICATION: 3/24/45

DATE REPORTED FOR ACTIVE DUTY: 6/4/41

SS 1,525,555

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

| NAME OF SERVICEMAN (LAST) | (FIRST) | (MIDDLE) | SERVICE NUMBER | RATING |
|---|---|---|---|---|
| APR 26 1945 SWAIN | David | (none) | 227-049 | BMlc |

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 | JOHN ROBERT DOSHIER<br>SOUTHPORT, NORTH CAROLINA | Father-in-Law | | | None $96.00 | $10.00 |
| 2 | | | | | | SS 1,529,474 | |
| 3 | | | | | | SS 1,536,469 | |
| 4 | | SUPPLEMENTAL APPLICATION * CLASS "B" | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).
2. Enter dates of birth only for children, brothers and sisters, and grandchildren.
3. For your wife and/or children do not state estimated income or amounts contributed.
4. Do not include any amounts paid by you to your dependents for your own room and board.

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

| DEPENDENT NO. | NAME OF PAYEE | ADDRESS OF PAYEE |
|---|---|---|
| | | |

PLACE OF PRESENT MARRIAGE | DATE OF MARRIAGE | 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

961,548

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: Father-in-law 79 years of age, unable to work and has no source of income.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF: March, 1945

Subscribed and sworn to before me this 24th day of March 1945

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths)

C.S.CULPEPPER, Lieut.(jg)USCG (Signature) | CO, CG Group, Ft.Pierce, Fla. (Title) | DAVID SWAIN, BMlc (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 FORM

FORM NAVCG-9619

# U. S. COAST GUARD

PRIORITY

WN100

HEADING
MA137
MI103

FROM MIA51
R R R
WNJC V MIAJC NR 12 R

ACTION

FM CGGD 7 MIAMI FLA 202015Z

INFORM

TO COMDT CG

2-4

REC'D NOV 21 [illegible]

TEXT

REQUEST FA"B" BE DISCONTINUED CASE OF SWAIN DAVID (N) 227-409 BM1C
AFTER CHECKAGE FOR OCTOBER 1946 BY REASON OF DEATH OF
JOHN R DOSHER 24 OCTOBER

2022/20 NOV AN 202015Z 227-409 BM1C 1946 24

OPERATOR'S RECORD AND DATE

RS FB

OFFICIAL INITIALS

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.




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

26 April, 1945

Mr. John R. Doshier
Southport
North Carolina

Dear Sir:

Application for family allowance in your behalf has been made by

David Swain (227-049)

The Servicemen's Dependents Allowance Act of 1942, as amended, provides for payments to certain relatives of enlisted persons in the Coast Guard. Part of the money for such payments comes from the pay of the enlisted person and part of it comes from the Government.

The law provides allowances for the children of an enlisted person and for the wife of an enlisted man whether or not they are financially dependent on the enlisted person. In the case of any other relative, an allowance is payable only if such person is dependent upon the enlisted person for at least a substantial portion of his or her support. The law as amended divides these dependents (fathers and mothers, grandparents, brothers, and sisters) into two groups. Those who are dependent on the enlisted person for a substantial portion of their support are to receive family allowance in a total amount of $37 per month for the entire group of such dependents. Those who are dependent on the person in the service for the chief portion of their support (more than half) are to receive a family allowance which is substantially higher in amount.

If you decide to make a claim for an allowance, you must answer all questions on this form. If you have difficulty in answering these questions, you should obtain help from the local chapter of the American Red Cross, from some welfare organization in your community, or from any competent friend or businessman. When completed the form should be returned promptly in the enclosed envelope which requires no postage.

If you do not desire to claim dependency, you are requested to inform the Commandant, United States Coast Guard Headquarters, Washington 25, D. C., immediately in order that the amount deducted from the enlisted person's pay may be refunded.

By direction of the Commandant.

Yours very truly,

F. F. Comerog

Lieutenant, USCGR

Chief, Family Allowance Section.

16—43348-1

In the event that your daughter is employed, state the total amount of her monthly earnings without deductions and the name and address of her employer.

# DEPENDENCY AFFIDAVIT

NAVCG 2569 (REV. 1-45)

YOU MUST PUT A CHECK IN THE SQUARE OPPOSITE ONE OF THE FOLLOWING TWO STATEMENTS:

☒ 1. *I hereby certify that I am dependent for a portion of my support on the person in the service and I hereby make claim for family allowance.*

☐ 2. *I am not dependent for a portion of my support on the person in service and do not make claim for family allowance. (If this item is checked sign on last page, leave all other items blank and return the form.)*

**FORM TO BE EXECUTED BY INDIVIDUALS CLAIMING DEPENDENCY**

**NOTICE:** *If you make a claim for a family allowance as a dependent of an enlisted person in 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 Coast Guard. If the question does not apply, write NONE in the space provided.*

| 1. YOUR NAME (Last) | (First) | (Middle) | AGE |
|---|---|---|---|
| Dosher | John | Robert | 78 |
| RESIDENCE (Street address or R. F. D.) | (City or Post Office) | (Zone) (State) | SOCIAL SECURITY NO. |
| | Southport | N. C. | |

MARITAL STATUS

☐ Single ☒ Married ☐ Divorced ☐ Living apart under a legal separation ☐ Widowed

If your husband or wife is deceased or is divorced or separated from you, state date of death, divorce or separation: (Month) (Year)

| 2. YOUR PRESENT OCCUPATION OR BUSINESS | NAME AND ADDRESS OF EMPLOYER | MONTHLY EARNINGS BEFORE DEDUCTIONS |
|---|---|---|
| Farmer (On post) | Self - | $ None. |
| YOUR ~~HUSBAND'S~~ (OR WIFE'S) OCCUPATION | NAME AND ADDRESS OF EMPLOYER | MONTHLY EARNINGS BEFORE DEDUCTIONS |
| Not Working | | $ None |

3. IF THE WAGE EARNER IS UNEMPLOYED, STATE THE REASON

Old Age + physical disability —

**NOTE:** If unemployment is due to mental or physical disability, a licensed doctor's certificate must accompany this form. If receiving compensation as a result of such disability state amount per week: $_____ per week.

4. If you maintain your own household, list all members below. (You need not give occupation, earnings, or date of birth of persons not related to you.)

| NAME | BUSINESS OR OCCUPATION | MONTHLY EARNINGS BEFORE DEDUCTIONS | RELATIONSHIP TO YOU | DATE OF BIRTH MO. | DATE OF BIRTH YR. | PAYMENTS TO YOU FOR HIS OR HER ROOM AND BOARD (PER MONTH) | OTHER CASH CONTRIBUTED TO YOU (PER MONTH) |
|---|---|---|---|---|---|---|---|
| Dosher, John R. | None | $ None | self | ~~11~~ 5/6 | ~~78~~ 67 | $ None | $ None |
| Dosher, Fannie Wescott | None | None | Wife | 8/18 | 78 | $ None | $ None |
| Dosher, John Edward | Bridge Tender + fishing | $ 30.00 | Son | 9/11 | 18 | $ Lives to gether | $ None |
| Dosher, Janelle | None | $ None | Granddaughter | 1/30 | 32 | $ None | $ None |
| Dosher, Thadeus | None | $ None | Grandson | 1934 | | $ None | $ None |
| | | $ | | | | $ | $ |
| | | $ | | | | $ | $ |

5. If you do not maintain your own household, state the name and relationship of the person with whom you reside and the amount you pay for board and lodging per month:

(Name) (Relationship to you) (Payment) $_____

16—43348-1

6. LIST BELOW ALL YOUR LIVING CHILDREN (GIVE SERIAL NUMBER OF THOSE IN THE ARMED SERVICES) BUT OMIT EACH PERSON HERE WHO IS LISTED IN ITEM (4) ABOVE.

| NAME AND ADDRESS *(If in armed services, give serial number instead of address)* | AGE | MARRIED OR SINGLE | BRANCH OF SERVICE, BUSINESS, OR OCCUPATION | PRESENT MONTHLY CONTRIBUTIONS TO YOUR SUPPORT | HAS HE OR SHE APPLIED FOR FAMILY ALLOWANCE IN YOUR BEHALF |
|---|---|---|---|---|---|
| Son-in-law. | | | | | |
| SERVICE PERSON NAMED ON FRONT PAGE<br>David Swain (227-049) | ? | Married | C. Guard | $10.00 Allotment | Yes |
| OTHER CHILDREN<br>Carrie Dozier Pierce | 44 | Married | Sewn at Domale factory | None | — |
| Fullwood, Sara Elizabeth | 42 | Married | None | None | — |
| Robbins, Helen | 36 | Married | None | None | — |
| Swain, Etta Dozier | 34 | married | / | Lives to-gether. | — |
| Dozier, John Edward | 47 | Married | Widower. | | |

7. What income was received by you or your husband (or wife) per month during the past year from the following sources (if none, so state):

| SOURCE OF INCOME | PRESENT MONTHLY INCOME | TOTAL FOR THE PAST YEAR | SOURCE OF INCOME | PRESENT MONTHLY INCOME | TOTAL FOR THE PAST YEAR |
|---|---|---|---|---|---|
| WAGES OR SALARIES | None | None | INTEREST ON BONDS, INVESTMENTS, SAVINGS | None | None |
| SALE OF LIVESTOCK OR POULTRY | None | None | CONTRIBUTIONS FROM RELATIVES | Birthday gift — | $15.00 |
| SALE OF FARM PRODUCE | None | None | OLD-AGE ASSISTANCE | $8.00 | $96.00 |
| ALIMONY OR SUPPORT PAYMENTS | None | None | OTHER ASSISTANCE FROM WELFARE AGENCIES | None | None |
| SOCIAL SECURITY PAYMENTS OR OLD-AGE AND SURVIVORS INSURANCE | None | None | UNEMPLOYMENT OR DISABILITY COMPENSATION | None | None |
| PAYMENTS FROM INSURANCE OR PRIVATE PENSION | None | None | OTHER SOURCES OF INCOME (Specify below) | None | None |
| RENTS RECEIVED FROM PROPERTY | None | None | | | |

8. DO YOU LIVE ON A FARM? ☐ YES ☒ NO IF YES, STATE MARKET VALUE OF FARM PRODUCTS USED IN YOUR HOME DURING PAST 12 MONTHS: $

9. HOW MUCH RENT DO YOU PAY PER MONTH OR, IF YOU LIVE IN YOUR OWN HOME, HOW MUCH ARE YOUR MONTHLY PAYMENTS? $ None.

10. STATE AMOUNT OF OTHER LIVING EXPENSES PER MO. $ 38.00

11. LIST BELOW ALL REAL ESTATE AND PERSONAL PROPERTY, INCLUDING CASH, STOCKS, BONDS, ETC., OWNED BY YOU AND YOUR HUSBAND (OR WIFE). (DO NOT INCLUDE YOUR HOME OR FURNITURE OR HOUSEHOLD EQUIPMENT.)

| DESCRIPTION | VALUE | ENCUMBRANCES |
|---|---|---|
| None except 30 Q. at home place | $ | $ |
| | $ | $ |
| | $ | $ |
| | $ | $ |

12. LIST ANY LARGE DEBTS OWED BY YOU OR YOUR HUSBAND OR WIFE:

| DESCRIPTION | AMOUNT |
|---|---|
| None | $ None. |
| | $ |
| | $ |
| | $ |
| | $ |

(Please turn page)

13. Itemize by months, the amounts contributed to you (or to your husband or wife) by the enlisted person during the preceding twelve months:

| MONTH | OCCUPATION | MONTHLY EARNINGS | PAYMENTS TO YOU AND YOUR HUSBAND (OR WIFE) PER MONTH | | MONTH | OCCUPATION | MONTHLY EARNINGS | PAYMENTS TO YOU AND YOUR HUSBAND (OR WIFE) PER MONTH | |
|---|---|---|---|---|---|---|---|---|---|
| | | | ROOM AND BOARD | OTHER CONTRIBUTIONS | | | | ROOM AND BOARD | OTHER CONTRIBUTIONS |
| | In Coast Guard Service. $10.00 Sends me average $10.00 per Mo. | | | | | | | | |

14. List below other contributions made to you by this enlisted person in the form of labor or goods. 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 upon this enlisted person at this time:

This service Man is my Son-in-law and has been in service over twenty years. Since I have become so old he has been helping me some.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; I FURTHER CERTIFY THAT I WILL NOTIFY U. S. COAST GUARD HEADQUARTERS, WASHINGTON 25, D. C., AT ONCE OF ANY CHANGE IN THE FINANCIAL CIRCUMSTANCES OF ANY OF THE PERSONS LISTED IN THIS FORM OR OF ANY CHANGE IN THEIR STATUS SUCH AS MARRIAGE OR DEATH.

John Robert Dorher
(Signature)

**NOTE:** *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.*

**IMPORTANT**

1. IF YOU ARE MAKING A CLAIM FOR A FAMILY ALLOWANCE, HAVE YOU FILLED IN ALL THE BLANKS ON THIS FORM?
2. IF THE WAGE EARNER IS UNEMPLOYED BY REASON OF PHYSICAL OR MENTAL DISABILITY, HAVE YOU ATTACHED A DOCTOR'S CERTIFICATE TO THIS FORM?

FORM APPROVED.
BUDGET BUREAU No. 45-R070-1
APPROVAL EXPIRES 1 AUGUST 1945

U. S. GOVERNMENT PRINTING OFFICE 16—43348-1

Nov, 1943

BNP 668
(Revised September 1942)

NAVY DEPARTMENT

PART 1

# APPLICATION FOR FAMILY ALLOWANCES

961,548

*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 7 November, 19 43

I. I, Swain (Last name) David (First name) B.M.1c. (Rating) U. S. COAST GUARD (Organization)

COTP, St. Augustine, Florida (Ship or station) 227-049 (Service or serial number) 4 June, 1941 (Date of enlistment) 4 June, 1941 (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. Swain, (Last name) Mary (First name) Etta (Middle name) Wife (Relationship)
   Anastasia Post Office (Number and street or R. F. D.) Anastasia (City or post office) Florida (State)

2. Swain, (Last name) Carrie (First name) Louise (Middle name) Daughter (Relationship) 9 August, 1927 (Month, day, year of birth if minor) OK
   Anastasia Post Office (Number and street or R. F. D.) Anastasia (City or post office) Florida (State)

3. Swain, (Last name) Betty (First name) Jane (Middle name) Daughter (Relationship) 20 July, 1934 (Month, day, year of birth if minor) OK
   Anastasia Post Office (Number and street or R. F. D.) Anastasia (City or post office) Florida (State)

4. _____ (Last name) _____ (First name) _____ (Middle name) _____ (Relationship) _____ (Month, day, year of birth if minor)
   _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

**(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)**

Mary Etta Swain (Name) Anastasia Post Office (Number and street or R. F. D.) Anastasia (City or post office) Florida (State)

_____ (Name) _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

_____ (Name) _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

**DATE** and place of marriage to present wife 23 May, 1930 Southport, North Carolina

**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

III. CLASS B PART 1

Consists of only the following relatives to whom you contribute a **SUBSTANTIAL** portion of their support (father, mother, natural or adoptive; grandfather, grandmother, stepfather, stepmother, of either husband or wife; person standing in loco parentis to you; brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren—dependents in last group over 18 years of age must be incapable of self-support by reason of mental or physical defect as shown by a *doctor's certificate*).

Give following information as to each Class B dependent claimed:

1. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

*Estimated monthly income this dependent,* $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

2. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

*Estimated monthly income this dependent,* $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

3. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

*Estimated monthly income this dependent,* $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

4. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

*Estimated monthly income this dependent,* $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

5. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

*Estimated monthly income this dependent,* $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

**(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)**

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

**First month for which payments to Class B dependents shall be made** _____

**State any other facts pertinent to this claim or in explanation thereof** _____

David Swain
(Signature)

Subscribed and sworn to before me, this 7th day of November, 1943

G. R. LOEHR, Lieutenant, USCGR
(Signature)

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

Captain of the Port
(Title)



16—29368-2

# Certified Certificate of Marriage

*NORTH CAROLINA,*
Brunswick *County*

*I,* A.J. Walton *,Register of Deeds and custodian of the marriage records for the County of* Brunswick *, State of North Carolina, hereby certify that* David W. Swain *,* 26 *years of age, of* ..... *and* Etta Dosher *,* 17 *years of age, of* ..... *secured Marriage License and were legally married by* Rev. Clark W. Davis M.G. *on the* 23 *day of* May *, 1923., in the presence of* Mary Dosher, and Mrs. P.A. Smith *, witnesses, and the same has been returned and is now a part of the records of said County.*

IN TESTIMONY WHEREOF, *I hereunto set my hand and affix my official seal, this* 16 *day of* July *, 19* 45

[OFFICIAL SEAL]

A J Walton
*Register of Deeds.*

No. 2000—CERTIFICATE OF MARRIAGE Edwards & Broughton Co., Raleigh, (767)

State Board of Health
BUREAU OF VITAL STATISTICS
Jacksonville, Florida

CERTIFIED COPY NUMBER
29,066

# CERTIFIED COPY

FLORIDA STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 13757

1. PLACE OF BIRTH
County St. Johns
Precinct ____ (Write name, not number)
or Inc. Town ____
or City St. Augustine

District No. 4201
Precinct No. ____
City or Town No. 42511
No. ____ St. ____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State File No. ____
Registered No. 98

2. Full name of child BETTY JEAN SWAIN { If child is not yet named, make supplemental report, as directed

3. Sex Female | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 20, 1934 (Month, day, year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: DAVID WILSON SWAIN | 18. Full maiden name: MARY ETTA DOSHER |
| 10. Residence (usual place of abode) (If nonresident, give place and State): St. Augustine | 19. Residence (usual place of abode) (If nonresident, give place and State): St. Augustine |
| 11. Color or race: White | 12. Age at last birthday: 37 (Years) |
| 20. Color or race: White | 21. Age at last birthday: 28 (Years) |
| 13. Birthplace (city or place) (State or country): North Carolina | 22. Birthplace (city or place) (State or country): North [illegible]lina |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Lighthouse keeper | OCCUPATION 23. Trade, profession, or particular kind of work done, as HOUSEKEEPER TYPIST, NURSE, CLERK, etc.: housewife |
| 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: 8 yrs. |
| 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) (a) Born alive and now living: 3 (b) Born alive but now dead: 0 (c) Stillborn: 0

28. If stillborn, period of gestation ____ { months or weeks } 29. Cause of stillbirth ____ { Before labor ____ During labor ____

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

30. I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.20 A.M. p.m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

31. (Signed) [signature] M.D.
32. or (Signed) ____ Midwife
33. Address St. Augustine, Fla.
34. Filed 9/12, 1934 Chas. E. Kettle Local Registrar

35. Given name added from a supplemental report ____ (Date of)

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE.

STATISTICS RECORDS DEMOGRAPHY FLORIDA

(NOT VALID UNLESS COUNTERSIGNED BY DIRECTOR, BUREAU OF VITAL STATISTICS.)

Henry Hansel
STATE REGISTRAR.

JUL 9 - 1945

Edward M. Kemple
DIRECTOR, BUREAU OF VITAL STATISTICS

State Board of Health
BUREAU OF VITAL STATISTICS
Jacksonville, Florida

CERTIFIED COPY NUMBER 29,069

# CERTIFIED COPY

1 Place of Birth
County Person
Precinct or (Write name, not number)
Inc. Town or City Pomona

*State Board of Health of Florida*
BUREAU OF VITAL STATISTICS
Registration District No. 603
Primary Registration Dist. No. 6536
(No. ; St.; Ward)
If Birth occurred in hospital or other institution give name instead of No.

Certificate of Birth
File No. 20108
Registered No. 126

2 FULL NAME OF CHILD Carol Louise Swann
If Child is not yet named, make supplemental report, as directed.

| 3 Sex of Child | 4 (a) Twin, triplet, or other? (To be answered only in event of plural births) | (b) Number in order of birth | 5 Legitimate? | 6 Date of birth (Month) (Day) (Year) |
|---|---|---|---|---|
| Female | | | yes | Aug. 9, 1927 |

| FATHER | MOTHER |
|---|---|
| 7 FULL NAME David W. Swann | 13 FULL MAIDEN NAME Etta Lester |
| 8 RESIDENCE (Usual Place of Abode) If Non-resident give Place and State Pomona Fla | 14 RESIDENCE (Usual Place of Abode) If Non-resident give Place and State Pomona Fla |
| 9 COLOR OR RACE W; 10 AGE AT LAST BIRTHDAY 31 (Years) | 15 COLOR OR RACE W; 16 AGE AT LAST BIRTHDAY 21 (Years) |
| 11 BIRTHPLACE (City or Place) (State or Country) Smyth Co. N.C. | 17 BIRTHPLACE (City or Place) (State or Country) Smyth Co. N.C. |
| 12 OCCUPATION Light house Tender (Nature of Industry) | 18 OCCUPATION Wife. (Nature of Industry) |

19 Number of Children of this Mother (Taken as of time of Birth of Child herein certified and including this child) (a) Born Alive and now living 2 (b) Born Alive but now dead 0 (c) Stillborn 0

20 CERTIFICATE OF ATTENDING PHYSICIAN*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 28 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

21 (Signature) G. J. McClellan M.D. (Physician, Midwife or Parents)

Address Pomona, Fla.

22 Given name added from a supplemental report 19

22 Filed 8/16 1927 T. E. Rains, Local Registrar.

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE.

STATISTICS RECORDS DEPOSITORY FLORIDA

(NOT VALID UNLESS COUNTERSIGNED BY DIRECTOR, BUREAU OF VITAL STATISTICS.)

Henry Hansel
STATE REGISTRAR.

JUL 9 - 1945

Edward M. Kemp
DIRECTOR, BUREAU OF VITAL STATISTICS

Flg out

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES

| SWAIN, David (N) 227-049 | BMlc., USCG, |
|---|---|
| (Name) (Service No.) | (Rating) |

To: Chief, Military Morale Division, CG Headquarters, Washington 25, D. C.

You are hereby notified of change in status as indicated below in the case of the person named above.

( ) * Checkage is being discontinued as provided in regulations after checkage for the month of _____.

(X) * Checkage is being continued as required by regulations pending notification to stop.

| 24 October, 1946 | Death of John R. Dosher, Father-in-Law, Class "B" dependent. |
|---|---|
| DATE OF CHANGE IN STATUS | NATURE OF CHANGE IN STATUS |

* Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

SA - delete Father

J. R. AUSTIN, Lt., USCG J.R.AUSTIN
(Signature of Disbursing Officer) (Symbol No.)

O COMDR. 7th Coast Guard District, Miami, Fla.
(Station of Disbursing Officer)

CG HEADQUARTERS Washington 25, D. C.

13 December, 1946
(Date)

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of: October, 1946

FA "B". JW

Chief, Military Morale Division

# TRANSMITTAL SLIP

From: Navy Department
Field Branch (Family Allowances)
Bureau of Supplies and Accounts
Cleveland 15, Ohio

To: Chief of Military Morale Section
United States Coast Guard
Washington 25, D.C.

Attn:
Encl: ~~Letter dated~~ ..... ~~FB/F110 Form~~ .....

From .....

Forwarded for action on matters within your cognizance

1. All essential information relative to each individual case is listed on these forms. The information relative to termination of dependency has been derived are being retained by this office.

Attn: Lt. Comdr. J.U. SCARBOROUGH

RECD FEB 4 1947

Date JAN 31 1947

NAVSANDA-FB/640 FD 11-44

By .....

SERVICE NUMBER | CHECK NUMBER | PAYEE NO. | AMOUNT | CHECK DATE

SERVICE NUMBER: 227 049

AUTHORIZATION NUMBER:

SOURCE OF AUTHORITY: [ ] Bu Pers [ ] C G [ ] Letter [X] Return Check [ ]

SOURCE OF H.C.: SCCG:JB

DATE: 12-28-46

PAYEE'S NAME AND ADDRESS:
JOHN R DOSHER
SOUTHPORT N C

REASON TO HOLD CHECK

[ ] Advanced [ ] Duplicate Auth. [ ] Custody
[ ] Corr. of Name [ ] GCM [ ] Divorce
[ ] Desertion [ ] Rel'd Active Duty [ ] Fraud [ ] Marital Status
[ ] Discharge [ ] Chg. of Payee [ ]
[X] Death of PAYEE 10-9-46 [ ] Request of

HOLD BEGINNING WITH MONTH OF:

PAYEE'S NEW ADDRESS:

DISPOSITION OF CHECK

[ ] Cancel [ ] Release | BY | DATE

LISTED MAN'S NAME: Swain, David

ON-UP | DATE OF CHECK: 11-30-46 | REGISTER NUMBER: 4291

DATE CHECK CANCELLED | DATE CHECK RELEASED

REMARKS:

Ref to Bupers 12-28-46
November check returned by Post Office

Authorized by:

SERVICE NO.
70 71 72 73 74 75 76

NOTICE TO HOLD CHECK

NAVSANDA-FB/FL10 R-55

NAVCG-9731

Date: 2 December,1949 MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

SWAIN, David (227-049) BM1 7th CGD
Name Rating Unit

Class A $22. Began: Nov.,1943
Classes A&B $27 Began: March,1945
Class B Term. Oct.,1946
Class A Term., Sept.,1949

Disbursing Officer Monthly Checkage Month of First Entitlement

88 Lump sum checkage FA 10-49 thru11-49, $160

S. K. FRICK
Chief,FA Section

lls
1920

FOR MILITARY MORALE DIVISION, CG HEADQUARTERS

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES

NOV 14 1949

SWAIN, David (n) (Name) | 227-049 (Service Number) | BM1 (Rating)

To: Chief, Military Morale Division, CG Headquarters, Washington 25, D. C.

You are hereby notified of change in status as indicated below in the case of the person named above:

(X) *Checkage is being discontinued as provided in regulations after checkage for the month of SEPTEMBER, 1949.

( ) *Checkage is being continued as required by regulations pending Notification to stop.

10-1-49 (Date of change in status)

'88' Career Comp. Act of 1949 (Nature of change in status)

* Mark applicable status with "X", inserting month of last checkage if discontinued.

Gov't contribution: $58.00
Class FA- (A)
Month first pay: 3-45
FA Amount: $80.00
Payee: Mary E. Swain
Lump sum Ckg: 160.00 10-49 thru 11-49
Entitlement ceased: 9-49

B. M. Barnett

B. M. BARNETT, CPCLK, USCG
Authorized Certifying Officer
7th Coast Guard District
Miami Florida

---

CG Headquarters (PMM)
Washington 25, D. C.

Date: 2 December, 1949

To: Commander, 7th CG District (fp)

Receipt of the above notification is hereby acknowledged. Family allowance benefits will be terminated after payment for the month of November, 1949.
Gov't. Cont. $58

(Chief, Military Morale Section)

lis

NCG 2500
(Rev. June, 1942)

PE-E 61 JUN 18 1947

# ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / COAST GUARD RESERVE }

ENLISTMENT OF SWAIN, David (nmn) (Full name, surname to left); 227-049 (Service number); 141.75 (Pay per month)

Accepted for enlistment at O. Comdr.7th CG District, Miami,Fla.; BM1c. (Rating in which enlisted)

Enlisted at O. Comdr., 7th CG District, Miami, Fla.; 4 June, 1947 (Date of enlistment)

Transferred to Cape Canaveral Light Statio, Cape Canaveral, Florida

Occupation Mariner Citizenship * NB If naturalized, place and date of naturalization -- Certificate No. --

Date of birth 20 December, 1895 Place of birth Brunswick County, N.C.

Home address Canaveral, Florida (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Mary Etta Swain - wife - (Relationship) Cape Canaveral, Florida (Address)

Continuous Service Certificate --- (Number) Previous service { Coast Guard / ~~Reserve~~ } 6 (Years) 0 (Months) 0 (Days)

First enlisted 4 June, 1941 (Date) at St. Augustine, Florida (Place) and was last discharged 3 June, 1947 (Date) from O. Comdr., 7th CG District (Unit)

with Honorable (Character) discharge as BM1c (Rate) No. B95652

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

Previous Army service -- (Years) (Months) (Days) Age 51 years 6 months.

Height 5 feet 8½ inches. Weight 149 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color White

Personal characteristics none marks, etc. Appendectomy scar 3" long; Hernia scar; rt. side, 6" long

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 J. R. HINNANT of the United States Coast Guard, as follows:

*First:* To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

*Second:* I oblige and subject myself to serve { THREE years from 4 June, 1947, 1 / during minority until ....., 1 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

*Third:* I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

*Fourth:* I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

*Fifth:* I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

*Oath of Allegiance:* I, David Swain, 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.

David Swain

David Swain
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 4th day of June, 1947, A. D. 19____

J. R. HINNANT
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commander, USCG
(Title)

Citizenship substantiated and contract perfected.

NB

J. R. HINNANT

Commander, *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

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

# DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CODED NO. 4

O, Comdr., 7th CG District
(Unit)

4 June, 1947
Miami, Florida
(Date)

FROM: SWAIN, David (n) (2227-049) BM1c, USCG

To: COMMANDANT (via Disbursing Officer, 7th CGD)

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:

| | |
|---|---|
| Mary Etta Swain<br>(Full name of wife; if not married, so state) | Canaveral, Florida<br>(Address of wife) |
| Betty Jean Swain<br>(Full name of child; if none, so state) | Same as above<br>(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) | Potential<br>(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) | Potiental<br>(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

4th day of June, 1947

J. R. HINNANT, Commander, USCG
(Signature)

Personnel Officer, 7th CGD
(Rank or title)

David Swain
(Signature)

Boatswain's Mate, first class
(Rank or rating)

16—25758-1

CL-PR-33

CL
19 MAY 1959
A2-10

Honorable A. Sydney Herlong, Jr.
House of Representatives
Washington 25, D. C.

My dear Mr. Herlong:

This letter is in further reply to your letter of 13 April 1959, already acknowledged by our letter of 28 April 1959, in regard to the request of David Swain (227-049), boatswain's mate, first class, USCG, retired for adjustment in his retirement status.

In the circumstances it appears that an application by Swain to the Board for Correction of Military Records of the Coast Guard would be appropriate and the appropriate form is attached for Swain's use.

No implication is intended as to the result of such application.

Your interest in the Coast Guard and its personnel is appreciated.

Sincerely yours,

A. HIRSHFIELD
Rear Admiral, U. S. Coast Guard
Acting Commandant

Encl:
(1) Letter from Mr. A. H. Tebault dated 2 April 1959
(2) Personal file of correspondence
(3) Form DD 149

Commandant's letter to Herlong, dated April 1959

WRFurlong:hbl Typed 5-12-59 Return to 2-7

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3584 (10-54)

DIRECTIVE CLEARANCE SHEET

(Fill in blocks as initialled - do not use for routing)

| OFFICE OR DIVISION DESIGNATORS | CL | PE | P | CC | CCS | CA | C | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| INITIALS OF RESPONSIBLE OFFICERS | | | | | | | | | | | | | |
| OFFICE DIVISION INITIALS | | | | | | R | | | | | 176-7 | | 353 |

PE-3
28 APR 1959

PE-PR-33

Honorable A. Sydney Herlong, Jr.,
House of Representatives
Washington, D. C.

My dear Mr. Herlong:

I am in receipt of your letter of 13 April 1959, together with letter from Mr. A. H. Tebault and correspondence in regard to the request of David Swain (227-049), boatswain's mate, first class, retired, for adjustment in his retirement status.

An investigation of the various questions raised in this case is being made and I shall advise you further upon its completion.

Your interest in the Coast Guard and its personnel is appreciated.

Sincerely yours,

J. A. HIRSHFIELD
Rear Admiral, U. S. Coast Guard
Acting Commandant

Encl:
(1) Letter from Mr. A. H. Tebault
dated 2 April 1959
(2) Personal file of correspondence

mailed
4/28/59
ORB

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3584 (10-54)

DIRECTIVE CLEARANCE SHEET

Correspondence:orb:md Return to 3-13 Prepared 22 April 1959

(Fill in blocks as initialled - do not use for routing)

| OFFICE OR DIVISION DESIGNATORS | PE | P | CC | CCS | CA | C | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| INITIALS OF RESPONSIBLE OFFICERS | | | | | | | | | | | | | |
| INTRA-OFFICE OR DIVISION INITIALS | | | | | | | | | | | | | |

GPO 917335

FILE 3-13

~~Long Gang Neral Light Sta~~ (Ship or Station)

~~18 June, 1951~~ (Date)

From: SWAIN, David (227-049) BM1, USCG
To: Veterans Administration, Washington 25, D. C.
Via: 1. Authorized Certifying Officer
2. Commandant (PMM)

Subj: Waiver of premiums for term insurance

1. I do hereby apply for a waiver under the provisions of Section 622 of the National Service Life Insurance Act, as amended, of premiums falling due on the following Life Insurance policy (policies) (Policy Number, if known):

AMOUNT OF INSURANCE $3,000.00

AMOUNT OF PREMIUM: $ 5.31 ~~XXXX 9.24~~

DATE OF BIRTH: 20 December 1895

DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 4 June 1941

2. I understand that the period of waiver will expire 120 days after the date of my separation from active service and that all premiums falling due more than 120 days after that date must be timely paid to the Veterans Administration, in order to continue the insurance in force. I further understand that I must inform the Veterans Administration of any change of beneficiary or settlement option on this policy (policies).

David Swain
~~David Swain BM1~~ (Signature of Insured)

~~Antesia, Florida~~ (Mailing address for insurance purposes)

I witnessed the signature of the applicant on the date shown above and certify the above service information and that the applicant has been in continuous active service for a period of 31 days or more.

B. B. Odin, CBosn. USCG.
(Signature and rank of witnessing officer)

Ind-1

~~7/9/51~~ (Date)

From: Authorized Certifying Officer, 7th CG District
To: Veterans Administration, Washington 25, D. C.
Via: Commandant (PMM)

1. Forwarded. Allotment in the amount of $ 5.31 ~~XXXX~~ first payment MAY ~~XXXX~~ (month) ~~1951~~ ~~1943~~ (year) for the payment of USNSLI (USGLI or USNSLI) premiums stopped with last deduction ~~JUNE 1951~~ (Month and year)

B. M. Barnett
~~B. M. BARNETT, CPCLK, USCG~~ (Signature of Authorized Certifying Officer)

☐ I AM ENTITLED TO RETIRED OR RETIREMENT PAY UNDER TITLE III OF THE ARMY AND AIR FORCE [illegible]TALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948 *(62 Stat. 1087, 10 U.S.C. 1036-1036i, 34 U.S.C. 440-440E)* AND I HAVE COMPLETED EIGHT OR MORE YEARS OF ACTIVE DUTY AS DEFINED IN SUBSECTION 101(B) OF THE ARMED FORCES RESERVE ACT OF 1952, 66 STAT. 481, 50 U.S.C. 901, PERIODS OF ACTIVE DUTY WERE AS FOLLOWS:

PE-67

11. REMARKS

C-E-R-T-I-F-I-C-A-T-E

Commanding Officer
U. S. Naval Station
Green Cove Springs, Fla.
(Organizational mailing address)

8 NOV 57
(Date)

SWAIN, David (N) 227-049, BM1, USCG (Retired) is entitled to the following:
T, C, EU, MC(US)

for John P. Flaherty
C. L. COLBORN, LTJG, USNR, PERSONNEL OFFICER
(Signature, name, rank, title of verifying officer)

*Benefits and priviliges abbreviations
T-theater, C-commissary, EU-exchange unlimited, EL-exchange limited, MC(C)-Medical care at civilian facility, MC(US)-medical care at uniformed services facility.

| 12. ORGANIZATION OF APPLICANT | 13. PERMANENT HOME ADDRESS OF RETIRED MEMBER |
|---|---|
| USCG (retired) | 54 Comares Ave., St. Augustine, Florida |
| 14. DATE OF APPLICATION | 15. SIGNATURE OF APPLICANT |
| 11/8/57 | David Swain<br>DAVID SWAIN |

*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.*

IV. AUTHENTICATION BY ISSUING AGENCY

ELIGIBILITY OF DEPENDENTS FOR MEDICAL CARE UNDER THE PROVISIONS OF THE DEPENDENTS MEDICAL CARE ACT OF 1956 HAS BEEN VERIFIED, EXCEPT AS INDICATED IN REMARKS.

| 16. CARD NUMBER ISSUED | 17. DATE ISSUED | 18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)* |
|---|---|---|
| 0,513,702 | 8 NOV 1957 | INDEFINITE |

20. ORGANIZATION OF ISSUING OFFICER — U. S. NAVAL STATION GREEN COVE SPRINGS, FLA.

| 20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)* | 21. SIGNATURE OF ISSUING OFFICER |
|---|---|
| E. M. WEISS, ENS., USNR | E M Weiss |

(EMERGENCY PRINTING) NAVY BPPO 6ND JAX

# APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

*(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)*

*Form Approved*
*Budget Bureau No. 22-R175*

## I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL | 2. STATUS | 3. GRADE - RATE - RANK | 4. BRANCH OF SERVICE | 5. SERVICE NUMBER | 6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)* |
|---|---|---|---|---|---|
| SWAIN, David (N) | ☐ ACTIVE DUTY ☒ RETIRED | BM1 | USCG-RETIRED | 227-049 | INDEF. |

## II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

| 7. NAME | 8. RELATIONSHIP | 9. DATE OF BIRTH | 10. ADDRESS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

I CERTIFY THAT ALL DEPENDENTS FOR WHOM AUTHORIZATION FOR MEDICAL CARE IS REQUESTED ARE RELATED TO ME AS STATED HEREIN, THAT I WILL BE RESPONSIBLE FOR PROPER USE BY MY DEPENDENTS OF THE AUTHORIZATION FOR MEDICAL CARE GRANTED ON THE BASIS OF THIS APPLICATION. THAT I WILL SURRENDER THE AUTHORIZATION IMMEDIATELY WHEN CALLED UPON TO DO SO OR WHEN APPROPRIATE UNDER APPLICABLE REGULATIONS, AND THAT I WILL IMMEDIATELY NOTIFY THE INDIVIDUAL OR AGENCY DESIGNATED TO GRANT AUTHORIZATIONS FOR MEDICAL CARE OF MY DEPENDENTS IN THE EVENT OF ANY CHANGE IN DEPENDENCY STATUS HEREIN OR IN MY STATUS AS A MEMBER OR RETIRED MEMBER OF THE UNIFORMED SERVICE. FURTHER, I AGREE TO REPAY THE GOVERNMENT FOR ANY PAYMENTS MADE BY THE GOVERNMENT FOR MEDICAL CARE IN OTHER THAN UNIFORM SERVICE FACILITIES FOR MY DEPENDENTS IN THE EVENT THAT IT IS LATER DETERMINED THAT MY DEPENDENTS ARE NOT ENTITLED THERETO.

I FURTHER CERTIFY THAT *(Check appropriate box or boxes and complete entries as applicable)*

☐ LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)*_____

ON *(Date)*_____.

☐ THE LAWFUL HUSBAND NAMED IS IN FACT DEPENDENT UPON ME FOR OVER ONE HALF OF HIS SUPPORT.

☐ 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. *(Part II, Item 9 - 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.)*

☐ 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.

☒ 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.

DD FORM 1 SEP 56 1171

File 3-13

VA INSURANCE CENTER
MUNITIONS BUILDING
WASHINGTON 25, D. C.

Subj: SWAIN, David (227-049) BM1, USCG, Retired

7-J 54 Comares Avenue, Davis Shores, St. Augustine, Florida

7-K Not on Active Duty. Retired 1 January 1952

mailed 9-25-56

R. R. CURRY, Captain USCG
Chief, Special Services Division
By direction of the Commandant

25 September 1956

MJM:rar return to room 2111, sta 2-4

HH MJM.

FILE

Budget Bureau No. 76-R157.1.
Approval expires 11-30-51.

# APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN
## NATIONAL SERVICE LIFE INSURANCE

DO NOT WRITE IN THIS SPACE
INSURANCE NUMBER ASSIGNED

*NOTE.—Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.*

1. FIRST NAME – MIDDLE NAME – LAST NAME OF INSURED (*Print or type*)
SWAIN, David (NMI)

2. INSURANCE FILE NO.
FN – 11 921 242
FH –

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)
Artesia, Florida

4. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD

5. SERVICE SERIAL NO.
227-049

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. N 11 921 242 in the amount of $3,000.00, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (*See Instr. 2.*)

7. AMOUNT OF INSURANCE TO BE RENEWED (*See Instruction 1*)
$ 3,000

8. AMOUNT REMITTED WITH THIS APPLICATION

| | |
|---|---|
| INSURANCE PREMIUM | $ |
| TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*) | $ |
| TOTAL | $ |

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (*See Instruction 3*)
☐ ADDED ☐ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (*Complete one*) (*See Instruction 4*)

A. ☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (*Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES*)

PERIOD (*Monthly, quarterly, semiannually, or annually*)

B. *Check one*
☒ ALLOTMENT FROM ACTIVE SERVICE PAY, OR
☐ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE: 1 May 51

AMOUNT OF ALLOTMENT: $ 5.31

*ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT*

C. ☐ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

*VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.*

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See Instructions 5 and 6*)

| COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*) | RELATIONSHIP | AMOUNT | OPTION |
|---|---|---|---|
| PRIM: Mary E Swain, Artesia, Florida | Wife | All | #1 |
| #1 CONT: Jacqueline Ponce, Saint Augustine, Florida | Daughter | 1/3 | #1 |
| #2 CONT: Louise Stevens, Saint Augustine, Florida | Daughter | 1/3 | #1 |
| #3 CONT: Betty J Swain, Artesia, Florida | Daughter | 1/3 | #1 |
| To survivor or equally divided among survivors. | | | |

12. MAIL POLICY TO (*Name and address*)
David Swain, 227-049, Artesia, Florida

13. WITNESSED BY (*See Instruction 7*)
John S. Horn

14. SIGNED AT (*Address*)
Hq AFMTC, Patrick AFB, Fla

15. DATE
25 Sep 51

16. ADDRESS OF WITNESS
JOHN S HORN, 2nd Lt., USAF
Asst Personal Affairs Off, PAFB, Fla

17. SIGNATURE OF APPLICANT (*Do not print*)
David Swain

*PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.*

VA FORM 9-1658 OCT 1948 EXISTING STOCKS OF VA FORM 9-1658, AUG 1948, WILL BE USED.

16—50869-2

File

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-9671 (REV. 5-51)

3-13
File

This card must NOT be signed or mailed before the LAST DAY OF THE MONTH and when received by COMMANDANT your check will be mailed.

TO: COMMANDANT (FA-1)

Date April - 11 - 1956

Request is hereby made that my { pay / compensation } check be mailed to me at the following new address. (*Fill in only when address is changed.*)

To David Swain - 54 Comares Ave
Davis Shores - St Augustine Fla.

CHECK SERVICE

227-04[illegible]

☐ USCG RET. ☐ LIFE-SAVING ☒ LIGHTHOUSE RET.

SIGNATURE (*Give rank or rating if USCG Ret. Give title if Lighthouse Ret.*)

David Swain

GPO 16—52410-2

SERVICE NUMBER MUST APPEAR AFTER SIGNATURE

FILE 3-13

PS
10 April 1956
L-13

From: Commandant
To: SWAIN, David (227-049) BM1, USCG, Retired
Anastasia, Florida

PE-72

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 16 543 756

Ref: (a) Va Form 9-453, countersigned 30 March 1956

1. The Veterans Administration has notified this office that the term period of your $3,000 National Service Life Insurance issued under policy number V 16 543 756 will expire on 31 May 1956.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$5.31 Allotment discontinued with month of last payment April 1956
$7.80 Allotment established with month of first payment May 1956

NAV S&A Form 545, Allotment Authorization is herewith enclosed. It is requested that this form be signed where indicated and returned to Commandant (PS) immediately in the enclosed pre-addressed envelope.

APR 10 [redacted]

B. V. BALL
By direction

Encl: (1) VA FORM 9-453
(2) NAV S&A Form 545
(3) Envelope

MJM:jk rm 2111 sta 2-4

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-10104 (Rev. 12-48)

# PAY ADJUSTMENT VOUCHER

Date: 16 October 1951

| FILE OR SERVICE NO. | SURNAME | FIRST NAME | MIDDLE INITIAL |
|---|---|---|---|
| 227 049 | SWAIN | DAVID | - |

| DESIGNATION | PAY GROUP NUMBER |
|---|---|
| BM1 | 85 |

PAY-72

TO: Commanding Officer or Commander of 7th CG District (f)

Deliver this voucher to the authorized certifying officer having custody of pay records of your ship or station.

If the above named individual has been transferred, forward this voucher to the commanding officer of the unit to which transferred.

TO: AUTHORIZED CERTIFYING OFFICER

You are authorized and directed* to make the following (CREDIT ☐ CHECKAGE ☑) in the pay account of the above named individual. Your entry in the pay account should show:

| AMOUNT | APPROPRIATION | PERIOD |
|---|---|---|
| $44.10 | 20X1201.001 | 7/1 - 12/31/49 |

NAME OF ACCOUNTABLE OFFICER

DISPOSITION: File original with your return. File triplicate in the individual's service record, and return signed duplicate to Commandant (FA-PR), Coast Guard Headquarters, Washington 25, D. C.

Reason

GAO Informal Exception No. 3050

Credited pay as BM1(22) from 10/1 to 12/31/49, 3 months at $264.60 in the amount of - - - - - - - - - - - - - - - - $793.80

Should have been credited pay, same period, at $249.90 - 749.70

Overcredited - - - - - - - - - - - $ 44.10

Correct rate of pay BM1(22) - $249.90. Member was correctly credited pay on subsequent pay records.

Overcredit occurred on pay record closed to 31 December 1949.

D. B. SOLLENBERGER
By direction

MR

* The directive herein made is based on a thorough examination of all records available to HEADQUARTERS. If the authorized certifying officer has knowledge that a previous adjustment has been made for the same item, this voucher should be returned to Commandant (FA-PR) with a brief statement of the reason for failure to make the adjustment.

SHIP OR STATION O'Condr 7th CG Dist Miami Fla | DATE 10/22/51

Adjustment has been made as requested and copy has been returned.

NAME AND SIGNATURE - OFFICER MAKING ADJUSTMENT

D. D. Murphy LCdr

Authorized certifying officer

If checkage is for credit to other than current appropriation, complete the following:

Schedule of Collections _____, Dated _____

C/D No. _____, Dated _____, Symbol _____

Accounts of Paul D. Banning, CDO, for Month of _____

MR

B 6166 TREASURY-CGHQ-WASH.,D.C.

3-13

# REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

CHARACTER OF SEPARATION: HONORABLE

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 |
|---|---|---|---|
| SWAIN, David | 227-049 | BM1 | USCG(RET.) |

| 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 |
|---|---|---|---|---|---|
| - - - | - - - | 1 | Jan. | 1952 | * RETIREMENT |

| 8. REASON AND AUTHORITY FOR SEPARATION | 9. PLACE OF SEPARATION |
|---|---|
| PE-1 16 Nov.1951 Headquarters Letter AUTH, 515068 | Miami, Florida |

| 10. DATE OF BIRTH: DAY | MONTH | YEAR | 11. PLACE OF BIRTH (City and State) | 12. DESCRIPTION: SEX | RACE | COLOR HAIR | COLOR EYES | HEIGHT | WEIGHT |
|---|---|---|---|---|---|---|---|---|---|
| 20 | Dec. | 1895 | Brunswick County,N. C. | Male | Caucasian | Brn. | Blue | 5'8½" | 149 |

## SELECTIVE SERVICE DATA

| 13. REGISTERED: YES | NO | SELECTIVE SERVICE NUMBER | 14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) | 15. INDUCTED: DAY | MONTH | YEAR |
|---|---|---|---|---|---|---|
| | X | - - - - | - - - | - | - | - |

| 16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES | NO | COMPONENT AND BRANCH OR CLASS | COGNIZANT DISTRICT OR AREA COMMAND |
|---|---|---|---|
| | X | - - - | - - - |

## SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [X] ENLISTED [ ] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: Coxswain

| 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) |
|---|---|---|---|---|
| 4 | June | 1941 | St.Augustine, Florida | St. Aug stine Light, Anastasia,Florida |

| STATEMENT OF SERVICE FOR PAY PURPOSES | A. YEARS | B. MONTHS | C. DAYS |
|---|---|---|---|
| 21. NET (Coast Guard) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD | - | - | - |
| 22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD | 10 | 6 | 27 |
| 23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES L. House | 19 | 5 | 22 |
| 24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES | 30 | 0 | 19 |

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

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

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

Entitled to the following Medals: American Area, American Defense, World War 2 Victory, Good Conduct.

| 28. MOST SIGNIFICANT DUTY ASSIGNMENT | 29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) |
|---|---|
| LIGHTHOUSE DUTY | - - - |

| 30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED | DATES (From-To) | MAJOR COURSE | 31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED |
|---|---|---|---|
| - - - | - - | - - | - - - |

## 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 21, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER 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 |
|---|---|---|---|
| $5.32 | NONE | - - - | - - - |

| 35. TOTAL PAYMENT UPON SEPARATION | 36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT | 37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER |
|---|---|---|
| RETIREMENT(pay cont) - - - | - - - | - - - |

## AUTHENTICATION

38. REMARKS (Continue on reverse)

* Retired for 30 Years Service

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

O. C. Hinnen

NAME, GRADE AND TITLE (Typed)

O. C. Hinnen, Lieutenant, USCG

## PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. - - - | CLAIM NUMBER - - -

| 41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM | TO | 42. MAIN CIVILIAN OCCUPATION | 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER |
|---|---|---|---|
| - - - | - - - | - - - | - - - |

| 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 |
|---|---|---|---|---|---|---|---|
| [X] | [ ] | Married | 7 | - | - | - | - - - |

| 47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State) | 48. SIGNATURE OF PERSON BEING SEPARATED |
|---|---|
| Anastasia, Florida | David Swain |

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

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD.
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C.
MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK.
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.)

3-13
7

PS
24 January 1952
L-13

From: Commandant
To: SWAIN, David (227-049)BM1,USCG; Retired
Anastasia, Florida

Subj: National Service Life Insurance, termination of waiver of premiums, Public Law 23, 82d Congress.

1. The records at Headquarters indicate that you applied for a waiver of premiums on $3,000 National Service Life Insurance and authorized discontinuance of the allotment in the amount of $5.31 effective with the month of last payment May 1951.

2. Under the provisions of Public Law 23, 82d Congress, payment of premiums on this insurance must be resumed by the insured within 120 days after the date of separation from active service. To guard against any possible lapse of your insurance, it will be necessary that you authorize the establishment of an allotment in the amount of $5.31 effective with the month of first payment April 1952.

3. The necessary form, CG-2528, Application for Allotment is inclosed. It is requested that you sign this form at the place indicated and return it promptly to Commandant(PS). A pre-addressed envelope is inclosed for your convenience.

B. V. BALL
By direction

Incls:
1. Form CG-2528(adm)
2. Form CG-2528
3. Envelope

JAN 23 1952

MJM:ceb rm 2107 2-4

File 3-13

9678

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-10104 (Rev. 4-52)

# PAY ADJUSTMENT VOUCHER

Date 11 Dec 1952

| SERVICE NUMBER | SURNAME | FIRST NAME | MIDDLE INITIAL |
|---|---|---|---|
| 227-049 | SWAIN | DAVID | |

| DESIGNATION | PAY GROUP NUMBER |
|---|---|
| BM1 | 85 |

TO: Commanding Officer or Commander of CHIEF, HQ PAY SECTION
Deliver this voucher to the authorized certifying officer having custody of pay records of your ship or station. If the above named individual has been transferred, forward this voucher to the commanding officer of the unit to which transferred.

TO: AUTHORIZED CERTIFYING OFFICER
You are authorized and directed* to make the following (Credit ☐ Checkage ☒) in the pay record of the above named individual. Your entry in the pay record should show:

| AMOUNT | APPROPRIATION | PERIOD |
|---|---|---|
| $9.00 | 20X0201 | June 1950 |

NAME OF ACCOUNTABLE OFFICER

REASON

GAO Informal Exception No. 32 5658.

Credited subsistence allowance from 6/9
through 6/12/50, 4 days at $2.25 per day - - - -$9.00
Entitled to - - - - - - - - - - - - - - - - - - - - 0.00
Overcredited - - - - - - -$9.00

Member was on regular annual leave and credited leave rations.
Concurrent credit of subsistence and leave rations not authorized.

H. M. TENNEY
By direction

PE-64

MR

*The directive herein made is based on a thorough examination of all records available to HEADQUARTERS. If the authorized certifying officer has knowledge that a previous adjustment has been made for the same item, this voucher should be returned to Commandant (FA-1) with a brief statement of the reason for failure to make the adjustment.

DISPOSITION: File original as a pay record voucher. File triplicate in the individual's service record, and return signed duplicate to the Commandant (FA-1), Coast Guard Headquarters, Washington 25, D. C.

SHIP OR STATION Headquarters Retired Roll | DATE 12/31/52

Adjustment has been made as requested and copy has been returned.

NAME AND SIGNATURE - OFFICER MAKING ADJUSTMENT

c c gordon

AUTHORIZED CERTIFYING OFFICER

If checkage is for credit to other than CG operating expense appropriation, complete the applicable following item:
(a) Deposit made to other appropriation by C/D (Form_____) No._____ Dated_____
(b) Credit to other appropriation accomplished by no-check adjustment in ADO accounts under D. O. Symbol_____
_____ On (date)_____

B 6436

PE-3
5 January, 1954

File 3-13

Director
The American Legion
National Rehabilitation Commission
1608 K Street, N. W.
Washington 6, D. C.

Dear Sir:

Reference is made to your letter dated 9 December, 1953, together with Power of Attorney signed by David Swain (227-049), boatswain's mate, first class (retired), U. S. Coast Guard.

The records at Coast Guard Headquarters show that David Swain enlisted in the U. S. Coast Guard on 4 June, 1941, and served continuously until 1 January, 1952, when he was retired for thirty years service. He was born 20 December, 1895, in Brunswick County, North Carolina. He has prior Lighthouse Service of fourteen years, six months, and eleven days.

Very truly yours,

B. A. SHAW
Chief, Administration Section
Enlisted Personnel Division
By direction of the Commandant

PE-64

mailed 1/6/54 OPR

am Corres;orr Ret to 3-13

[illegible]
December 4, [illegible]

Commandant
U. S. Coast Guard
[illegible]

[illegible]

Gentlemen:

Please find attached [illegible] of [illegible] in favor of [illegible]

[illegible]

Thank you for your [illegible]

Very truly yours,

[illegible]

[illegible]

DJS:lgh



COPY

THE AMERICAN LEGION
WASHINGTON HEADQUARTERS
WASHINGTON, D. C.

December 9, 1953

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

RE: SWAIN, David
SN - 227 049

Gentlemen:

Please find attached hereto Power of Attorney in favor of The American Legion over the signature of the above captioned veteran. We would very much appreciate your advising us as to the type of retirement this man is receiving at the present time. It would appear that he has creditable service of 30 years and 19 days.

Thank you for your co-operation.

Yours very truly,

C. N. FLORENCE for
T. O. KRAABEL, Director

CNF:ish
cc: L. J. Nachtmann
St. Augustine, Florida

Form approved.
Budget Bureau No. 76-R129.2.

VETERANS ADMINISTRATION

# APPOINTMENT OF SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

1. CLAIM NO.

C-

*INSTRUCTIONS.—Type or print all entries.*

2. NAME OF CLAIMANT *(Veteran, guardian, beneficiary, dependent, or next of kin)*

3. ADDRESS OF CLAIMANT *(Street, city, zone, and State)*

4. LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN

SWAIN- DAVID

5. SERVICE NO.

227049

6. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ OTHER *(Specify)*

7A. HAS CLAIMANT EVER FILED A CLAIM FOR DISABILITY INSURANCE BENEFITS?

☐ YES ☒ NO *(If "Yes," answer questions 7b, 7c, and 7d.)*

7B. CLAIM FOR DISABILITY INSURANCE BENEFITS MADE UNDER

☐ NSLI ☐ USGLI ☐ BOTH USGLI AND NSLI

7C. POLICY NO(S). *(Include letter prefix)*

7D. GIVE LOCATION OF VA OFFICE WHERE CLAIM FOR DISABILITY INSURANCE BENEFITS HAS BEEN FILED

8. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE VETERANS ADMINISTRATION

AMERICAN LEGION

I hereby appoint the above-named service organization as my attorney to present my claim ~~before the Veterans Administration~~ for all benefits to which I may be entitled or become entitled by virtue of the service of the above-named veteran under the laws ~~administered by the Veterans Administration~~ and to receive any information ~~from the Veterans Administration~~ in connection therewith.

The accredited representative (*check one*) ☒ is ☐ is not authorized to disclose information necessary in the development of my claim to the local organization named below.

9. NAME OF ORGANIZATION, CHAPTER, POST, OR UNIT

ST. JOHNS POST #37 A.L.

10. LOCATION

ST AUGUSTINE FLA

It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney and that this power of attorney may be canceled by me, or by the service organization named, on written notice ~~to the Veterans Administration.~~

11. SIGNATURE OF CLAIMANT

David Swain

12. RELATIONSHIP *(If other than veteran)*

13. DATE OF SIGNATURE

30 NOV 1953

NOTE.—So long as this appointment is in effect the organization named herein will be recognized as the sole agent for the presentation of your claim ~~before the Veterans Administration~~ and no other organization or person, except yourself, will be recognized ~~by the Veterans Administration~~ in connection with your claim or any portion thereof.

**(THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC)**

3-13 FILE

PE-3
13 November, 1952

From: Commandant
To: SWAIN, David (227-049) BMI, USCG (Retired)
Anastasia Post Office, St. Augustine, Florida

Subj: Mustering-Out Payment - Nonentitlement To

1. Reference is made to your application for Mustering-Out Payment under Veterans' Readjustment Assistance Act of 1952.

2. The MOP Act of 1952 provides that members of the Armed Forces who on or after 27 June, 1950 are discharged or released from active duty under honorable conditions, or retired or separated for physical disability, either permanent or temporary under Title IV of the Career Compensation Act of 1949, shall be entitled to mustering-out payment.

3. Inasmuch as you were not retired for physical disability, you are not entitled to payment under this act. Therefore, your application and Form DD-214 are herewith returned.

Very truly yours,

B. A. SHAW, Chief, Processing
and Records Section, Enlisted
Personnel Division
By direction of the Commandant

Encls:
(1) Application for MOP
(2) Form DD-214 (Original)

Mailed
14 NOV 1952
djd

THORMAN: dsa return to 3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-3

22 October 1952
(227-049)

Mr. David Swain
Anastasia Post Office
St. Augustine, Florida

Dear Sir:

Reference is made to your recent inquiry concerning application for Mustering-Out Payment under Veterans' Readjustment Assistance Act of 1952.

The enclosed application should be returned with your copy of Form ( Original) DD-214, received at time of separation, on which claim is based.

Very truly yours,

A E McDane

B. A. SHAW
Chief, Enlisted Processing and Records Section
Enlisted Personnel Division
By direction of the Commandant

Encl(s):
(1) Application for MOP
(2) DD-214 ( Carbon Copy )

Enclosed find the original copy of my separation from service.

David Swain BM1

PE-3

22 October 1952
(227-049)

3-13 FILE

Mr. David Swain
Anastasia Post Office
St. Augustine, Florida

Dear Sir:

Reference is made to your recent inquiry concerning application for Mustering-Out Payment under Veterans' Readjustment Assistance Act of 1952.

The enclosed application should be returned with your copy of Form DD-214, received at time of separation, on which claim is based. ( Original)

Very truly yours,

B. A. SHAW
Chief, Enlisted Processing and Records Section
Enlisted Personnel Division
By direction of the Commandant

Encl(s):
(1) Application for MOP
(2) DD-214 ( Carbon Copy )

mailed
22 OCT 1952
djd

THORMAN: dsa return to 3-13

File

3-13

FA-1
14 April 1952
MR

From: Commandant
To: David Swain (227-049)BM1, USCG, (Retired)
Anastasia, Florida

Subj: Retired Pay

1. Reference is made to your letter dated 7 April 1952, wherein you request an additional ten percent retired pay for good conduct.

2. In reply, you are advised that the provisions for additional ten percent retirement compensation apply only to those retiring under the 20-Year Law. It is not applicable to military personnel who retire under the provisions of any other law. Since you were retired under the provisions of the 30-Year Law (P.L. No. 207-81st Congress), there is no authority to compute your retired pay in any way that would lawfully give you a higher percentage.

Mailed 4/14 BGG

R. L. EDMANDS
By direction

BGGreenmch

4/14/52 6-7

BGG

FILE
B.A.S.

UNITED STATES COAST GUARD

Address reply to:
Commander, 7th CG District
Miami 33, Florida

P
9 January, 1952
P20-2/MM

From: Commander, 7th CG District
To: Commandant (PE)

Subj: Form CG-2996, Abstract of Service, Enlisted Personnel; transmittal of

Forms CG-2996, Abstract of Service, for the below named men are forwarded herewith, inasmuch as records in this office indicate that they have retired.

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

SWAIN, David (227-049) BM1
COFFIE, Hermogenes (219-529) BM1

T. R. Dalton
T. R. DALTON
By direction

Incl:
Abstract of Service Cards

1952 JAN 14 14 27
PEA-A

SWAIN, David (NAME) [redacted]-049 (SERVICE NUMBER) MARITAL STATUS Married
NUMBER OF DEPENDENTS

*Other creditable service—*

| | YRS. | MOS. | DAYS |
|---|---|---|---|
| LIGHTHOUSE | 14 | 6 | 11 |

*Birth, date of* 20 December, 1895
*Birth, place of* Brunswick, County, N.C.
*Citizenship* N.

| UNIT | DATE | RATE | SERVICE YRS. | SERVICE MOS. | SERVICE DAYS | REMARKS |
|---|---|---|---|---|---|---|
| Cape Canaveral LS(07) | 4-2-48 | BM1 | | | | CR PC 36-47 |
| Cape Canaveral LS | 6-7-50 | BM1 | | | | HD (EE) |
| Cape Canaveral LS | 6-6-50 | BM1 | | | | Reenl six (6) yr. |
| Cape Canaveral LS | 12-31-51 | BM1 | | | | Retired |

ABSTRACT OF SERVICE—ENLISTED PERSONNEL

GPO 16—56524-1 TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2996 (8-48)

Form 9546
TREASURY DEPARTMENT
COAST GUARD
Revised Mar., 1930

REGISTER ENLISTED FORCE

Eight Hours Retirement
19 42

SWAIN, David 227 049 Person to be notified in case of emergency

SINGLE
MARRIED XX
WIDOWED
DIVORCED

Other creditable service— YRS. MOS. DAYS
LIGHTHOUSE 14 6 11 Verified 20

Birth, date of, December 20, 1895.
Birth, place of, Brunswick County, N.C.
Citizenship, N.

7-27-48

2—8095

| UNIT | DATE | RATE | SERVICE YRS. | SERVICE MOS. | SERVICE DAYS | REMARKS |
|---|---|---|---|---|---|---|
| T. AUGUSTINE LIGHT STA.(JD) | 6-4-41 | Cox | | | | ORIGINAL ENLISTMENT THREE YEARS REGULAR Auth. Form 2525-B. 5-20-41 |
| T. AUGUSTINE LT ST(JD) | 2-17-42 | B.M.2c.(Pro.) | | | | CR |
| T. AUGUSTINE LT ST | 3-25-43 | B.M.1c (Pro) | | | | U. C.O.T.P. |
| 7th New Smyrna(D) | 1-1-44 | B.M.1c | | | | Reenl. Accpt. St. Augustine |
| Off Daytona | 6-4-44 | Bm 1c | | | | Enl. Lft - Bytro NY |
| Sup COTP Ft Pierce(D) | 12-6-44 | Bm 1c. | | | | TR (Copy Command dt. Sta |
| Miami Shore | 6-20-45 | B.M.1c (Perm) | | | | Trv. |
| Ft Pierce Group(D) | 6-16-46 | BM1c (Perm) | | | | Trv. Jupiter dulet St. Sta |
| Asst Diff Sta Jupiter | 9-30-46 | B.M.1c | | | | Reenl Jupiter dulet St. Sta |
| Cape Canaveral Dist | 10-2-46 | BM1c | | | | TR |
| 7th Coastal Offic | 6-3-47 | BM1c | | | | In temp duty |
| 7th Coastal Office | 6-3-47 | BM1c | | | | HD |
| 7th Coastal Off | 6-4-47 | BM1c | | | | Re. Three years Regular |
| Cape Canaveral Sta(D) | 6-4-47 | BM1c | | | | TR |
| CAPE STA(D) | 4-2-48 | BM1c | | | | Cl PC 26-47 |

104

file

UNITED STATES COAST GUARD
Washington 25, D. C. 31 January, 1952

From: Commandant
To: BM1 David Swain (227-049), USCG, Retired, Anastasia, Fla.

Subj: Retired Identification Card; completion of

1. There is inclosed herewith Armed Forces Identification Card No. 06779 that will be issued to you.

2. Place your signature in the space provided on the face of the card and the fingerprints of both index fingers in the spaces provided on the back of the card. (NOTE: If an index finger is missing, use the next finger on the same hand and indicate on the card the finger actually used.) PUT NO OTHER DATA ON THE CARD ITSELF.

B. A. Shaw,
B. A. SHAW,
By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-1

From: David Swain BM1 (Ret.)
To: Commandant

Card returned for validating and completion.

David Swain
Signature
FEB 18 1952

IND-2

From: Commandant
To: BM1 David Swain, USCG, Retired.

Your completed Identification Card bearing the number indicated in Paragraph 1 of basic letter is inclosed. Acknowledge receipt thereof by signing IND-3 and returning this letter to the Commandant together with the Retired Identification Card previously issued you. (NOTE: In the event the old card is not returned a satisfactory written explanation must be furnished as to why it cannot be returned.)

B. A. Shaw,
B. A. SHAW,
By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-3

From: David Swain BM1 (Retired)
To: Commandant

Receipt is acknowledged of the Armed Forces Identification Card referred to in basic correspondence. My old Retired Identification Card is returned herewith /or/ See explanation attached. (STRIKE ONE).

David Swain
Signature

GPO DSO 3-258

PS
6 February 1952
L-13

From: Commandant
To: SWAIN, David (227-049)BM1, USCG, Retired
Anastasia, Florida

Subj: National Service Life Insurance, Request for a duplicate copy of policy

In view of the fact that National Service Life Insurance policies are issued by the Veterans Administration it is suggested that you write to the Veterans Administration, Washington 25, D. C. requesting that a duplicate policy be issued to you.

B. V. BALL
By direction

FEB 7 1952

FEB 7 1952

MJM:ceb rm 2107 2-4

mjm.

FROM: David Swain BM1, retired, Anastasia, Florida
TO: Commandant

06779.

Subject: Armed Forces Identification Card, application for

FILE
B.A.S.

It is requested that I be issued an Armed Forces Identification Card indorsed "Retired." In this connection a suitable photograph is inclosed and the following descriptive data is furnished:

| Swain | David | 227-049 | USCG (Ret) |
|---|---|---|---|
| LAST NAME | FIRST NAME MIDDLE NAME | SERVICE NUMBER | GRADE |

Date of Birth Dec. 20, 1895 Weight 162 lbs Height 5 ft 9½ inches

Color Hair Brown Color Eyes Blue Blood Type O Positive
(Optional)

Anastasia,
Florida.

David Swain BM1 Retired
SIGNATURE

GPO DSO 3-257

UNITED STATES COAST GUARD

Address Reply To:
COMMANDANT
U. S. Coast Guard
Headquarters
Washington 25, D. C.

PS
14 January 1952
File: P19

From: Commandant
To: David Swain (227-049) BM1 USCG(RET.)
Artesia, Florida

Subj: DD Form 214 and Form DD-217 CC; forwarding of

1. DD Form 214, Report of Separation from the Armed Forces of the United States, is being prepared for you, and the preliminary papers necessary for its completion are forwarded herewith. You are requested to fill in the spaces checked on the rough form, sign your name in Item #40 of the smooth fanfold, and return all copies in the inclosed envelope. Upon receipt, DD Form 214 will be completed and the original, seventh and eighth copies forwarded to you for your permanent possession.

2. Form DD-217 CC is also inclosed. You are requested to sign and forward it to this Section. The form will be returned to you after it has been certified and laminated. Your signature should be placed on the back of Form DD 217 CC in space provided therefor.

O. C. HIXSON
By direction

Incls.
As noted

Completed & Mailed Back Jan. 25, 1952

NAVCG 2533
U. S. COAST GUARD
October 1937

4-6

# CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

3-13

18 Palmeto Avenue
(~~Unit~~) Home
Anastasia, Florida
(Place)
January 2, 1952

Upon being retired from active duty on December 31, 1951, I certify that the following are the names of my dependents for whom medical treatment may be required, from the Public Health Service. Their signatures appear below:

| (Name, age, sex, and nature of dependency) | (Signature) |
|---|---|
| Mary E. Swain, 46, female, wife | Mary E. Swain |
| Betty Jean Swain, 17, female, daughter | Betty Jean Swain |
| | |
| | |
| | |

I hereby certify that the above signatures were signed in my presence this _____, 19____

(Signature of certifying officer and title)

David Swain
(Signature of retired person)

BM1
(Rank or rating)

---

HEADQUARTERS

First Endorsement, Washington 14 January, 1952

1. Any officer of the Public Health Service authorized to furnish medical relief to dependents of Coast Guard personnel, under authority of the Act of Congress approved 30 July 1937, is requested to accept the evidence herein contained as identification for dependents of retired personnel.

1/14/52

T. LE BLANC
Commander, USCG

By direction,

(Rank)

~~Assistant Commandant~~

**ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS**

U. S. GOVERNMENT PRINTING OFFICE 16—37889-1