

Page 60

STATION OR LOCATION _____ **DATE** _____ **TIME** _____ **PAGE NO.** _____

DATE	TIME	LOCATION	NAME	CODE
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[illegible]

DATE	DESCRIPTION	AMOUNT	BALANCE
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1945

11-11-61

FIRST NAME		LAST NAME		MIDDLE NAME		DATE OF BIRTH		DATE OF DEATH		PLACE OF BIRTH		PLACE OF DEATH	
NO.	NAME	NO.	NAME	NO.	NAME	DAY	MONTH	YEAR	DAY	MONTH	YEAR	CITY	COUNTRY
1	1	1	1	1	1								
2	2	2	2	2	2								
3	3	3	3	3	3								
4	4	4	4	4	4								
5	5	5	5	5	5								
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50	50	50	50	50	50								

Dear Martin

WASH DC MEMORANDUM
FOR MR. TOLSON
SUBJECT: [illegible]