

Name **GILL-ALFRED AUGUSTUS** Service Number **U.S. COAST GUARD**
 Enlisted **XX** at **RECRUITING STATION SOUTH HAVEN MICH.** Date **7-29-16**
 Enrolled **XX** Age at Entrance **36 YRS 10 MOS.** Rate **SURFMAN** U. S. N. **XXXXXX**
 Home Address **-----** Town **CHARLEVOIX** State **MICH.**
A County Served at From To Served as No. Days

COAST GUARD STATION
258

1 YR 7 MOS 5 DAYS

SURFMAN

1 YR 7 MOS
5 DAYS

Remarks:

Date **12-31-19** Discharge
 Place **XXXX** **SOUTH HAVEN MICH** 4-5496 Rating at Discharge **SURFMAN**

