

## STATEMENT OF PERSONAL HISTORY

Budget Bureau No. 20-2487.1  
Approval expires 30 June 1966.

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME--MIDDLE NAME--MAIDEN NAME (if any)--LAST NAME <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <b>William Frederick Friedman</b>						2. STATUS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY OR ACTIVE DUTY		
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) <b>None</b>				4. PERMANENT MAILING ADDRESS <b>310 - 2nd Street, S.E. Washington 3, D. C.</b>				
5. DATE OF BIRTH (Day, month, year) <b>24 Sep 1891</b>		PLACE OF BIRTH (City, County, State, and Country) <b>Kishiniev, Russia</b>		PLACE CERTIFICATE RECORDED <b>None</b>				
RACE <b>White</b>	HEIGHT <b>5' 10"</b>	WEIGHT <b>150</b>	COLOR OF EYES <b>Hazel</b>	COLOR OF HAIR <b>Grey</b>	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS <b>None</b>			
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20								
7. U. S. CITIZEN <input checked="" type="checkbox"/>		NATIVE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF NATURALIZED, CERTIFICATE NO. <b>Certificates bear no number</b>		IF DERIVED, PARENTS' CERTIFICATE NO(S):		
ALIEN <input type="checkbox"/>		REGISTRATION NO. <b>N/A</b>		NATIVE COUNTRY <b>N/A</b>		DATE, PLACE, AND COURT <b>26 Sep 1896 Common Pleas Court No. 2 Allegheny Co., Pittsburgh, Pa.</b>		
				DATE AND PORT OF ENTRY <b>N/A</b>		DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>MILITARY SERVICE</b>								
8. ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:								
GRADE AND SERVICE NO. <b>N/A</b>		SERVICE AND COMPONENT <b>N/A</b>		ORGANIZATION AND STATION <b>N/A</b>		DATE CURRENT ACTIVE SERVICE STARTED		
9. ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:								
GRADE AND SERVICE NO. <b>LT. Col 0-16674</b>		SERVICE AND COMPONENT <b>1st Sig. Arsenal</b>		ORGANIZATION AND STATION OR UNIT AND LOCATION <b>N/A</b>				
10. HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:								
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.			
US	Army	M. I. D. (G. S.)	3 Jun 1918	15 Apr 19	0-166-764 Honorable Discharge - 1st Lt.			
US	Army	Signal Corps	18 Apr 41		Honorable Discharge - 1st Col			
11. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)								
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL				GRADUATE		
FROM--	TO--					YES	NO	
1897	1905	Forbes Public School, Pittsburgh, Pa.				X		
1905	1909	Central High School, Pittsburgh, Pa.				X	Diploma	
1910	1911	Mich. Agricultural College, E. Lansing, Mich.				X		
1911	1914	Cornell University, Ithica, New York				X	B.S.	
12. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)								
RELATION AND NAME		DATE AND PLACE OF BIRTH		PRESENT ADDRESS, IF LIVING			U. S. CITIZEN	
							YES	NO
FATHER <b>Frederick Friedman</b>		<b>1863 Romania</b>		<b>Deceased, 1934</b>			X	
MOTHER (Maiden name) <b>Rosa Trust</b>		<b>1870 Russia</b>		<b>1953</b>			X	
SPOUSE (Maiden name) <b>Elizabeth Smith</b>		<b>26 Aug 1893 Huntington, Indiana</b>		<b>310-2nd St SE</b>			X	
OTHER (Specify) <b>SON John Ramsey Friedman</b>		<b>28 Jul 1926 Washington, D. C.</b>		<b>491 Clarendon Ave Buffalo, N.Y.</b>			X	
DAUGHTER <b>Barbara Friedman Forman</b>		<b>14 Oct 1923 Washington, D. C.</b>		<b>310-2nd St. SE</b>			X	
MOTHER-IN-LAW <b>Sopha Strook</b>		<b>1852 Coshocton, Ohio</b>		<b>Deceased 1916</b>			X	
FATHER-IN-LAW <b>John Marion Smith</b>		<b>1848 Preble Co., Ohio</b>		<b>Deceased 1924</b>			X	

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PREVIOUS EDITIONS ARE OBSOLETE.

11 OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers and sisters-in-law, and other persons with whom a close relationship existed or exists)

RELATIONSHIP AND NAME	AGE	OCCUPATION	ADDRESS	CITIZENSHIP

12 FOREIGN TRAVEL (Other than as a direct result of United States military duties)

DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM	TO		
Sep 1928	Nov 1928	France, Belgium, Sweden	Travelled under orders in connection with official business of War Department.
Sep 1932	Nov 1932	Spain, France	
Apr 1943	Jun 1943	England	
May 1945	Jul 1945	England, France, Germany	
Oct 1946	Dec 1946	France, Sweden, Germany	

13 EMPLOYMENT (Show every employment you have had and all periods of unemployment)

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM	TO			
Jun 1909	Sep 1909	T.J. McGraw, Jr. Erie City Iron Works, Pittsburgh, Pa.		To enter College
Jun 1912	Sep 1912	Station for Experimental Evolution, Carnegie Institution of Washington, Cold Spring Harbor, LI, NY		Summer - Field work
Jun 1913	Sep 1913			
Feb 1914	Jul 1914	N.Y. State Experimental Station, Geneva, N. Y.		To enter Graduate School, Cornell U.
Jun 1915	May 1918	Riverbank Laboratories, Geneva, Kane Co., Illinois		To enter Army
May 1918	Apr 1919	1st Lt., N.A.		Demobilized at end WW I
Apr 1919	Dec 1920	Riverbank Laboratories, Geneva, Kane Co., Illinois		To enter Gov't Service
Jan 1921	Dec 1921	War Dept, Washington, D. C.		Termination of Contract
Jan 1922	Jul 1955	Department of Defense, Wash, D.C.		

DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE?  YES  NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY?  YES  NO HAVE YOU EVER BEEN REFUSED BOND?  YES  NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.

SOCIAL SECURITY NO.  
578-32-2150

14 CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories)

NAME (List 3 credit and 5 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
Woodward & Lothrop	25		Washington	D.C.
The Hecht Company	25		Washington	D.C.
Arlington Trust Company	10		Arlington	Virginia
W. P. Corderman	20	c/o The Adjutant General	Washington	D.C.
Rear Adm. J. N. Wenger	15	4918 Tilden St., N. W.	Washington	D.C.
Col. A. C. Peterson	5	216 Jupiter Lane Ft. McNAIR	Falls Church	Virginia
Dr. Abraham Sinkov	18	Old Dominion Drive	Great Falls	Virginia
Dr. Solomon Kullback	18	1259 Van Buren N. W.	Washington	D. C.

*CHARACTER REFERENCES* (written vertically on the left margin)

*LINCOLN WATIL BIRTH* (written on the left margin)

*may hear* (written on the left margin)

*Conin* (written on the left margin)



18. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION?  YES  NO IF "YES," GIVE DETAILS

*[Faint, mostly illegible text from the top section of the form]*

**REMARKS**  
**ITEM 12:**

Nov 1951 - Dec 1951 Germany, England, France Under orders connected with business

**ITEM 15:** <sup>54</sup> France Switzerland, Sweden

Dec 1946 - Apr 1949 Also had town residence at 1823 Que Street, N. W., Washington, D. C.

Certain residences in early years in Pittsburgh can be given only approximately since I have no clear recollections and accurate data would be very difficult to obtain.

**ITEM 16:**

Armed Forces Communications Association - Washington, D.C. - 1952 -

**ITEM 15 - Supplement to DD Form 398 Cont'd**

Dec 1922 - Apr 1923 (Not remembered) Washington, D. C.

Apr 1923 - Jun 1925 Alta Vista Bethesda, Maryland

*Item 16:*  
 Ft Monair Oo Club  
 Bethesda Naval Oo Club

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE	SIGNATURE OF PERSON COMPLETING FORM
	TYPED NAME AND ADDRESS OF WITNESS
	SIGNATURE OF WITNESS

**THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION**

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

RECORD OF PRIOR CLEARANCES		
DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS

