# N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and WRITE PLAINLY, WITH UNFADING BLACK INK-THIS IS A PERMANENT RECORD LARGIN RESERVED FOR BINDING

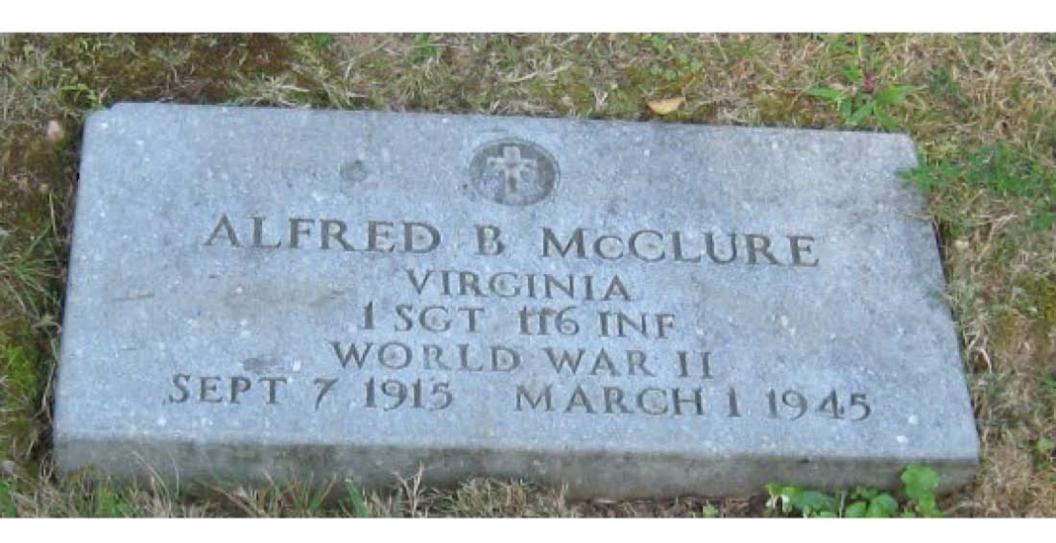
R D. V.S. Form No. 18, 200M, 6-15-

the number of each, in order of birth, stated in answer 5.

(1) PLACE OF BIRTH	COMMONWEALTH OF VIRGINIA  129 STATE BOARD OF HEALTH							
County of		BUREAU OF VITAL						
District of	Registration Dist	rict No.	File No. 34845					
Inc. Town of	Primary Registra	tion Dist. No. 2714	Registered No. 40					
City of (N	10,	/	St.;Ward)					
If birth occurs in a hospital or other institution, give name of same instead of street and number.  (2) FULL NAME OF CHILD Light Satural Course Supplemental report, as directed.								
(3) BOY OR GIRL? (4) Twin, triplet, or other? (To be answered of	(5) Number in orde of birth only in event of plural birth	Imate? 4CV	(7) DATE OF Sept., 7, 19/3 (Month) (Day) (Year)					
(8) FULL Price Baker M	C Clur	(14) FULL MAIDEN Laura NAME	MOTHER (Adeline Deane)					
(9) RESIDENCE Therfur	o Ma	(15) RESIDENCE Jairful 14 R. 2.						
(10) COLOR (11) AGE AT LAST BIRTHDAY	(Years)	(16) COLOR W (17) AGE AT LAST 32/ OR BIRTHDAY (Years)						
(12) BIRTHPLACE Media Pr	gan.	(18) BIRTHPLACE Schwond Da						
(13) OCCUPATION Contractor Ex	Builder.	(19) OCCUPATION None						
(20) Number of children born to this mother, including presen	t birth 1	(21) Number of children of this mot	ther now living, including present birth					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*								
(22) I hereby certify that I attended the birth of this child, who was form alive or Stillborn, at (Born Alive or Stillborn) (Born A. M. or P. 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.	(23) (Signature) Howard Fletcher Physician							
Given name added from a supplemental	(24) (State whether Physician or Midwife)  (25) Address of Physician or Midwife)							
report, 191	(26) Filed MANDIA 1912. Mulasa Managastras							

- 3

			THE RESERVE OF THE PERSON NAMED IN			
	CHECK TYPE REQUIRED (See Instructions attached)	APPLICATION FOR HEADSTONE OR MARKER				
000	UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE	SERIAL No.	/ 6	EMBLEM (Check one)	
7	☐ FLAT MARBLE MARKER	May Tth. 1941	33043	459 V FL	CHRISTIAN	
	☑ FLAT GRANITE MARKER	DISCHARGE DATE	PENSION No.		HEBREW	
3	BRONZE MARKER (NOTE RESTRICTIONS)		1		□ NONE	
7	NAME (Last, First, Middle Initial)		STATE	RANK	COMPANY.	
1	MC CLURE, Alfre	d B	Wir ania	1/Sgt.	C	
~	MC ODOME, ATTIE	4 17.	U. S. REGIMENT, STATE	ORGANIZATION, AND DIVIS	ION .	
2	1913	-//	116 in	4	A TENTON OF THE PARTY OF THE PA	
N	DATE OF BIRTH (Month, Day, Year)	DATE OF DEATH (Month, Day, Year)	AGF			
1	Sont. 7th. 1915	March 1st. 1945		0	15 2m	
0	NAME OF CEMETERY		LOCATION (City and Sto	ite) Office		
13	Fairlando		Fairla	1 Ding	rinia?	
2	SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE H	Y THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)		NEAREST FREIGHT STATION (City and State)		
7		1	Maink	as, a	a	
1		OPRO	POST OFFICE ADDRESS O	F CONSIGNEE		
3	(SIGNATURE OF CO	ONSIGNEE)				
3	DO NOT WRITE HERE	I certify th	nis application is submit	ted for a stone for the	unmarked grave of a veteran.	
3	FOR VERIFICATION				noval of the stone promptly upon	
3	ORDERED ORGEN AND MACC		ination, and properly plant	ace it at the decedent's	s grave at my expense.	
2	W. CHELMSFORD, MASS	19 NOV 13/ /	12 hs	eluser	0+0+0,000	
3	5907887	Vu.	APPLICANT'S SIGNATURE	aue	DATE OF APPLICATION	
0	SHIPPED	ADDRESS (Street, C	ity, State)	: 1	91.	
3		T J N	2 1	any	000	
0	QMG FORM 623	IMPORTANT—Con	nplete Reverse Side		16-11453-6 GPO	
KE	17 13 APR 4/ OEO					







# Alfred B McClure

**BIRTH** 7 Sep 1915

**DEATH** 1 Mar 1945

BURIAL Fairfax City Cemetery • Fairfax, Fairfax City,

**MEMORIAL ID** 29241121

Photo added by Jay Kelly

MEMORIAL

PHOTOS 2

FLOWERS 2



## Inscription

Virginia 1SGT 116 Infantry World War II

# Alfred B McClure in the U.S., World War II Army Enlistment Records, 1938-1946

Name:	Alfred B McClure
Birth Year:	1913
Race:	White, citizen (White)
Nativity State or Country:	Virginia
State of Residence:	Virginia
County or City:	Fairfax
Enlistment Date:	7 May 1941
Enlistment State:	Virginia
Enlistment City:	Richmond
Branch:	Branch Immaterial - Warrant Officers, USA
Branch Code:	Branch Immaterial - Warrant Officers, USA
Grade:	Private
Grade Code:	Private
Component:	Selectees (Enlisted Men)
Source:	Civil Life
Education:	4 years of high school
Civil Occupation:	Semiskilled chauffeurs and drivers, bus, taxi, truck, and
	tractor
Marital Status:	Single, without dependents
Height:	72
Weight:	151

### Source Information

Ancestry.com. U.S., World War II Army Enlistment Records, 1938-1946 [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2005.

Original data: National Archives and Records Administration. Electronic Army Serial Number Merged File, 1938-1946 [Archival Database]; ARC: 1263923. World War II Army Enlistment Records; Records of the National Archives and Records Administration, Record Group 64; National Archives at College Park. College Park, Maryland, U.S.A.

### Description

This database contains information on about 8.3 million men and women who enlisted in the U.S. Army during World War II. Information contained in this database usually includes: name of enlistee, army serial number, residence (county and state), Learn more...

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