

Initial out

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

496-09-4349

FRONT NAME

C

(EMPLOYEE'S FIRST NAME)

Hester

(MIDDLE NAME)

Baben

(LAST NAME)

160

(MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAID ... LAST NAME AND HUSBAND'S LAST NAME)

STREET AND NUMBER

3.

Harrisonville

(POST OFFICE)

(STATE)

Mo.

E. N. Reader Co. Inc.

(BUSINESS NAME OF PRESENT EMPLOYER)

5.

Harrisonville

(BUSINESS ADDRESS OF PRESENT EMPLOYER)

Mo.

51

7.

DATE OF BIRTH: (MONTH)

(DAY)

(YEAR)

(SUBJECT TO LATER VERIFICATION)

July 10, 1885

8.

Walaski, Cherokee, Ga.

(PLACE OF BIRTH)

Robert Maria Baber

(FATHER'S FULL NAME)

10.

Martha Green Covington

(MOTHER'S FULL MAIDEN NAME)

SEX: MALE

FEMALE

(CHECK (✓) WHICH)

12. COLOR: WHITE

NEGRO

(CHECK (✓) WHICH)

OTHER

(SPECIFY)

IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD

IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE

6/15/27

(DATE SIGNED)

16

J. L. Baber

(EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE