

APPLICATION FOR SOCIAL SECURITY NUMBER
 REQUIRED UNDER THE FEDERAL EMPLOYERS' CONTRIBUTION ACT

931-22-3540
 DO NOT WRITE IN THE ABOVE SPACE

EACH ITEM MUST BE FILLED IN. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN". PLEASE PRINT OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE.

1. James Hardy Baber
 FIRST NAME MIDDLE NAME OF YOU WERE SO BORN (IF YOU WERE BORN WITH A LAST NAME) LAST NAME
 SHOW NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WOULD USE IF EMPLOYED

2. Umpire Arkansas
 PRESENT MAILING ADDRESS: STREET AND NUMBER (CITY) (STATE)
 3. James Hardy Baber
 ENTER FULL NAME GIVEN YOU AT BIRTH IF DIFFERENT FROM ITEM 1

4. 62
 AGE AT LAST BIRTHDAY
 5. September 26 1900
 DATE OF BIRTH (MONTH) (DAY) (YEAR)
 6. Fort Logan Howard Arkansas
 PLACE OF BIRTH (CITY) (COUNTY) (STATE)

7. Daniel Morgan Baber
 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD
 8. Sarah Jane Nelson
 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD

9. SEX: MALE FEMALE
 10. OR WHITE NEGRO OTHER (SPECIFY)
 11. HAVE YOU EVER BEFORE APPLIED FOR SOCIAL SECURITY NUMBER? (CHECK (✓) WHICH)
 (A) SOCIAL SECURITY ACCOUNT NUMBER YES NO
 (B) EARLY SOCIAL SECURITY NUMBER YES NO
 IF ANSWER IS "YES" ENTER PLACE AND DATE OF ORIGINAL APPLICATION
1-1

12. Southern Milling & Mine Company
 BUSINESS NAME AND ADDRESS OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED"
Box 287 Little Rock, Arkansas
 (CITY) (STATE)

13. October 10 1942
 DATE WHEN YOU WOULD LIKE TO BE ISSUED YOUR SOCIAL SECURITY NUMBER

RETURN COMPLETED APPLICATION TO OR MAIL TO THE NEAREST SOCIAL SECURITY BOARD FIELD OFFICE - THE NEAREST ONE IS LISTED ON THE REVERSE SIDE OF THIS FORM OR AT THE NEAREST SOCIAL SECURITY OFFICE
 16-5528-1

DO NOT WRITE IN THIS SPACE