

3050R
APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

452-60-9284
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR, IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED
FIRST NAME: James M. W. MIDDLE NAME: LAST NAME: Baber

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE): 1416 11th W. Falls, Tex.
3 BIRTH NAME GIVEN YOU AT BIRTH: James Mangum Baber

4 AGE ON LAST BIRTHDAY: 74
5 DATE OF BIRTH (MONTH) (DAY) (YEAR): 11-11-80
6 PLACE OF BIRTH (CITY) (COUNTY) (STATE): Holliday, Tenn.

7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: Mart W. Baber
8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: Nancy Jane Brewer

9 (MARK (X) WHICH) SEX: MALE FEMALE
10 COLOR (MARK (X) WHICH) (IF OTHER, SPECIFY) OR RACE: WHITE NEGRO OTHER

11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES NO DON'T KNOW
IF ANSWER IS "YES", PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN: STATE: DATE:

12 BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED": S/E - Farming
EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE):

ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT: ACCOUNT NUMBER: 120000

13 TODAY'S DATE: 4-12-55

14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT): J-M Baber

DO NOT WRITE IN THIS SPACE