

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

483 113 9322

PRINT NAME

1. James (EMPLOYEE'S FIRST NAME) W (MIDDLE NAME) Baber (LAST NAME)

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

2. (STREET AND NUMBER) 3. Dow City (POST OFFICE) Iowa (STATE)

4. Unemployed (BUSINESS NAME OF PRESENT EMPLOYER) 5. (BUSINESS ADDRESS OF PRESENT EMPLOYER)

6. 48 (AGE AT LAST BIRTHDAY) 7. MAY 31 1888 (DATE OF BIRTH: (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)) Crawford Co., Iowa. (PLACE OF BIRTH)

9. Richard Thomas Baber (FATHER'S FULL NAME) 10. Mary Hammond (MOTHER'S FULL MAIDEN NAME)

1. SEX: MALE FEMALE (CHECK (✓) WHICH) 12. COLOR: WHITE NEGRO OTHER (CHECK (✓) WHICH) (SPECIFY)

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

4. IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE (PLACE) (DATE)

5. March 12th-37 (DATE SIGNED) 16. James W. Baber (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE