

U. S. SOCIAL SECURITY ACT  
APPLICATION FOR ACCOUNT NUMBER

293-10-9264

PRINT NAME

1. RICHARD

(PICK)

MURRAY

(LAST NAME)

Ohio

(STATE)

(EMPLOYEE'S FIRST NAME)

2. 1740 E 19th St

(STREET AND NUMBER)

3.

Chapeltonet

(POST OFFICE)

4. Mr. P. A.

(BUSINESS NAME OF PRESENT EMPLOYER)

(BUSINESS ADDRESS OF PRESENT EMPLOYER)

5. 57

(AGE AT LAST BIRTHDAY)

7. Aug 13, 1899

(DATE OF BIRTH: (MONTH) (DAY) (YEAR))

8. Yes

(SUBJECT TO LATER VERIFICATION)

Cataraugus

(PLACE OF BIRTH)

N.Y.

9. John Murray

(FATHER'S FULL NAME)

10. Minnie Johnston

(MOTHER'S FULL MAIDEN NAME)

11. SEX: MALE

(CHECK ( ) / WHICH)

FEMALE

12. COLOR: WHITE

(CHECK ( ) / WHICH)

NEGRO

OTHER

(SPECIFY)

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

19912

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

Yes

(CHECK)

(DATE)

5. 6/12/37

(DATE SIGNED)

DETACH ALONG THIS LINE

Richard Murray

(EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)