

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

103-16-38205

EACH ITEM SHOULD BE FILLED IN. IF ANY ITEM IS NOT KNOWN WRITE "UNKNOWN"

1. **Eugene** (EMPLOYEE'S FIRST NAME) **Andrew** (EMPLOYEE NAME) **BRAMHALL** (LAST NAME)

2. **175 W. 155 St** (STREET AND NUMBER) **JEROME ALAN AVONUE** (FIRST OFFICE) **N.Y.S.** (STATE)

4. **Postal Telegraph** (EMPLOYER'S NAME OF PRESENT EMPLOYER) **67 Broad St** (ADDRESS ADDRESS OF PRESENT EMPLOYER)

6. **16** (DATE LAST BIRTHDAY) **April, 14, 1922** (DATE OF BIRTH (MONTH) (DAY) (YEAR)) **N.Y.C., N.Y.S** (PLACE OF BIRTH)

9. **George BRAMHALL** (FATHER'S FULL NAME REGARDLESS OF WHETHER LIVING OR DEAD) 10. **Violet M. ~~BRAMHALL~~ Kelly** (MOTHER'S FULL MAIDEN NAME REGARDLESS OF WHETHER LIVING OR DEAD)

11. SEX: MALE FEMALE (CHECK ONE WITH INK) 12. COLOR: WHITE NEGRO OTHER (CHECK ONE WITH INK)

13. DATE YOU BECAME AN EMPLOYEE (IF YOU BEGAN EMPLOYMENT AFTER NOV. 30, 1938) **June 11, 1938**

14. HAVE YOU FILLED OUT A CARD LIKE THIS BEFORE? **NO**

15. **June 11, 1958** (DATE SIGNED) 16. **Eugene B. Bramhall** (EMPLOYEE'S SIGNATURE AS USUALLY WRITTEN - DO NOT PRINT)

DETACH ALONG THIS LINE