

U. S. SOCIAL SECURITY ACT  
APPLICATION FOR ACCOUNT NUMBER

44-14-1815

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

PRINT NAME

1. Foster

.. Maxine

Holt..

430

(MIDDLE NAME)

(MIDDLE NAME)

(LAST NAME)

2. 521 Delaware

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

3. Tahlequah, Okla.,

(STREET AND NUMBER)

(POST OFFICE)

(STATE)

4. Proctor Canning Co.,

5. Proctor, Okla.,

(BUSINESS NAME OF PRESENT EMPLOYER)

(BUSINESS ADDRESS OF PRESENT EMPLOYER)

6. 19

7

10 1920

8. Clayton, Okla.,

(AGE AT LAST BIRTHDAY)

(MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)

(PLACE OF BIRTH)

9. Noel

Thermon Holt

10.

Edith Willie

~~Holt~~ Nurd

(FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD)

(MOTHER'S FULL MAIDEN NAME, REGARDLESS OF WHETHER LIVING OR DEAD)

11. SEX: MALE  FEMALE   
(CHECK (✓) WHICH)

12. COLOR: WHITE  NEGRO  OTHER   
(CHECK (✓) WHICH) (SPECIFY)

1-1

13. GIVE DATE YOU BECAME AN EMPLOYEE (IF YOU BEGAN EMPLOYMENT AFTER NOV. 31, 1936)

July 29, 1940

14. HAVI YOU FILLED OUT A CARD LIKE THIS BEFORE?

NO

(IF ANSWER IS "YES" ENTER PLACE AND DATE OF ORIGINAL FILING AND REASONS FOR FILING AGAIN)

15. July 31, 1940

(DATE SIGNED)

16.

Foster M. Holt

(EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN—DO NOT PRINT)

DETACH ALONG THIS LINE