

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

065-03-3487

9. FIRST NAME
SAM
(EMPLOYEE'S FIRST NAME)

(MIDDLE NAME)

BLACK 420
(LAST NAME)

11. 658 CROTONA PARK SOUTH
(STREET AND NUMBER)

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

NEW YORK
(POST OFFICE)

N.Y.
(STATE)

12. TRUCRAFT CRAVAT CO.
(BUSINESS NAME OF PRESENT EMPLOYER)

10 W. 33 ST. N.Y.C.
(BUSINESS ADDRESS OF PRESENT EMPLOYER)

13. 49
(AGE AT LAST BIRTHDAY)

18, 1887
(DATE OF BIRTH) (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)

RUSSIA
(PLACE OF BIRTH)

14. BERNARD BLACK
(FATHER'S FULL NAME)

10. LEAH SHANDELES
(MOTHER'S FULL MAIDEN NAME)

15. SEX: MALE FEMALE
(NUMBER 1 IF FEMALE)

12. COLOR: WHITE NEGRO OTHER
(CHECK (X) WHICH)

(SPECIFY)

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

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

NOV. 30, 1936
(DATE)

16. Sam. Black
(EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE