

Form 65-5

TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE

U. S. SOCIAL SECURITY ACT  
APPLICATION FOR ACCOUNT NUMBER

252-12-3553

PRINT NAME

~~Maamon~~ ~~ASSO.~~ ~~YORK.~~

(EMPLOYEE'S FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

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

Addie St. n.w.

3. Atlanta

Ga.

(STREET AND NUMBER)

(POST OFFICE)

(STATE)

~~Covert Business~~  
~~George~~

5.

696 ~~Marquette~~ ~~Stallard~~ ~~Dr~~

(BUSINESS ADDRESS OF PRESENT EMPLOYER)

(BUSINESS NAME OF PRESENT EMPLOYER)

23 7. 1913 aug 1.

(AGE AT LAST BIRTHDAY)

(DATE OF BIRTH (MONTH))

(DAY)

(YEAR)

(SUBJECT TO LATER VERIFICATION)

8.

Harrieville Ga

(PLACE OF BIRTH)

George Walbert York

(FATHER'S FULL NAME)

10.

Lucy Bell

(MOTHER'S FULL MAIDEN NAME)

SEX: MALE  FEMALE

(CHECK (✓) WHICH)

12. COLOR: WHITE  NEGRO

(CHECK (✓) WHICH)

OTHER

(SPECIFY)

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

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

(PLACE)

(DATE)

7/13/37

(DATE SIGNED)

16.

Maamon York

(EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE