

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER CHAPTER 9, SUBCHAPTER A, OF THE INTERNAL REVENUE CODE
 (FORMERLY TITLE VIII, SOCIAL SECURITY ACT)

558-20-7458

READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM
 EACH ITEM SHOULD BE FILLED IN. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN"

Dunham

PLEASE PRINT WITH INK OR USE TYPEWRITER
 1. **MADDELYN**

PRYNE

Dunham

1. MARRIED WOMAN FOR MIDDLE NAME. GIVE LAST NAME BEFORE MARRIAGE. FOR LAST NAME GIVE HUSBAND'S LAST NAME.

2. FULL NAME UNDER WHICH YOU WORK, IF DIFFERENT FROM NAME SHOWN IN ITEM 1
759 S. HARVARD Los Angeles Calif.

3. ROSSER'S PRESENT HOME ADDRESS (STREET AND NUMBER) (CITY) (STATE)
501 MARKET Inglewood Calif.

4. BUSINESS ADDRESS (IF DIFFERENT FROM OTHER) (CITY) (STATE)
18 Oct. 26 1941

5. AGE (LAST BIRTHDAY) (DATE OF BIRTH (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)
Rolla Charles PRYNE

6. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD
11. Leona Belle McElarry

7. SEX: MALE FEMALE
 (CHECK (X) WHICH)

8. COLOR OR RACE: WHITE NEGRO
 (CHECK (X) WHICH)

9. HAVE YOU FILLED OUT A CARD LIKE THIS BEFORE? YES NO
 (CHECK (X) WHICH AND IF ANSWER IS "YES" ENTER PLACE AND DATE OF ORIGINAL FILING AND REASONS FOR FILING AGAIN)

10. SIGNATURES (DO NOT PRINT) SIGNATURE (FIRST NAME) (MIDDLE NAME) (LAST NAME)
Maddelyn Pryne Dunham

RETURN COMPLETED APPLICATION TO, OR SECURE INFORMATION ON HOW TO FILL OUT APPLICATION FROM NEAREST SOCIAL SECURITY BOARD FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE.

DATE FILED
Sept. 19 1946

15. **PRYNE**