

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

244-03-6491

1. **Ralph Sherman Mullen**
(EMPLOYEE'S FIRST NAME) (MIDDLE NAME) (LAST NAME)

2. **W. Main Lincoln N.C.**
(STREET AND NUMBER) (POST OFFICE) (STATE)

4. **Eagle Stores Co. Inc. Lincoln N.C.**
(BUSINESS NAME OF PRESENT EMPLOYER) (BUSINESS ADDRESS OF PRESENT EMPLOYER)

6. **20** 7. **June 6-6-1916** 8. **Lincolnton N.C.**
(AGE AT LAST BIRTHDAY) (DATE OF BIRTH: (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)) (PLACE OF BIRTH)

9. **Whitt Sherman Mullen** 10. **Sallie Mae Bolinger**
(FATHER'S FULL NAME) (MOTHER'S FULL MAIDEN NAME)

1. SEX: MALE FEMALE (CHECK (1) WHICH)
12. COLOR: WHITE NEGRO OTHER (CHECK (1) WHICH) (SPECIFY)

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

4. IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE (PLACE) (DATE)

5. **Dec. 21, 1936** 16. **Ralph Mullen**
(DATE SIGNED) (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE