




## SOCIAL SECURITY

### CERTIFICATION

Pursuant to the provisions of Title 42, United States Code, Section 3505, and the authority vested in me by 45 F.R. 47245-46, I hereby certify that I have legal custody of certain records, documents, and other information established and maintained by the Social Security Administration, pursuant to Title 42, United States Code, Section 405, and that the annexed are true and complete copies of certain of such documents in my custody as aforesaid.

I also certify that the annexed computer printout showing the date the information was recorded is a true and complete copy of such document in my custody for Social Security Number 552-12-3520 in the name of William Marion Hogan.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the Social Security Administration to be affixed this 7<sup>th</sup> day of December, 2011.



*Georgiana Wilson-Johnson*

Georgiana Wilson-Johnson  
Deputy Director  
Division of Earnings Record Operations  
Office of Central Operations

Form SS-5  
TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
(Revised July 1937)

U. S. SOCIAL SECURITY ACT  
APPLICATION FOR ACCOUNT NUMBER

552-12-3520R

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

1. William Marion 250 Hogan  
(EMPLOYER'S FIRST NAME) (MIDDLE NAME) (LAST NAME)

2. 1434 Mission Blvd. RT 1 Box 8-5 Riverdale Calif.  
(STREET AND NUMBER) (POST OFFICE) (STATE)

3. unemployed 4. \_\_\_\_\_  
(BUSINESS NAME OF PRESENT EMPLOYER) (BUSINESS ADDRESS OF PRESENT EMPLOYER)

5. 60 6. Apr 4 1878 7. Brunswick, Niv.  
(AGE AT LAST BIRTHDAY) (DATE OF BIRTH (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)) (PLACE OF BIRTH)

8. Tilford Marion Hogan 9. Virginia Nance  
(FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD) (MOTHER'S FULL MAIDEN NAME, REGARDLESS OF WHETHER LIVING OR DEAD)

10. SEX: MALE  FEMALE \_\_\_\_\_ COLOR: WHITE  NEGRO \_\_\_\_\_ OTHER \_\_\_\_\_  
(CHECK (✓) WHICH) (CHECK (✓) WHICH) (SPECIFY)

11. GIVE DATE YOU BECAME AN EMPLOYEE (IF YOU BEGAN EMPLOYMENT AFTER NOV. 24, 1936) \_\_\_\_\_  
*never received card*

12. HAVE YOU FILLED OUT A CARD LIKE THIS BEFORE? July 1937 - San Bernardino, Calif.  
(IF ANSWER IS "YES" ENTER PLACE AND DATE OF ORIGINAL FILING AND REASONS FOR FILING AGAIN)

13. 4-27-38 14. William M Hogan  
(DATE SIGNED) (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN—DO NOT PRINT)

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DETACH ALONG THIS LINE