



SOCIAL SECURITY

JUNE 5, 2006

Refer to: S2RB1A/29639
TAG: 01ESJ001880

DAVID ASHBRIDGE VERNON IV
2606 EAGLE ROAD
WEST CHESTER PA 19382

RE: WILLIAM BRADY
SSN: 176-03-4021

DEAR MR VERNON:

I am enclosing a copy of the original application for a Social Security number for the above person, as requested.

Thank you for your payment to cover the cost of searching our records.

Sincerely,

Joyce Schaul
Freedom of Information Officer

Enclosure

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

176-63-4021

630

1. WILLIAM
(EMPLOYEE'S FIRST NAME)

A.
(MIDDLE NAME)

BRADY
(LAST NAME)

2. 123 FAYETTE ST.
(STREET AND NUMBER)

3. CONSHOHOCKEN
(POST OFFICE)

PENNA.
(STATE)

4. E. J. LAVINO Co
(BUSINESS NAME OF PRESENT EMPLOYER)

5. PLYMOUTH MEETING
(BUSINESS ADDRESS OF PRESENT EMPLOYER)

PENNA.
(STATE)

6. 513
(AGE AT LAST BIRTHDAY)

7. NOVEMBER 23, 1883.
(DATE OF BIRTH: (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION))

8. St Louis, Missouri
(PLACE OF BIRTH)

9. JAMES BRADY
(FATHER'S FULL NAME)

10. NORA TOHNEY
(MOTHER'S FULL MAIDEN NAME)

11. SEX: MALE Y FEMALE
(CHECK (Y) WHICH)

12. COLOR: WHITE V NEGRO
(CHECK (V) WHICH)

OTHER

(SPECIFY)

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

14. IF YOU HAVE PREVIOUSLY FILED OUT A CARD LIKE THIS, STATE _____

5. Nov 23, 1936
(DATE SIGNED)

16. _____

William Brady
(EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

(DATE)