

STATEMENT REGARDING DATE OF BIRTH BY PERSON HAVING KNOWLEDGE THEREOF

NOTICE.—Whoever makes or causes to be made any false statement or representation in connection with an application for Federal Old-Age and Survivors Insurance Benefits, shall upon conviction thereof, as provided by law, be fined not more than \$1,000 or imprisoned for not more than 1 year, or both.

I, JOHN HENRY STARR, hereby certify
(First name) (Middle initial) (Last name)
that the following statements are true to the best of my knowledge and belief; that I make these statements with the understanding that they are to be used by the Social Security Board in establishing the date of birth of—HARRY STARR
(Full name of applicant) (Social Security account number (if any))

in connection with a claim for insurance benefits payable under the provisions of Title II of the Social Security Act, as amended.

1. I have known the above-named applicant for 57 years.

2. I know of my own personal knowledge that the above-named applicant was born on the 5 day of September, 1876, at Sunny Side Spalding
(Month) (Year) (City) (County)
Georgia U.S.A.
(State) (Country)

3. I was born on the 23 day of January, 1886
(Month) (Year)
at Sunny Side Spalding
(City) (County)
Georgia U.S.A.
(State) (Country)

4. If related to the applicant by blood or marriage, state your relationship Brother

(IMPORTANT.—In the space below state the source of your knowledge concerning the date of birth of the applicant, and give family history, incidents, events, or other facts supporting the birth date stated. If more space is required, continue on reverse side.)

See Family Record on reverse side.

(This statement must be signed in ink and sworn to before a person authorized to administer oaths)

I solemnly swear (or affirm) that the foregoing statements are true to the best of my knowledge, information, and belief.

NOTE.—Signature made by mark (X) must be witnessed by two persons to whom the person making this statement is known, giving their place of residence in full.

(Signature) John H. Starr
(First name) (Middle initial) (Last name)

Address: 875 Mulberry St
(Street and number)

(Name)

(Address)

Macon Ga
(City) (State)

(Name)

(Address)

Subscribed and sworn to before me this 8th day of March, 1943
at Macon Bibb Georgia
(City) (County) (State)

[SEAL]

(Miss) Wardson Lewis
(Signature of notary public or other officer authorized to administer oaths)

My commission expires May 16, 1945

N.P. Starr at Large
(Title) (In and for)

