

64

APR 30 1963

Claimant: Do not write in this box

1. NAME: LEE H. OSWALD
 (First) (Middle) (Last)

Name worked under (if different): SAULIE

2. MAILING ADDRESS: 757 FRANCE ST.
 (No.) (St. or Rural Route)
N.O. LA.
 (City) (Zone No.) (State)

3. Male Female No. of dependents: 1

4. DATE OF BIRTH: 10-18-39

11. Main occupation: PHOTOGRAPHER 0-5611
 (Give JOB TITLE and, if known, the code number as shown on your identification card)

5. SSA No. 433 54 3937
 UI UCFE UCN New Additional

6. Liable State: TEXAS

7. Actual date claim taken: 4-29-63

8. Backdating requested to: _____ Explain in Item 24

9. Date of last claim (any type) against above liable State: 4-12-63

10. Local office: COMMERCIAL ST.
DALLAS TEXAS
 (City) (State)

12. WORK RECORD: Show the information requested below for all of your employers, including any periods of self-employment, government and military service, during the past 24 months.

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Show number, street, city, and State)	DATES WORKED	
		From	Through
LAST EMPLOYER regardless of state <u>JAGGARS-</u> <u>CHILES-SIGNALING</u> NEXT TO LAST EMPLOYER	Address where work performed: <u>7522 BROWDER ST.</u> Address where payroll records are kept: <u>8519 FARMINGTON DALLAS, TEXAS</u>	<u>10-6-63</u>	<u>4-6-63</u>
<u>WAGE TS</u> <u>CREDITS</u> NEXT EMPLOYER	Address where work performed: _____ Address where payroll records are kept: _____		
<u>DOES NOT ON</u> <u>APPLIC</u> NEXT EMPLOYER	Address where work performed: _____ Address where payroll records are kept: _____		
<u>INTELLIG</u> <u>NATION SEE</u> NEXT EMPLOYER	Address where work performed: _____ Address where payroll records are kept: _____		

13. Use L.O. stamp or enter L.O. address and No. 14. For use of liable State

DIVISION OF EMPLOYMENT SECURITY
 630 CAMP STREET
 NEW ORLEANS 12, LOUISIANA

Itinerant Point Location: _____
 Report every 1 week(s)

*CLAIMS TAKER: Explain on Form IB-11, Fact Finding Report as required by Handbook.

INITIAL INTERSTATE CLAIM

Budget Bureau No. 44-311004.1

Smith Exhibit No. 1

SMITH (HILDA L.) EXHIBIT No. 1

P-100

- 15. Are you seeking or receiving benefits under any other State or Federal unemployment insurance law, or Social Security (OASI) law? Yes No
- 16. Have you refused any job offered you since you became unemployed? Yes No
- 17. Are you farming, or attending school, or in business for yourself, or employed on a commission basis? Yes No
- 18. Did you receive, are you now receiving, or will you receive any payments from any employer, government or armed service, for any period after your last day of work? Yes No

If "Yes", show period covered and the amount of payment.

(a) Vacation pay \$ _____ From: _____ To: _____
 (b) Wages or salary \$ _____ From: _____ To: _____
 (c) Sick leave or other pay \$ _____ From: _____ To: _____
 (d) Penalties (Month/Date) \$ _____ From: _____ To: _____
 (e) Other (Specify) \$ _____ From: _____ To: _____

19. Show your gross earnings for each of the 7 days immediately before the date of this claim:

Date	4-23	4-24	4-25	4-26	4-27	4-28	4-29/63
Amount	NONE						NONE

20. Have you been able to work and available for work in the 7 days immediately before the date of this claim? Yes No

21. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work, and available for work, except as stated hereon. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

NOTE: Do not sign here until instructed to do so by the claims taker.

Hilda L. Smith
(Claimant's signature)

Claimant: Do not write below this line

22. Dependents' Allowance Data (Check item 3 and Handbook)

23. Federal Service Data:

- a. Payroll office address where records are kept _____
- b. Is this address based on form SF-8 Yes No
- c. Was form SF-8 issued? Yes No
- d. Did the claimant have covered employment in (agent state) after federal service? Yes No

24. REMARKS: Enter below any additional pertinent information such as (a) back-dating requested; (b) other social security account numbers used; (c) badge or clock number; (d) the employer's plant number; (e) the name of the department; (f) the name of the shop, if maritime employment.

W-2 FOR LAST (BASE PERIOD) EMPLOYER
SHOINS 433-54-3739
CLAIMANT WANTS TO NO. LA TO LOOK FOR WORK

25. I hereby witness the signature of this claimant and certify that he has met the registration requirements of this State.

H. L. Smith
(Claims taker's signature)

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SMITH (HILDA L.) EXHIBIT No. 1—Continued