

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Show number, street, city, and State)	DATES WORKED	
		From	Through
LAST EMPLOYER regardless of state <i>No. 5</i>	Address where work performed <i>same</i>	<i>5/20/63</i>	<i>7/19/65</i>
<i>PHIL</i>	Address where payroll records are kept <i>640 MAGAZINE N. O. LA</i>	Reason for Separation Lack of work <input type="checkbox"/> Other* <input type="checkbox"/>	
NEXT TO LAST EMPLOYER	Address where		

64 *3457* *21*

1. NAME: *LEE H. OSINOLD*
(First) (Middle) (Last)

Name worked under (if different) *SIAWIE*

2. MAILING ADDRESS: *P.O. Box 30061*
(No.) (St. or Rural Route)
N.O. L.A.
(City) (Zone No.) (State)

3. Male Female No. of dependents *-*

4. DATE OF BIRTH: *10-17-39*

5. SSA No. *433 54 3937*
 UI UCFE UCX New Additional

6. Liable State *LA*

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 at *NEW ORLEANS, LA*
(Number and Street)
DALLAS LA
(City) (State)

11. Main occupation *PHOTOGRAPHER 0-56-11* Other occupation *SHIPPING CLERK 1-34-11*
(Give JOB TITLE and, if known, the code number as shown on your identification card)

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 <i>SAGEANS</i>	Address where work performed <i>7522 BRENDEL Dr.</i>	<i>10-7-64</i>	<i>6-63</i>
<i>211 LOS ST. N. O. LA</i>	Address where payroll records are kept <i>7522 BRENDEL Dr.</i>	Reason for Separation Lack of work <input checked="" type="checkbox"/> Other* <input type="checkbox"/>	
NEXT TO LAST EMPLOYER <i>WALTON'S</i>	Address where work performed <i>Creel Exhibit No. 1</i>	Reason for Separation Lack of work <input type="checkbox"/> Other* <input type="checkbox"/>	
NEXT EMPLOYER <i>DOES NOT ON RECORD DET.</i>	Address where work performed	Reason for Separation Lack of work <input type="checkbox"/> Other* <input type="checkbox"/>	
NEXT EMPLOYER <i>AT THE UNION</i>	Address where work performed	Reason for Separation Lack of work <input type="checkbox"/> Other* <input type="checkbox"/>	
REMARKS <i>SEE # 24</i>	Address where payroll records are kept	Reason for Separation Lack of work <input type="checkbox"/> Other* <input type="checkbox"/>	

Form 13-1
Rev. 3-61
Louisiana 19

CLAIM RECORD CARD

Budget Bureau No. 44-R1004.1

CREEL EXHIBIT No. 1

WBA 33 MBE 369 BYE 4/28/64 Claimant's signature Lee H. Council

Code assignment C-5

Date claim filed	Week ending date	Earnings	Remarks	Claim taker's initials
4-29-63		TEXAS	LD 417 to E. S. (Claim Active)	
4-29-63		IB1	IB10	HS
4-29-63		IB14		HS
5-7-63	5-6	IB1	IB10	
5-15-63	5-13	IB1	IB10	
			6-25-63	
7-22-63		IB1-10gum	LD 417 to E. S. (Claim Active)	
7-30	7-29		7-22-63	
8-6	8-3		IB1	
8-13	8-12		IB10	
8-20	8-19		IB10	
8-27	8-26		IB10	
9-3	9-2		IB10	
9-10	9-9		IB10	
9-17	9-16		IB10	
9-24	9-23		IB10	
			OCT 16 1963	
			LD 417 to E. S. (Claim Inactive)	

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CREELE EXHIBIT No. 1—Continued

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