CLAIMANT'S NAME AND ADDRESS	Social Secu Account Num	rity . CLAIM DATE	CONTROL DATE	Local Office	DATE MAILED
L H OSWALD	3 433-54-	3927 04-29-69	05-07+63	9010	5-08-63
757 FRAMEE STREET NEW ORLFANS LOWISIANA	EMPLOYER NO.	EMPLOYER'S NAME	QTR YI	R. PAGE	REPORTED WAGES
	194-107	LOUV-R-PAR DI	V 3-67	002	\$ 540.34
	and the second se	LOW-R-PAK DI		ST 12 ST 1	96+14
	and the second s	JAGGARS AND CI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	004	727.3

CREEL EXHIBIT No. 4