

## **EXHIBIT 3**

Exhibit 2


**Affidavit**

STATE OF FLORIDA )  
 )S.S.  
COUNTY OF DUVAL)


I, Felicito Papa, am over 18 years old and resident of 7579 Walden Road, Jacksonville, FL 32244 with FL DL #P100-245-45-082-0. I do not suffer from any mental impairment and can competently attest to the following under the penalty of perjury:

1. I am a professional web developer having graduated with a bachelor's degree in IT at ITT Technical Institute in Indianapolis, IN.
2. I have over ten years of experience of web designs and development and have often used software such as Adobe Photoshop and Adobe Illustrator.
3. I downloaded from the official Whitehouse website, [www.whitehouse.gov](http://www.whitehouse.gov), April 27, 2011, the new birth certificate of Barack Obama II:  
[http://www.whitehouse.gov/sites/default/files/rss\\_viewer/birth-certificate-long-form.pdf](http://www.whitehouse.gov/sites/default/files/rss_viewer/birth-certificate-long-form.pdf)
4. I observed that the birth certificate pdf file could be opened with Adobe Illustrator and the software revealed that this document has many layers of images on it. This indicates that the document was not a true copy of the original birth certificate, but a recently created document using Adobe Illustrator.
5. I further observed that this document does not have an embossed seal normally affixed by civil registrars to attest to the authenticity of government issued documents.

FURTHER AFFIANT SAYETH NOT.

  
FELICITO PAPA

SUBSCRIBED TO AND SWORN TO before me on April 28, 2011.

  
NOTARY PUBLIC

GODFREY C WILLIS, JR.  
Notary Public, State of Florida  
My comm. exp. Jan. 24, 2014  
Comm. No. DD 955008

**CERTIFICATE OF LIVE BIRTH**

DEPARTMENT OF HEALTH  
**61 10641**

FILE NUMBER **151**

STATE OF HAWAII

1a. Child's First Name (Type or print) **BARACK** 1b. Middle Name **HUSSEIN** 1c. Last Name **OBAMA, II**

2. Sex **Male** 3. This Birth  Single  Twin  Triplet  4. If Twin or Triplet, Was Child Born 1st  2nd  3rd  5a. Birth Date **August 4, 1961** 5b. Hour **7:24 P.M.**

6a. Place of Birth: City, Town or Rural Location **Honolulu** 6b. Island **Oahu**

7a. Name of Hospital or Institution (If not in hospital or institution, give street address) **Kapiolani Maternity & Gynecological Hospital** 7b. Is Place of Birth Inside City or Town Limits?  Yes  No

8a. Usual Residence of Mother: City, Town or Rural Location **Honolulu** 8b. Island **Oahu** 8c. County and State or Foreign Country **Honolulu, Hawaii**

9a. Street Address **6085 Kalaniana'ole Highway** 9b. Is Residence Inside City or Town Limits?  Yes  No

10a. Mother's Mailing Address **6085 Kalaniana'ole Highway** 10b. Is Residence on a Farm or Plantation?  Yes  No

11a. Full Name of Father **BARACK HUSSEIN OBAMA** 11b. Race of Father **African**

12a. Age of Father **25** 12b. Birthplace (Island, State or Foreign Country) **Kenya, East Africa** 12c. Usual Occupation **Student** 12d. Kind of Business or Industry **University**

13a. Full Maiden Name of Mother **STANLEY ANN DUNHAM** 13b. Race of Mother **Caucasian**

14a. Age of Mother **18** 14b. Birthplace (Island, State or Foreign Country) **Wichita, Kansas** 14c. Type of Occupation Outside Home During Pregnancy **None** 14d. Date Last Worked

15a. I certify that the above stated information is true and correct to the best of my knowledge. 15b. Signature of Father or Other Informant **Barack Obama** 15c. Date of Signature **8-7-61**

15d. I hereby certify that this child was born alive on the date and hour stated above. 15e. Signature of Attendant **David A. Simola** 15f. Date of Signature **8-8-61**

16a. Date Accepted by Local Reg. **AUG - 8 1961** 16b. Signature of Local Registrar **W. H. Lee** 16c. Date Accepted by Reg. General **AUG - 8 1961**

17. Evidence for Delayed Filing or Alteration

APR 25 2011

I CERTIFY THIS IS A TRUE COPY OR  
 ABSTRACT OF THE RECORD ON FILE IN  
 THE HAWAII STATE DEPARTMENT OF HEALTH

*Alvin T. Onaka, Ph.D.*  
 STATE REGISTRAR

AUG - 8 1996		050200	
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## **EXHIBIT 4**

SELECTIVE SERVICE NUMBER	SOCIAL SECURITY NUMBER	SEX	DATE OF BIRTH	LAST ACTION DATE
61-1125539-1	042-68-4425	M	08-04-61	

Name and Current Mailing Address



(Do NOT Write in the Above Space.)



61-1125539-1 50 01128-000350

BARACK HUSSEIN OBAMA

2-02



If you have already reached age 26 or will do so in the current calendar year, you are no longer required to notify Selective Service of any future changes of address or changes to any other items on your registration record.

**Change of Information Form**

If any information shown is incorrect, make corrections, sign, and return this top portion to: Selective Service System, P. O. Box 94638, Palatine, Illinois 60094-4638. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is OMB-3240-0003.

TODAY'S DATE

SIGNATURE OF REGISTRANT

GPO U. S. GOVERNMENT PRINTING OFFICE: 2010-634-135/20001 SSS Form 3B (May-07)

(Cut along dotted line.)



Dear Registrant:

Please keep this letter as legal proof of your registration. Or, you may keep only the wallet sized registration acknowledgment provided below for your convenience.

Use the top portion of this letter to update and/or correct your information. Please review it carefully. Mark through any mistakes and write in the correct information. If you made any changes, cut off the top portion of this letter, and mail it to the Selective Service System using the envelope provided. **If your information is correct, do not return this form.** However, when any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may go to [www.sss.gov](http://www.sss.gov).

**FOR NON-IMMIGRANT ALIENS:** If you are on a valid visa and believe that you were registered in error, send this entire form and a copy of your I-94, I-95A, or Border Crossing Card (DSP-150) to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638.

If you have questions about the Selective Service System, call 1-847-688-6888.



Thank You!

**Registration Acknowledgment**

SELECTIVE SERVICE NUMBER	DATE OF BIRTH
61-1125539-1	08-04-61
Name and Current Mailing Address	
BARACK HUSSEIN OBAMA	
SIGNATURE OF REGISTRANT	

SSS Form 3A (May-07)

SOCIAL SECURITY NUMBER	LAST ACTION DATE
042-68-4425	

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

*Lawrence G. Romo*  
Lawrence G. Romo

Here's your official  
Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.

## **EXHIBIT 5**

Social Security Online

Business Services Online

www.socialsecurity.gov  
Navigation | Logout

BSO Main Menu | BSO Information | Contact Us | Keyboard



# Social Security Number Verification System (SSNVS)

[SSNVS Help](#)

## SSN Verification Results

Employer's EIN:

Records Submitted: 1

Failed: 1

Verified Records: 0

The following table displays your submitted results. The first column indicates if the submitted record verified, failed or employee is deceased. The first five digits of the SSN will be masked for verified records and records with a verification results code of 2, 3, 4 or 6.

[Verify More SSNs](#)  
[What to do if an SSN fails to verify](#)  
[Field Office Locator](#)

- **Failed** - Data does not match Social Security Administration's records. Select [What to do if an SSN Fails to Verify](#) for more information.
- **Deceased** - Data matches Social Security Administration's records, and our records indicate that the person is deceased. For more information, please contact our general SSA information line at 1-800-772-1213 (TDD/TTY 1-800-325-0778) or your local Social Security field office. Select [Field Office Locator](#) to find the office nearest you.
- **Verified** - Data matches Social Security Administration's records.

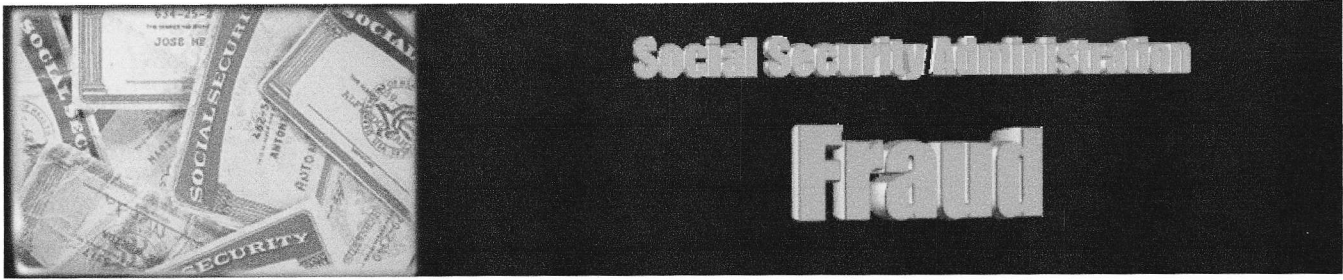
Results	SSN 999999999	First Name	Middle Name	Last Name	Suffix	Date of Birth MMDDYYYY	Gender F/M	Verification Results
Failed	042684425	BARACK	-	OBAMA	-	08041961	M	1

Verification Results	
Code	Description
1	SSN not in file (never issued).

Have a question? Call 1-800-772-6270 Mon. - Fri. 7AM to 7PM Eastern Time to speak with Employer Customer Service personnel. For TDD/TTY call 1-800-325-0778



**EXHIBIT 6**



Background

In response to a Freedom of Information Request (FOIA) to the Social Security Administration for the release of Stanley Ann Dunham's ( Obamas mother ) application for a Social Security card ( the SS-5 form ), the following was released ) :

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE

**APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER**  
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

535-40-8522  
DO NOT WRITE IN THE ABOVE SPACE

PRINT IN INK OR TYPE IN INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN AN ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1	PRINT NAME AND LAST NAME (LAST, FIRST, MIDDLE) (FIRST NAME) (MIDDLE NAME - IF YOU USE IN MIDDLE NAME OR INITIAL, DRAW A LINE) (LAST NAME)	STANLEY ANN DUNHAM
2	PRINT FULL NAME GIVEN TO YOU AT BIRTH	STANLEY ANN DUNHAM
3	MARRIAGE ADDRESS AND ST. P.O. NO., OR RENT (CITY) (COUNTY) (STATE)	3206 E. LEXINGTON AVE. WICHITA, KAN.
4	AGE (MONTHS) (DAYS) (YEARS) (DATE OF BIRTH) (MONTH) (DAY) (YEAR)	10 NOVEMBER 29, 1942
5	PLACE OF BIRTH (CITY) (COUNTY) (STATE)	WICHITA KANSAS
6	ESTABLISH YOUR NAME (REGARDLESS OF WHETHER LIVING OR DEAD)	STANLEY ARTHUR DUNHAM
7	MOTHER'S FULL NAME BEFORE EVEN MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD	MADelyn LEE PAYNE
8	IF YOU HAVE EVER BEFORE APPLIED FOR OR BEEN A SOCIAL SECURITY CARD HIGHLIGHT BY THE SOCIAL SECURITY NUMBER	YES NO DON'T KNOW
9	IF AND WHEN IS THE FIRST YEAR IN WHICH YOU FIRST APPLIED AND WHEN	
10	ALSO PRINT YOUR ACCOUNT NUMBER IF YOU HAVE IT	
11	BUSINESS NAME OF EMPLOYER - IF EMPLOYED WRITE "EMPLOYED"	unemployed
12	EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (STATE)	
13	TODAY'S DATE (WRITE YEAR NAME AS USUALLY WRITTEN - DO NOT PRINT)	May 22, 1944 Stanley Ann Dunham

FORM NO. 5 - TREASURY DEPARTMENT - INTERNAL REVENUE SERVICE (Revised 7-65) 16-6089-9

There is conclusive evidence that this is a forgery.

Evidence

Look at the following two forms. The first one is the FOIA request released by Social Security. The second is another form filled out in 1959 ( the same year Dunhams was supposedly filled out )

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE

**APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER**  
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

535-40-8522

DO NOT WRITE IN THE ABOVE SPACE

PRINT OR TYPE IN BLOCK LETTERS IN INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME (LAST, FIRST, AND MIDDLE) FIRST NAME MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE) LAST NAME  
 EMPLOYER (OR IF UNEMPLOYED, THE NAME YOU WERE USING WHEN EMPLOYED) STANLEY ANN DUNHAM

2 MAILING ADDRESS (NO AND ST. P. O. BOX OR RFD) (CITY) (COUNTY) (STATE)  
 3206 E. LEXINGTON MEERETS, WASH WICHITA KANSAS

4 AGE ON LAST BIRTHDAY DATE OF BIRTH (MONTH) (DAY) (YEAR)  
 16 NOVEMBER 29, 1942 WICHITA KANSAS

7 FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)  
 STANLEY ARMOUR DUNHAM

8 MOTHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)  
 MADELYN LEE PAYNE

9 (MARK (X) BRIDGE) (MARK (X) BRIDGE) (MARK (X) BRIDGE) (MARK (X) BRIDGE)  
 SEX: MALE  FEMALE  SEX: MALE  FEMALE  SEX: MALE  FEMALE  SEX: MALE  FEMALE

10 (MARK (X) BRIDGE) (MARK (X) BRIDGE) (MARK (X) BRIDGE) (MARK (X) BRIDGE)  
 UNEMPLOYED

11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES NO DON'T KNOW  
 NO YES NO DON'T KNOW

12 BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED")  
 UNEMPLOYED

13 EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE)

14 SIGNATURE (WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT))  
 Stanley Ann Dunham

FORM NO. 6 TREASURY DEPARTMENT INTERNAL REVENUE SERVICE (REVISED 7-65) 16-6089-9

Dunhams SS-5 form supposedly filled out in 1959

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE

**APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER**  
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

430-76-7178

DO NOT WRITE IN THE ABOVE SPACE

PRINT OR TYPE IN BLOCK LETTERS IN INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME (LAST, FIRST, AND MIDDLE) FIRST NAME MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE) LAST NAME  
 EMPLOYER (OR IF UNEMPLOYED, THE NAME YOU WERE USING WHEN EMPLOYED) Bertha J. McGuire

2 MAILING ADDRESS (NO AND ST. P. O. BOX OR RFD) (CITY) (COUNTY) (STATE)  
 719 Garland, Hot Springs, Ark.

3 PRINT FULL NAME GIVEN YOU AT BIRTH  
 Bertha Viola Brantley

4 AGE ON LAST BIRTHDAY DATE OF BIRTH (MONTH) (DAY) (YEAR)  
 61 Nov. 11, 1897

6 PLACE OF BIRTH (CITY) (COUNTY) (STATE)  
 Garland Co., Ark.

7 FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)  
 John Brantley

8 MOTHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)  
 Alice Virginia Ivy

9 (MARK (X) BRIDGE) (MARK (X) BRIDGE) (MARK (X) BRIDGE) (MARK (X) BRIDGE)  
 SEX: MALE  FEMALE  SEX: MALE  FEMALE  SEX: MALE  FEMALE  SEX: MALE  FEMALE

10 (MARK (X) BRIDGE) (MARK (X) BRIDGE) (MARK (X) BRIDGE) (MARK (X) BRIDGE)  
 UNEMPLOYED

11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES NO DON'T KNOW  
 NO YES NO DON'T KNOW

12 BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED")  
 UNEMPLOYED

13 EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE)

14 SIGNATURE (WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT))  
 Bertha Viola Brantley

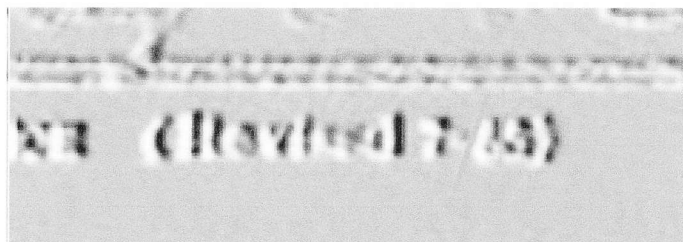
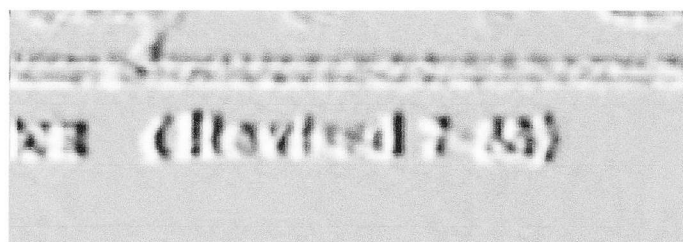
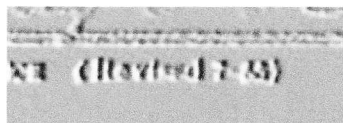
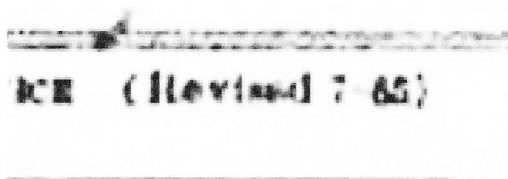
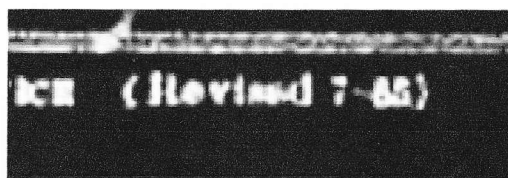
FORM NO. 6 TREASURY DEPARTMENT INTERNAL REVENUE SERVICE (REVISED 7-65) 16-6089-9

Actual SS-5 form from 1959

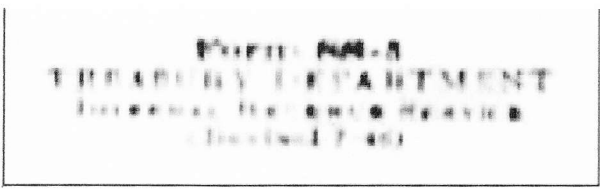
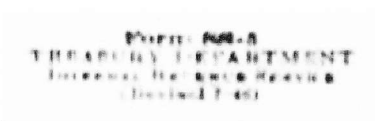
Now at the bottom of Dunhams SS-5 form, it can clearly be seen that the form was Revised on 7/65. That is quite a task as seeing that she signed the form in 1959. More on that below.

The forms look almost the same. There are just a few minor differences. They are noted in red on the forms. Basically what they did was just switch the locations of those two areas on the forms. Unless you were looking very closely, those 2 forms would look identical. Someone not paying attention would think the 1965 form was the 1959 form.

Some enhancements of the Revised statement on the Dunham form. It is clearly 7/65



Now if you look at the actual SS-5 form from 1959, in the upper left hand corner you see the Revised statement. It is not that clear, but looks like 7-46



What does Revised on a form mean ?

Whenever a change is made to an official government form ( in this case, the SS-5 form ), a Revision date has to be entered on the new form. It could be something as small as a single word change , or just the layout of the form. To illustrate this, I will show 2 forms. The first form is from 1947. It has a Revised date of 7/46 on it. Since this form was revised in 1946, a form from 1945 would look different. The second form is from 1945. As you can see, they are different looking forms.

556 - Oklahoma City, 11, 1947

FORM 300-12  
TREASURY DEPARTMENT  
INTERNAL SECURITY BRANCH  
DIVISION OF FEDERAL RESERVE SYSTEMS  
APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER  
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM  
DO NOT WRITE IN THE ABOVE SPACE  
578-10-8300

1. FIRST NAME (IF YOU HAVE NO MIDDLE NAME OR INITIAL, DRAW A LINE) LAST NAME  
Julius A. Brooks  
2. ADDRESS (NO AND ST. P. O. BOX OR R.F.D.) (CITY) (COUNTY) (STATE)  
605 S. 1st St., Okla. City, Okla.  
3. PRINT FULL NAME GIVEN YOU AT BIRTH  
Julius A. Brooks  
4. AGE ON LAST BIRTHDAY  
38  
5. DATE OF BIRTH (MONTH) (DAY) (YEAR)  
January 17, 1909  
6. PLACE OF BIRTH (CITY) (COUNTY) (STATE)  
Devilsburg, W. Va.  
7. FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)  
Charles Brooks  
8. MOTHER'S FULL NAME BEFORE EVER MARRIED (REGARDLESS OF WHETHER LIVING OR DEAD)  
Daisy Langford  
9. SEX (M) (F) COLOR (W) (O) (OR OTHER, SPECIFY) (RACE)  
M Male W Female O Other (Specify) R Race  
10. HAVE YOU EVER BEFORE APPLIED FOR A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER?  
YES ( ) NO (X)  
11. IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN APPLIED AND WHEN  
STATE DATE  
12. BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED")  
13. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE)  
14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)  
Julius A. Brooks  
15. SIGNATURE  
16. DATE  
October 30, 1947  
17. ACCOUNT NUMBER  
18. RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1947

FORM 300-12  
TREASURY DEPARTMENT  
INTERNAL SECURITY BRANCH  
DIVISION OF FEDERAL RESERVE SYSTEMS  
APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER  
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM  
DO NOT WRITE IN THE ABOVE SPACE  
555 36-9518

1. FIRST NAME (IF YOU HAVE NO MIDDLE NAME OR INITIAL, DRAW A LINE) LAST NAME  
Hazel Roberts  
2. ADDRESS (NO AND ST. P. O. BOX OR R.F.D.) (CITY) (COUNTY) (STATE)  
Box 13, Hayden Hill, Cass Co., Mo.  
3. PRINT FULL NAME GIVEN YOU AT BIRTH  
Hazel Elizabeth Anderson  
4. AGE ON LAST BIRTHDAY  
38  
5. DATE OF BIRTH (MONTH) (DAY) (YEAR)  
July 22, 1887  
6. PLACE OF BIRTH (CITY) (COUNTY) (STATE)  
Hayden Hill, Cass Co., Mo.  
7. FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)  
Peter Anderson  
8. MOTHER'S FULL NAME BEFORE EVER MARRIED (REGARDLESS OF WHETHER LIVING OR DEAD)  
Alice Ramsey  
9. SEX (M) (F) COLOR (W) (O) (OR OTHER, SPECIFY) (RACE)  
M Male W Female O Other (Specify) R Race  
10. HAVE YOU EVER BEFORE APPLIED FOR A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER?  
YES (X) NO ( )  
11. IF ANSWER IS "YES" PRINT THE STATE AND DATE OF ORIGINAL APPLICATION  
12. BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED")  
Northern Redwood Lumber Co  
13. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE)  
14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)  
Hazel D. Roberts  
15. SIGNATURE  
16. DATE  
Oct 25, 1947  
17. ACCOUNT NUMBER  
18. RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE.

1945

Proof that the 1959 form was a form revised in 1946

Although from the image of the 1959 form it isn't too clear if it is a 46, there is a way to test it. We just have to look at forms between 1946 and 1960. They should all look the same. Following is the actual form from 1959, followed by those from 1947, 1948, 1949, 1953, 1956 and 1960

FORM 300-12  
TREASURY DEPARTMENT  
INTERNAL SECURITY BRANCH  
DIVISION OF FEDERAL RESERVE SYSTEMS  
APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER  
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM  
DO NOT WRITE IN THE ABOVE SPACE  
430-76-7178

1. FIRST NAME (IF YOU HAVE NO MIDDLE NAME OR INITIAL, DRAW A LINE) LAST NAME  
Bertha McGuire  
2. ADDRESS (NO AND ST. P. O. BOX OR R.F.D.) (CITY) (COUNTY) (STATE)  
719 Garland, Hot Springs, Ark.  
3. PRINT FULL NAME GIVEN YOU AT BIRTH  
Bertha Viola Brantley  
4. AGE ON LAST BIRTHDAY  
61  
5. DATE OF BIRTH (MONTH) (DAY) (YEAR)  
Nov. 11, 1897  
6. PLACE OF BIRTH (CITY) (COUNTY) (STATE)  
Garland Co., Ark.  
7. FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)  
John Brantley  
8. MOTHER'S FULL NAME BEFORE EVER MARRIED (REGARDLESS OF WHETHER LIVING OR DEAD)  
Alice Virginia Ivy  
9. SEX (M) (F) COLOR (W) (O) (OR OTHER, SPECIFY) (RACE)  
M Male W Female O Other (Specify) R Race  
10. HAVE YOU EVER BEFORE APPLIED FOR A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER?  
YES ( ) NO (X)  
11. IF ANSWER IS "YES" PRINT THE STATE AND DATE OF ORIGINAL APPLICATION  
12. BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED")  
13. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE)  
14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)  
Bertha McGuire  
15. SIGNATURE  
16. DATE  
11/25/59  
17. ACCOUNT NUMBER  
18. RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1959

Form SS-5 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER  
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

579-10-8306

5-56 - Alabama Vol. 1, P. 8

1. PRINT NAME YOU HAVE TO EMPLOYER OR IF UNEMPLOYED NAME YOU WILL USE WHEN EMPLOYED: **Julia Ann Brooks**

2. MAILING ADDRESS (NO AND ST. P. O. BOX OR R.F.D.) (CITY) (COUNTY) (STATE): **123 Main St, Decatur, Ga 30030**

3. PRINT FULL NAME GIVEN YOU AT BIRTH: **Julia Ann Brooks**

4. AGE ON LAST BIRTHDAY: **22**

5. DATE OF BIRTH (MONTH) (DAY) (YEAR): **January 17 1937**

6. PLACE OF BIRTH (CITY) (COUNTY) (STATE): **Decaturville, Ga**

7. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: **Charles Brooks**

8. MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: **Daisy Langford**

9. SEX (MARK (X) WHICH): **MALE**

10. COLOR (MARK (X) WHICH) (IF OTHER, SPELL IT): **WHITE**

11. HAVE YOU EVER BEFORE APPLIED FOR A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? **NO**

12. BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED WRITE "UNEMPLOYED"): **UNEMPLOYED**

13. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE): **UNEMPLOYED**

14. TODAY'S DATE: **March 30 1959**

15. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT): **Julia Ann Brooks**

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1947

Form SS-5 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER  
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

479-52-8878

1. PRINT NAME YOU HAVE TO EMPLOYER OR IF UNEMPLOYED NAME YOU WILL USE WHEN EMPLOYED: **Rada Jane Baker**

2. MAILING ADDRESS (NO AND ST. P. O. BOX OR R.F.D.) (CITY) (COUNTY) (STATE): **Russellville, Ark**

3. PRINT FULL NAME GIVEN YOU AT BIRTH: **RADA JANE HUNTER**

4. AGE ON LAST BIRTHDAY: **51**

5. DATE OF BIRTH (MONTH) (DAY) (YEAR): **7 18 1897**

6. PLACE OF BIRTH (CITY) (COUNTY) (STATE): **POTTSVILLE, POPE, MISSISSIPPI**

7. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: **WILLIAM PERRY HUNTER**

8. MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: **Elizabeth Mathis**

9. SEX (MARK (X) WHICH): **FEMALE**

10. COLOR (MARK (X) WHICH) (IF OTHER, SPELL IT): **WHITE**

11. HAVE YOU EVER BEFORE APPLIED FOR A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? **NO**

12. BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED WRITE "UNEMPLOYED"): **ST. MARY'S HOSPITAL**

13. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE): **RUSSELLVILLE, ARK**

14. TODAY'S DATE: **7-18-49**

15. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT): **Rada Jane Baker**

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1948

Form SS-5 APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER  
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

341-26-8498

1. PRINT NAME YOU HAVE TO EMPLOYER OR IF UNEMPLOYED NAME YOU WILL USE WHEN EMPLOYED: **John Henry Buchanan**

2. MAILING ADDRESS (NO AND ST. P. O. BOX OR R.F.D.) (CITY) (COUNTY) (STATE): **1000 1st St, Decatur, Ga 30030**

3. PRINT FULL NAME GIVEN YOU AT BIRTH: **JOHN HENRY BUCHANAN**

4. AGE ON LAST BIRTHDAY: **65**

5. DATE OF BIRTH (MONTH) (DAY) (YEAR): **11-17-1883**

6. PLACE OF BIRTH (CITY) (COUNTY) (STATE): **GAUM, POPE, MISSISSIPPI**

7. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: **Joseph Buchanan**

8. MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: **MARY STARR**

9. SEX (MARK (X) WHICH): **MALE**

10. COLOR (MARK (X) WHICH) (IF OTHER, SPELL IT): **WHITE**

11. HAVE YOU EVER BEFORE APPLIED FOR A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? **NO**

12. BUSINESS NAME OF EMPLOYER (IF UNEMPLOYED WRITE "UNEMPLOYED"): **WABSEY, AYOSEY**

13. EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (COUNTY) (STATE): **CONCORD, GA**

14. TODAY'S DATE: **April 14 1949**

15. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT): **John Henry Buchanan**

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1949

Form 88-6  
TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
(Revised 7-62)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER  
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

527-42-1364  
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR, IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED  
FIRST NAME: THELMA  
MIDDLE NAME: HAZEL  
LAST NAME: Mc DANIEL

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE)  
RT 2, Box 225, YOMA, ARIZ  
PRINT FULL NAME GIVEN YOU AT BIRTH  
THELMA HAZEL COOPER

3 AGE ON LAST BIRTHDAY: 45  
DATE OF BIRTH (MONTH) (DAY) (YEAR): OCT 28 08  
PLACE OF BIRTH (CITY) (COUNTY) (STATE): VANALDYNE TEXAS

4 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: WALTER SCOTT COOPER  
MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: CORA LEE EMMONS

5 (MARK (X) WHICH) SEX:  MALE  FEMALE  
6 (MARK (X) WHICH) COLOR (MARK (X) WHICH) (IF OTHER SPECIFY) HAIR:  BRN  BLK  WHI  RED  OTH

7 BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED WRITE "UNEMPLOYED": HARRIS' STORE  
8 EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE): RT 2 Box 195 YOMA ARIZ

9 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES  NO   
10 IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN: TEXAS  
11 ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT: RECORD

12 TODAY'S DATE: NOV. 10, 1953  
13 WRITE YOUR NAME AS USUALLY WRITTEN (USE NO POINTS): Thelma H. McDaniel

14 RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1953

Form 88-6  
TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
(Revised 7-62)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER  
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

222-24-0658  
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR, IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED  
FIRST NAME: WILSON  
MIDDLE NAME: C  
LAST NAME: RUST

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE)  
HARRINGTON, ON, R.D. 3, DEL.  
PRINT FULL NAME GIVEN YOU AT BIRTH  
Wilson C Rust

3 AGE ON LAST BIRTHDAY: 61  
DATE OF BIRTH (MONTH) (DAY) (YEAR): OCT 20 1894  
PLACE OF BIRTH (CITY) (COUNTY) (STATE): FARMINGTON, WENT, DEL

4 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: James Rust  
MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: Rebecca Masterson

5 (MARK (X) WHICH) SEX:  MALE  FEMALE  
6 (MARK (X) WHICH) COLOR (MARK (X) WHICH) (IF OTHER SPECIFY) HAIR:  BRN  BLK  WHI  RED  OTH

7 BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED WRITE "UNEMPLOYED": FARMINGTON  
8 EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE): FARMINGTON, WENT, DEL

9 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES  NO   
10 IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN: DEL  
11 ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT: RECORD

12 TODAY'S DATE: 11/15/56  
13 WRITE YOUR NAME AS USUALLY WRITTEN (USE NO POINTS): Wilson C Rust

14 RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1956

Form 88-6  
TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
(Revised 7-62)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER  
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT  
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

431-80-9434  
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR, IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED  
FIRST NAME: John  
MIDDLE NAME: Thomas  
LAST NAME: Mc LeMora

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE)  
Bx 656 Merida, Ark.  
PRINT FULL NAME GIVEN YOU AT BIRTH

3 AGE ON LAST BIRTHDAY: 87  
DATE OF BIRTH (MONTH) (DAY) (YEAR): 12/20/73  
PLACE OF BIRTH (CITY) (COUNTY) (STATE): Gray Rock, Franklin, Texas

4 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: Marion F McLeMora  
MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: Lucy V. Hutchins

5 (MARK (X) WHICH) SEX:  MALE  FEMALE  
6 (MARK (X) WHICH) COLOR (MARK (X) WHICH) (IF OTHER SPECIFY) HAIR:  BRN  BLK  WHI  RED  OTH

7 BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED WRITE "UNEMPLOYED": Self Employed  
8 EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE):

9 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES  NO   
10 IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN: ARK  
11 ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT: RECORD

12 TODAY'S DATE: 3/15/60  
13 WRITE YOUR NAME AS USUALLY WRITTEN (USE NO POINTS): J. T. McLeMora

14 RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE

1960

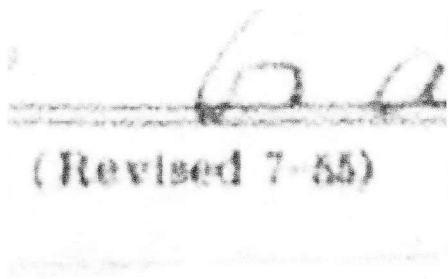
As you can see ALL of the forms are identical to the 1959 form. Thus the 1959 form was revised in 1946. But it really doesn't matter when that form was revised. The main thing is it was filled out in 1959. If the Dunham form was filled out in 1959, the forms should look the same. They don't.

Where does that leave us ?

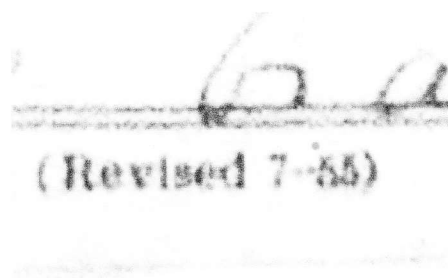
- 1). The SS-5 form used in 1959 is a form that was revised in 1946
- 2). The Dunham form ( supposedly signed in 1959 ) is different from that used in 1959. In fact, it has the statement Revised 7/65 on the form. Short of using a time machine, there is no way she could have signed that in 1959.
- 3). It is obvious that the Dunham SS-5 form is a fake. The forger used a form that looked just like the one used in 1959, but he did not look close enough. He missed the layout change in those two fields. What is more disturbing though is THIS FAKE WAS POSSIBLY PLACED INTO HER RECORD IN THE SOCIAL SECURITY ADMINISTRATIONS FILES. WHO DID THIS ?

\*\*\*\*\* NOTICE \*\*\*\*\*

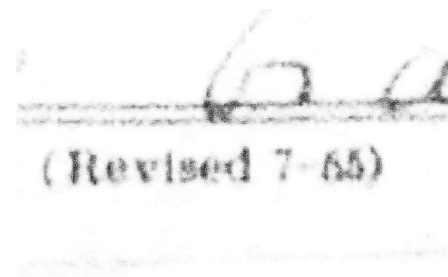
There is an Obot site going around saying that there was a form revision in 1955. This is what he presents as proof :



Notice anything strange about those two numbers ? The first "5" is longer and wider than the second. That isn't a result of "blurring". Both of those numbers should be the same height and width if they are the same numbers. They are not. What it is an indication of is "pixel" manipulation, either intentionally or as a result of a bad scan. Look at the following photo :



Under the top red dot , you see a pixel added. Under the bottom red dot, you see where a pixel was removed. Now let us fix it - remove the extra pixel and replace the missing one. You get the following:





**EXHIBIT 7**

**Error.**

Sorry, your request cannot be processed at this time because you have exceeded the daily limit for the verification of these credentials.

(6/8/2011 11:35:43 AM)

[FAQs](#)

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U.S. Department of Health & Human Services

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2 Your Internal Billing Reference

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3 To Recipient's Name Clerk of the Court

Company US District Court D. of Columbia

Address 333 Constitution Ave

City Washington DC State DC ZIP 20001

Form ID No. 0200

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FedEx Priority Overnight
FedEx Standard Overnight
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FedEx Express Saver

4b Express Freight Service

FedEx 1Day Freight
FedEx 2Day Freight
FedEx 3Day Freight

5 Packaging

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FedEx Pak\*
FedEx Box
FedEx Tube
Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery
No Signature Required
Direct Signature
Indirect Signature

7 Payment Bill to:

Sender
Acct. No. in Section 1 will be billed.
Recipient
Third Party
Credit Card
Cash/Check

Total Packages Total Weight Total Declared Value



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