



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

County Auditor's Office
Birth Records
Port Orchard, Wash

Please send me a copy of, or a statement about, your record showing the date of birth for the following person:

NAME OF PERSON	
Kichio A ARAI	
DATE OF BIRTH	PLACE OF BIRTH
Aug 30 1901	Port Blakely Wash
MOTHER'S NAME	
Shimaki Yone Yamabe	
FATHER'S NAME	
Shimaki ARAI	

Because this copy or statement will be used in connection with an application for Social Security benefits, please show the date this record was established and have the document certified by the custodian of the records and impressed with his seal, if he has one.

I am enclosing \$ 2.00, which I understand is the usual fee for this service.

Thank you very much for your help in this matter.

Sincerely yours,

X Allen K Arai
(Name)

same
(Relationship to above person)