

FORM 21-4 (Rev. July 1963)
U. S. Treasury Department
Internal Revenue Service

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name Clarence Arthur Pelton Social Security Account Number 466-46-2192
Print home address 2006 W. 43rd St. City, Houston State Texas

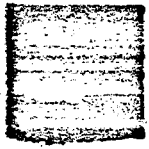
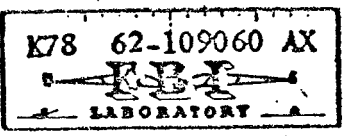
EMPLOYEE:
Fill this form with your employer. Ob-
tain it from with-
hold U. S. taxes
for your wages
without exemption.

EMPLOYER:
Keep this certi-
cate with your re-
cords. If the employe
is believed to have
claimed too many ex-
emptions, the Dis-
trict Director should
be notified.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim your exemption, write "1", if you do not, write "0".
2. If MARRIED, one exemption each is allowable for husband and wife if not claimed on another certificate.
 - (a) If you claim both of these exemptions, write "2".
 - (b) If you claim one of these exemptions, write "1".
 - (c) If you claim neither of these exemptions, write "0".
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
 - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1"; if both will be 65 or older, and you claim both of these exemptions, write "2".
 - (b) If you or your wife are blind, and you claim this exemption, write "1"; if both are blind, and you claim both of these exemptions, write "2".
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under Instruction 4 on other side.)
5. Add the number of exemptions which you have claimed above and write the total 1.
6. Additional withholding per pay period under agreement with employer. See Instruction 1.

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.
(Date) 7-17, 1964 (Signed) Clarence A. Pelton



EMPLOYEE'S REQUEST FOR GROUP INSURANCE (Print all information)

EMPLOYER: **Houston Coca-Cola Bottling Co.** CERT. NO.

NAME OF EMPLOYEE:
Clarence Arthur Pelton
 2006 W. 43rd. St.
 Houston, Texas

PAYROLL NO. **225**

SEX OF OR IN **Male**

DATE OF EMPLOYMENT: **7 20 64**

DATE OF BIRTH **9 11 32**

INSURANCE BEGINS DATE **10 20 64**

FULL NAME OF BENEFICIARY: **Theda Schepps**

RELATIONSHIP **Sister**

INSURANCE CLASSIFICATION OR ASSIGNS	DEDUCTION PER WK.
4,000 Cont.	.46
C-3	3.40

I hereby request my employer to arrange for the insurance of the insurance to which I am now entitled, or to which I may become entitled, under the terms of the Group Policy or Policies issued to my employer by the Atlas Life Insurance Company, and I authorize my employer to make the proper deductions from my earnings as my contributions toward the cost of this insurance.

A. CHECK HERE IF ONLY ONE DEPENDENT AND DEPENDENT

B. CHECK HERE IF TWO OR MORE DEPENDENTS (None Not Necessary)

DATE SIGNED **7 17 64**

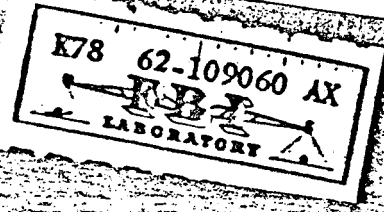
SIGNATURE OF EMPLOYEE

Clarence A. Pelton

(CR-2200-1-6)

EMPLOYER RETAINS THIS CARD AS AUTHORITY FOR PAYROLL DEDUCTIONS
 ATLAS LIFE INSURANCE COMPANY—GROUP DIVISION

Printed in U.S.A.



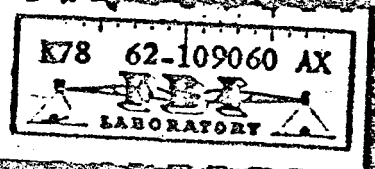
EMPLOYEE INFORMATION (Print all information)

EMPLOYER: Houston Coca-Cola Bottling Co.		CERT. NO.
NAME OF EMPLOYEE: Clarence Arthur Pelton		PAYROLL NO. 225
2005 W. 43rd. St.		SEX OF EMP. Male
Houston, Texas		DATE OF BIRTH 9 11 32
DATE OF EMPLOYMENT: 7 20 64		EMPLOYEE BEGINS DATE 10 20 64
BENEFICIARY: Theda Schepps		RELATIONSHIP: Sister
BENEFICIARY'S ADDRESS: 11631 Sahara Way		Dallas, Texas

EMPLOYEE CLASSIFICATION OR GRADE
4,000 Contr.
C-3

Hosp. coverage for employee and Sons Benny & Monte only.

DATE SIGNED **7 22 17 64** SIGNATURE OF EMPLOYEE *Clarence A. Pelton*
(CG-3425-1-59) EXTRA LIFE INSURANCE CERTIFICATE - GROUP DIVISION



**APPLICATION FOR EMPLOYMENT
ON COCA-COLA BOTTLING COMPANY**
 HOUSTON 1, TEXAS

Date 2-17-56
 Social Security 466-46-2192
 Sex Male Female
 Position Desired Transport Driver

(Curly) Clarence Arthur Patton
 Address 2906 W. Wald St. Dallas, Tex
 Telephone Number OV-6-9541
 Birth Date 9-11-32 Age 33 Birthplace Dallas County U.S. Citizen? Yes No

Height 5'7" Weight 185 Color Hair Brown Color Eyes Hazel Feet 10 Glasses? No How long have you lived in Houston? Since Out
 Married Widowed Divorced Separated Total Number Dependents, including Yourself 3
 Names and birthdates of dependents: Becky Ray Patton, Monte Dale Patton, Oct. 21, 1957
5/21/1956

(Curly) Theda Schipper 11631 Scherweg Dallas, Tex

Employed? Where? None How Long? None Occupation? None
 Employed? Where? None How Long? None Occupation? None
 Employed? Where? None How Long? None Occupation? None

Relatives in Our Employment None

Own Home Rent Home Live With Parents Live With Relatives Own Car? Yes No List Outside Business Interests None
 Traffic Violations, or ever been arrested? Yes Ever Convicted of a Felony? No Ever Refused Bond? No Driver's License Ever Revoked, Expired? No

Amount Total Debt, Excluding Home Mortgage \$ None Amount in Arrears \$ None

Seeking: Permanent Job? Temporary Job? Part-Time Job?

Driver's License No. 3304777 State Texas Date Expires None

Last Year Studied in Each Level: Grade School 1 2 3 4 5 6 7 8 9 10 11 12 12 High School 1 2 3 4 5 6 7 8 9 10 11 12 12 College or University 1 2 3 4 5 6 7 8 9 10 11 12 None
 Address Amen Fort St Date Graduated JUNE 1957 Grade Average C
 High School Attended Travis High School Ft Worth
 attended College, University, or Technical Schools, list below (List last school attended first)

NAME OF SCHOOL AND ADDRESS	DATES ATTENDED		DEGREE AND DATE REC'D.	EXPLAIN MAJORS, MINORS, COURSE
	FROM	TO		

Grade Average Approximate Letter Equivalent (ABCDE) Percent of College Expenses Earned (%) Scholarships?

Are you a skilled worker? What Union? What Trade? Apprentice?

Service USMC Active Service Dates: From 1952 To 1954 Draft Classification 1-A

Type of Discharge Honorable In Active Reserves Until: Travis until 60

The Active Duty Required (Please fill out reverse side)

E78 62-109060 AX