

# POPULATION ITEMS ON GENERAL SCHEDULES

Excludes identification items, screening questions, and other information collected but not intended for tabulation. For exact wording of the questions, see "Principal Data-Collection Forms . . .," page 41.

1790 1800 1810 1820 1830 1840 1850 1860 1870 1880 1890 1900 1910 1920 1930 1940 1950 1960 1970

Demographic Characteristics

Age .....	-	X <sup>1</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sex .....	X <sup>1</sup>	X <sup>1</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Color or race .....	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
If American Indian, proportions of Indian or other blood .....	-	*	-	-	-	*	*	*	*	*	*	*	*	*	*	*	*	*
Tribe .....	-	-	-	-	-	-	*	*	*	*	*	*	*	*	*	*	*	*
Relationship to head of family or household .....	-	-	-	-	-	-	-	-	X	X	X	X	X	X	X	X	X	X
Married in past year .....	-	-	-	-	-	X <sup>2</sup>	X	X	X	X	X	X	X	X	X	X	X	X
Marital status .....	-	-	-	-	-	-	-	X	X	X	X	X	X	X	X	X	X	X
No. of years married .....	-	-	-	-	-	-	-	-	-	X	X	X	X	X	X	X	X	X
Age at or date of first marriage .....	-	-	-	-	-	-	-	-	-	-	-	-	-	X	Xs	-	Xs	Xs
Married more than once .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Xs	Xs	Xs	Xs
If remarried, was first marriage terminated by death? .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Xs
No. of years widowed, divorced, or separated .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Xs	-

**POPULATION ITEMS ON GENERAL SCHEDULES -- Continued**

Social characteristics	1790	1800	1810	1820	1830	1840	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Free or slave	X	X	X	X	X	X	X	X	-	-	-	-	-	-	-	-	-	-	-
Per slave owner, no. of slaves	-	-	-	-	-	-	X	X	-	-	-	-	-	-	-	-	-	-	-
No. of fugitives	-	-	-	-	-	-	X	X	-	-	-	-	-	-	-	-	-	-	-
No. of manumitted	-	-	-	-	-	-	X	X	-	-	-	-	-	-	-	-	-	-	-
Physical and mental handicaps and infirmities:																			
Deaf or deaf mutes	-	-	-	-	X	X	X	X	X	X*	X*	*	X*	*	*	-	-	-	-
Blind	-	-	-	-	X	X	X	X	X	X*	X*	*	X*	*	*	-	-	-	-
Insane	-	-	-	-	-	X <sup>3</sup>	X	X	X	X*	X*	-	*	-	-	-	-	-	-
Feeble-minded (idiotic)	-	-	-	-	-	X <sup>3</sup>	X	X	X	X*	X*	-	*	-	-	-	-	-	-
How supported (insane and idiotic only)	-	-	-	-	-	X	-	-	-	*	*	-	-	-	-	-	-	-	-
Ill or disabled	-	-	-	-	-	-	-	-	-	X*	X*	-	*	-	-	-	-	-	Xs
Duration of disability	-	-	-	-	-	-	-	-	-	-	X*	-	*	-	-	-	-	-	Xs
Paupers	-	-	-	-	-	-	X <sup>2</sup>	X <sup>2</sup>	-	*	X*	-	*	-	-	-	-	-	-
Convicts	-	-	-	-	-	-	X <sup>2</sup>	X <sup>2</sup>	-	*	X*	*	*	-	-	-	-	-	-
Homeless children	-	-	-	-	-	-	-	-	-	*	X*	-	*	-	-	-	-	-	-
Education:																			
Literacy	-	-	-	-	-	X <sup>1</sup>	X <sup>2</sup>	X <sup>2</sup>	X	X	X	X	X	X	X	-	-	-	-
School attendance	-	-	-	-	-	-	X <sup>2</sup>	X <sup>2</sup>	X	X	X	X	X	X	X	X	Xs	Xs	Xs
Educational attainment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X	Xs	Xs	Xs

# POPULATION ITEMS ON GENERAL SCHEDULES -- Continued

Social characteristics—con.	1790	1800	1810	1820	1830	1840	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970	
Public or private school .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Xs	Xs	
Vocational training .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Xs
Place of birth .....	-	-	-	-	-	-	X <sup>2</sup>	X <sup>2</sup>	X	X	X	X	X	X	X	X	X	X <sup>4</sup>	X <sup>4</sup>	Xs
Place of birth of parents .....	-	-	-	-	-	-	-	-	X <sup>5</sup>	X	X	X	X	X	X	X <sup>s</sup>	X <sup>s</sup>	X <sup>s</sup>	X <sup>s</sup>	Xs
Citizenship .....	-	-	-	X	-	-	-	-	X <sup>6</sup>	-	X	X	X	X	X	X	X	X <sup>4</sup>	X <sup>4</sup>	Xs
Year of naturalization .....	-	-	-	-	-	-	-	-	-	-	-	-	-	X	-	-	-	-	-	-
Eligibility to vote .....	-	-	-	-	-	-	-	-	X <sup>6</sup>	-	-	-	-	-	-	-	-	-	-	-
If foreign born, year of immigration .....	-	-	-	-	-	-	-	-	-	-	X	X	X	X	X	-	-	-	-	Xs
Language .....	-	-	-	-	-	-	-	-	-	X	X <sup>7</sup>	X <sup>7</sup>	X	X <sup>7</sup>	X <sup>7</sup>	X <sup>s</sup>	-	-	-	Xs
Language of parents .....	-	-	-	-	-	-	-	-	-	-	-	-	X	X	-	-	-	-	-	-
Spanish origin or descent .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Xs
No. of children living .....	-	-	-	-	-	-	-	-	-	-	X	X	X	-	-	-	-	-	-	-
No. of children ever born to mother .....	-	-	-	-	-	-	-	-	-	X	X	X	X	-	-	X <sup>s</sup>	X <sup>s</sup>	X <sup>s</sup>	X <sup>s</sup>	Xs
Veteran status .....	-	-	-	-	-	X	-	-	-	X*	-	-	X	-	X	X <sup>s</sup>	X <sup>s</sup>	X <sup>s</sup>	X <sup>s</sup>	Xs
Whether wife or widow of veteran .....	-	-	-	-	-	-	-	-	-	X*	-	-	-	-	-	X <sup>s</sup>	-	-	-	-
If child of veteran, is father dead? .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X <sup>s</sup>	-	-	-	-
Farm residence .....	-	-	-	-	-	-	-	-	-	X	X	X	X	X	X	X	X	X <sup>s,8,9</sup>	X <sup>9</sup>	X <sup>9</sup>
Farm residence in a previous year .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X	X <sup>s</sup>	-	-	-



# POPULATION ITEMS ON GENERAL SCHEDULES -- Continued

Economic characteristics--con.	1790	1800	1810	1820	1830	1840	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Income .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X	Xs	Xs	Xs
Social Security:																			
Registered .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Xs	-	-	-
Deductions from all or part of wages or salary .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Xs	-	-	-
Place of work .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Xs	Xs
Means of transportation to work .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Xs	Xs

\* See also supplemental questionnaires.

s Sample question.

1 Free white persons only.

2 Question only asked of free inhabitants.

3 Question was whether insane or idiotic.

4 In 1960 place of birth was asked on a sample basis generally, but on a 100-percent basis in New York and Puerto Rico. Citizenship was asked only in New York and Puerto Rico, where it was a 100-percent item.

5 Question was only whether parents were foreign born.

6 For males 21 years of age or over.

7 Whether person could speak English. In 1900 this was the only question; in 1920 and 1930 this question was in addition to request for mother tongue.

8 Asked only outside cities.

9 On housing portion of questionnaire.



# POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued

Persons who died in preceding year--con.	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Born in census year, with month .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Insane or idiot (specify which) .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Soldier, sailor, or marine during Civil War, or widow of such person (specify which) .....	-	-	-	-	X	-	-	-	-	-	-	-	-
<u>Inmates of almshouses and benevolent institutions</u>													
How supported (at cost of city or town, county, State, institution, or friends) .....	-	-	-	X	X	-	-	-	-	-	-	-	-
Occupation before admission .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Residence when at home .....	-	-	-	X <sup>2</sup>	X <sup>2</sup>	-	-	-	-	-	-	-	-
Capacity for work .....	-	-	-	X	X	-	X	-	-	-	-	-	-
Habitually intemperate .....	-	-	-	X	X	-	-	-	-	-	-	-	-
Blind .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Deaf-mute .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Insane .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Feeble-minded .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Epileptic .....	-	-	-	X	X	-	X	-	-	-	-	-	-
Ever convicted of a crime .....	-	-	-	X	-	-	-	-	-	-	-	-	-
If disabled, form of dis- ability (incl. bedridden, old, infirm, paralytic, etc.) .....	-	-	-	X	X	-	X	-	-	-	-	-	-



# POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued

Inmates of almshouses and benevolent institutions—con.	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Questions relating to children under 16 years:—con.													
Alleged offense .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Convicted or sentenced .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Respectable origin .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Rescued from criminal surroundings .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Date of discharge .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Discharged to keeping of relatives or friends, to keeping of self, to be boarded out .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Cause of leaving institution: transferred (name institu- tion), died (give cause) .....	-	-	-	-	-	-	X	-	-	-	-	-	-
<u>Inhabitants in prison</u> (includes juvenile delin- quents, 1890-1910)													
Place of imprisonment (State penitentiary or prison, county penitentiary or jail, workhouse, house of correc- tion, city prison, station house, lockup, or calaboose) .....	-	-	-	X	-	-	X	-	-	-	-	-	-
Residence when at home .....	-	-	-	X <sup>2</sup>	X <sup>2</sup>	X	-	-	-	-	-	-	-
United States, State or city prisoner .....	-	-	-	X	X	X	-	-	-	-	-	-	-

**POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued**

Inhabitants in prison--con.	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Why in prison:													
Awaiting trial	-	-	-	X	X	X	-	-	-	-	-	-	-
Serving a term of imprisonment	-	-	-	X	X	-	X	-	-	-	-	-	-
Serving out a fine	-	-	-	X	X	-	X	-	-	-	-	-	-
Awaiting execution	-	-	-	X	X	X	X	-	-	-	-	-	-
Sentenced to some higher prison and awaiting removal	-	-	-	X	X	X	-	-	-	-	-	-	-
Held as a witness	-	-	-	X	X	-	-	-	-	-	-	-	-
Imprisoned for debt	-	-	-	X	X	X	-	-	-	-	-	-	-
Imprisoned for insanity	-	-	-	X	X	X	-	-	-	-	-	-	-
Date of incarceration	-	-	-	X	X	X	X	-	-	-	-	-	-
Date of discharge or death	-	-	-	-	-	-	X	-	-	-	-	-	-
Cause of discharge or death	-	-	-	-	-	-	X	-	-	-	-	-	-
If transferred, where	-	-	-	-	-	-	X	-	-	-	-	-	-
Alleged offense	-	-	-	X	X	X	X	-	-	-	-	-	-
Whether convicted	-	-	-	-	-	X	-	-	-	-	-	-	-
Sentence:													
Amount of fine imposed	-	-	-	X	X	X	X	-	-	-	-	-	-
Number of days in jail or workhouse	-	-	-	X	X	X	X	-	-	-	-	-	-
Number of years in penitentiary	-	-	-	X	X	X	X	-	-	-	-	-	-
Type of sentence (life minority, term, indeterminate [minimum and maximum])	-	-	-	-	-	-	X	-	-	-	-	-	-

# POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued

Inhabitants in prison—con.	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
At hard labor: if yes, what? .....	-	-	X	X	-	-	-	-	-	-	-	-	-
If at hard labor, whether working inside or outside the prison walls .....	-	-	X	-	-	-	-	-	-	-	-	-	-
Whether his (or her) labor is contracted out .....	-	-	X	X	-	-	-	-	-	-	-	-	-
Court in which arraigned or convicted (federal, state, etc.) .....	-	-	-	X	X	X	X	-	-	-	-	-	-
Age when committed .....	-	-	-	X	X	X	X	-	-	-	-	-	-
Special higher education (college, etc.) .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Institutional history .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Possible reduction of sentence under good time law .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Rate at which working off fine, in cents per day .....	-	-	-	X	X	-	-	-	-	-	-	-	-
Known recidivist (habitual offender) .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Number of known prior commitments to this prison .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Number of known prior commitments to another prison .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Use of stimulants and narcotics .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Ever apprenticed to learn a trade .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Journeyman or master mechanic .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Employment, if any, at time of arrest .....	-	-	-	X	-	-	X	-	-	-	-	-	-

**POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued**

<u>Insane</u>	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Inmate of institution .....	-	-	-	X	X	-	X	-	-	-	-	-	-
Date admitted .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Residence when at home .....	-	-	-	X <sup>2</sup>	-	-	-	-	-	-	-	-	-
Age when first admitted to any institution for insane .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Jewish .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Occupation before admission (10 yrs. or older) .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Rural residence before admission (if "no", name) .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Number of previous admissions to hospitals for insane .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Ever inmate of any hospital or asylum for the insane (if "yes", name) .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Suffering from general paralysis, alcoholic psychoses .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Date of discharge .....	-	-	-	X	-	-	X	-	-	-	-	-	-
Cause of leaving: Discharged; transferred (name institution); died (give cause of death) .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Condition of discharged patient: improved or recovered, unimproved, not insane .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Form of disease .....	-	-	-	X	X	-	-	-	-	-	-	-	-
Supposed cause of insanity .....	-	-	-	X	X	-	-	-	-	-	-	-	-
Duration of present attack .....	-	-	-	X	X	-	X	-	-	-	-	-	-





# POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued

Idiots and feeble-minded <sup>3</sup> --con.	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Total length of time spent in any such training school(s) or other institutions .....	-	-	X	X	-	-	-	-	-	-	-	-	-
Date of admission .....	-	-	-	-	-	-	X	-	-	-	-	-	-
How supported: wholly or partially by public or private charity, or by self, family, or relatives .....	-	-	-	X	X	-	X	-	-	-	-	-	-
Relatives of this person who were/are blind, deaf, insane, feeble-minded, from infancy .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Date of discharge .....	-	-	-	X	-	-	X	-	-	-	-	-	-
Cause of leaving institution: discharged; transferred (name institution); died (give cause) .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Discharged to keeping of friends or relatives, or to keeping of self .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Condition on discharge: improved, unimproved .....	-	-	-	-	-	-	X	-	-	-	-	-	-
<b>Deaf and deaf-mutes<sup>4</sup></b>													
Born deaf .....	-	-	-	-	-	X	X	X	-	-	-	-	-
Age at which deafness occurred .....	-	-	-	X	X	X	X	X	-	-	-	-	-
Supposed cause of deafness, if known .....	-	-	-	X	X	X	X	X	-	-	-	-	-
Whether deafness resulted from military service .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Degree of deafness .....	-	-	-	X	X	X	X	X	X	-	-	-	-

**POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued**

Deaf and deaf-mutes <sup>4</sup> —con.	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Speech (readily understood, imperfectly, not at all) .....	-	-	-	X	X	X	X	X	-	-	-	-	-
Also blind .....	-	-	-	-	-	-	-	-	X	-	-	-	-
Paralyzed (which side) .....	-	-	-	X	X	X	-	-	-	-	-	-	-
Means of communication with hearing persons—by speech, writing, finger spelling, sign or gestures, or two or more of these methods .....	-	-	-	-	X	X	X	X	-	-	-	-	-
Uses hearing aid .....	-	-	-	-	-	X	X	X	-	-	-	-	-
Hears without hearing aid .....	-	-	-	-	-	-	X	X	X	-	-	-	-
Learned speech before loss of hearing .....	-	-	-	-	-	X	X	X	-	-	-	-	-
Learned speech in a school where speech is taught to deaf pupils .....	-	-	-	-	-	X	-	-	-	-	-	-	-
Reads lips .....	-	-	-	-	-	X	X	X	-	-	-	-	-
Ever attended school and if so, what type .....	-	-	-	-	-	X	X	X	-	-	-	-	-
Ever an inmate of an institution for deaf-mutes .....	-	-	-	X	X	X	X	X	-	-	-	-	-
Residence of inmate when at home .....	-	-	-	-	-	X	-	-	-	-	-	-	-
Total time spent in any such institution .....	-	-	-	X	X	X	-	-	-	-	-	-	-
Date of discharge (year only) .....	-	-	-	X	-	X	-	-	-	-	-	-	-
Yearly earnings .....	-	-	-	-	-	-	X	X	-	-	-	-	-

# POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued

Deaf and deaf-mutes <sup>4</sup> --con.	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
How supported: wholly or partially by public or private charity, or by self, family, or relatives .....	-	-	-	X	X	X	X	X	-	-	-	-	-
Occupation before deafness .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Occupation learned at school .....	-	-	-	-	X	-	-	-	-	-	-	-	-
If parents were first cousins .....	-	-	-	-	X	X	X	X	-	-	-	-	-
If parents otherwise related by blood before marriage .....	-	-	-	-	-	X	-	-	-	-	-	-	-
Occupation of father .....	-	-	-	-	-	X	-	-	-	-	-	-	-
Relatives of this person who were blind, feeble-minded, or insane from infancy .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Relatives of this person who are deaf .....	-	-	-	-	X	X	X	X	-	-	-	-	-
Number of siblings, deaf or hearing .....	-	-	-	-	-	X	X	-	-	-	-	-	-
If married, whether husband or wife has deaf relatives .....	-	-	-	-	-	X	-	-	-	-	-	-	-
If married, whether husband or wife is deaf .....	-	-	-	-	X	X	-	-	-	-	-	-	-
If yes, the age or period of life at which the husband or wife became deaf .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Number of children born to this couple .....	-	-	-	-	X	-	X	X	-	-	-	-	-
Number of these children that were deaf .....	-	-	-	-	X	-	X	X	-	-	-	-	-

**POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued**

Blind	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Born blind .....	-	-	-	-	-	X	X	X	-	-	-	-	-
Age at which blindness occurred .....	-	-	X	X	X	X	X	X	-	-	-	-	-
Form of blindness (physicians answer) .....	-	-	X	-	-	-	-	-	-	-	-	-	-
Supposed cause of blindness, if known .....	-	-	X	X	X	X	X	X	-	-	-	-	-
Degree of blindness .....	-	-	X	X	X	X	X	X	X	-	-	-	-
Blind in one eye or both .....	-	-	-	X	X	X	X	X	-	-	-	-	-
Whether he can go about the neighborhood without a guide .....	-	-	-	-	-	X	-	-	-	-	-	-	-
Wears glasses; if so, of what description .....	-	-	-	-	-	X	-	-	-	-	-	-	-
Reads a raised type and if so, which he uses .....	-	-	-	-	-	-	X	X	-	-	-	-	-
Also deaf .....	-	-	-	-	-	-	-	-	X	-	-	-	-
Speech (readily understood, imperfectly, not at all) .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Ever an inmate of an institution for the blind .....	-	-	X	-	-	X	X	X	-	-	-	-	-
Total time spent in any such institution .....	-	-	X	-	X	-	-	-	-	-	-	-	-
Date of discharge (yr. only) .....	-	-	X	-	-	-	-	-	-	-	-	-	-
Residence of inmate when at home .....	-	-	X <sup>2</sup>	-	X <sup>2</sup>	-	-	-	-	-	-	-	-
Attends school (other than institution for blind); if so, what type, or instructed by teacher at home .....	-	-	-	-	-	X	X	X	-	-	-	-	-

**POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued**

Blind—con.	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Yearly earnings .....	-	-	-	-	-	-	X	X	-	-	-	-	-
How supported: wholly or partially by public or private charity, or by self, family, or relatives .....	-	-	-	X	X	-	X	X	-	-	-	-	-
Occupation before blindness .....	-	-	-	-	-	-	X	X	-	-	-	-	-
If married, whether marriage was before or after blindness .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Relatives of this person who are or were deaf, insane, or feeble-minded from infancy .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Relatives of this person who are or were blind .....	-	-	-	-	X	X	X	X	-	-	-	-	-
Whether parents were first cousins .....	-	-	-	-	-	X	X	X	-	-	-	-	-
Whether parents were otherwise related by blood before marriage .....	-	-	-	-	-	X	-	-	-	-	-	-	-
Number of sons and daughters he has had .....	-	-	-	-	-	-	X	X	-	-	-	-	-
Number of these children who were blind .....	-	-	-	-	-	-	X	X	-	-	-	-	-

**Diseased or physically defective**

Defective in speech:

Not understood—not deaf or feeble-minded .....

Not understood—not deaf or feeble-minded .....	-	-	-	-	X	-	-	-	-	-	-	-	-
--	---	---	---	---	---	---	---	---	---	---	---	---	---



# POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued

<u>Diseased or physically defective—con.</u>	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
20 years of age or over, and less than 4 feet 1 inch or over 6 feet 8 inches high; if so, give height in feet and inches .....	-	-	-	-	X	-	-	-	-	-	-	-	-
<b>Deformed:</b>													
Marked deformity of the spine .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Age at which such deformity occurred .....	-	-	-	-	X	-	-	-	-	-	-	-	-
If deformed foot, hand, limb from birth, specify part affected .....	-	-	-	-	X	-	-	-	-	-	-	-	-
<b>Paralyzed:</b>													
Specify limb or parts .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Age at which paralysis occurred .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Cause of paralysis .....	-	-	-	-	X	-	-	-	-	-	-	-	-
How supported: wholly or partially by public or private charity, or by self, family, or relatives .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Residence of inmate, when at home .....	-	-	-	-	X <sup>2</sup>	-	-	-	-	-	-	-	-
<b><u>Civil War veterans and deceased veterans with surviving widows</u></b>													
Arm of service, rank, and organization .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Date of enlistment .....	-	-	-	-	X	-	-	-	-	-	-	-	-



# POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued

Indians	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
Whether a chief .....	-	-	-	X	-	-	-	-	-	-	-	-	-
By what authority .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Whether a war chief .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Length of time on reservation .....	-	-	-	X	-	-	-	-	-	-	-	-	-
Length of time person has worn citizen's dress .....	-	-	-	X	-	-	-	-	-	-	-	-	-
No. of persons who wear citizen's dress, wholly and in part .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Total population of agency, by tribe .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Total population of tribe and what Indian language is spoken .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Whether tribe is increasing or decreasing .....	-	-	-	-	X	-	-	-	-	-	-	-	-
No. of Negroes, mulattos, quadroons, octoroons with the tribe .....	-	-	-	-	X	-	-	-	-	-	-	-	-
No. of persons in this family .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Probable wealth and wages earned .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Tribe or clan (of individual) .....	-	-	-	X	X	X	X	-	-	-	X	-	-
Tribe(s) of parents .....	-	-	-	-	-	X	X	-	-	-	-	-	-
Proportions of Indian or other blood .....	-	-	-	X	X	X	X	-	-	-	X	-	-
No. of times married .....	-	-	-	-	-	-	X	-	-	-	-	-	-
Now living in polygamy (1890- No. of wives) .....	-	-	-	-	X	X	-	-	-	-	-	-	-



# POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued

Indians—con.	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
No. of families actually living on and cultivating lands allotted in severalty .....	-	-	-	-	X	-	-	-	-	-	-	-	-
No. of other families engaged in agriculture or other civilized pursuits .....	-	-	-	-	X	-	-	-	-	-	-	-	-
How supported (wholly or fractional):													
Self-supporting, for how many years .....	-	-	-	X	-	-	-	-	-	-	-	-	-
By family .....	-	-	-	X	-	-	-	-	-	-	-	-	-
By civilized industries .....	-	-	-	X	X	-	-	-	-	-	-	-	-
By government .....	-	-	-	X	X	-	-	-	-	-	-	-	-
By hunting .....	-	-	-	X	X	-	-	-	-	-	-	-	-
By fishing .....	-	-	-	X	X	-	-	-	-	-	-	-	-
By natural products of soil, such as roots, berries, etc. ....	-	-	-	X	X	-	-	-	-	-	-	-	-
No. of Indian children of school age .....	-	-	-	-	X	-	-	-	-	-	-	-	-
No. of Indian children for whom school accommodations are provided .....	-	-	-	-	X	-	-	-	-	-	-	-	-
No. of Indian apprentices who have been learning trades during year, and trade .....	-	-	-	-	X	-	-	-	-	-	-	-	-
No. of missionaries, by sex and denomination .....	-	-	-	-	X	-	-	-	-	-	-	-	-



**POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued**

Indians—con.	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
No. of whisky sellers prosecuted, and kind and extent of punishment of each .....	-	-	-	-	X	-	-	-	-	-	-	-	-
No. of whites unlawfully on reservation .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Occupation; area occupied, quality .....	-	-	-	-	X	-	-	-	-	-	-	-	-
No. of Indian criminals punished:													
By courts of Indian offenses .....	-	-	-	-	X	-	-	-	-	-	-	-	-
By other methods (civil, military, or tribal authority) .....	-	-	-	-	X	-	-	-	-	-	-	-	-
No. of Indians killed by Indians of same tribe, by hostile Indians, by U.S. soldiers, by citizens .....	-	-	-	-	X	-	-	-	-	-	-	-	-
Indian deaths during year .....	-	-	-	X	X	-	-	-	-	-	-	-	-
<u>Gainful workers not at work on the day preceding enumeration</u>													
Generally working at a gainful occupation .....	-	-	-	-	-	-	-	-	X	-	-	-	-
Whether this person has a job of any kind .....	-	-	-	-	-	-	-	-	X	-	-	-	-

**POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued**

Gainful workers not at work on the day preceding enumeration—con. 1850 1860 1870 1880 1890 1900 1910 1920 1930 1940 1950 1960 1970

If this person has a job:

Number of weeks since he has worked on that job ..... X - - - - -

Reason why not at work yesterday ..... X - - - - -

Whether lost a day's pay by not being at work ..... X - - - - -

Number of days worked last week ..... X - - - - -

How many days in full-time week? ..... X - - - - -

If this person has no job of any kind:

Able to work ..... X - - - - -

Looking for a job ..... X - - - - -

Number of weeks without a job ..... X - - - - -

Reason for unemployment (or for losing last job) ..... X - - - - -

# POPULATION ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued

Overseas population	1850	1860	1870	1880	1890	1900	1910	1920	1930	1940	1950	1960	1970
When this person last left the United States .....	-	-	-	-	-	-	-	-	-	-	-	X	X
Whether he expects to be abroad at least three months .....	-	-	-	-	-	-	-	-	-	-	-	X	X
Degree(s) he has received and what major field(s) .....	-	-	-	-	-	-	-	-	-	-	-	X	-
If this person attended a technical institute without receiving a degree, number of years he attended the technical institute and field he studied .....	-	-	-	-	-	-	-	-	-	-	-	X	-
Whether this person speaks any local language .....	-	-	-	-	-	-	-	-	-	-	-	X	X
Country of residence .....	-	-	-	-	-	-	-	-	-	-	-	-	X
"Home" State .....	-	-	-	-	-	-	-	-	-	-	-	-	X

<sup>1</sup> Question was only whether parents were foreign born.  
<sup>2</sup> In 1880 and 1890, inmates of institutions or prisons were to be "charged" to their homes for census purposes.  
<sup>3</sup> The term "idiot/idiotic" was used until 1880; "feebleminded" was adopted in 1890, and used thereafter.  
<sup>4</sup> Deaf were enumerated in 1890, 1910, and 1920; deaf-mutes in 1880, 1900, 1900, 1920, and 1930.  
<sup>5</sup> Asked of adults only.

# HOUSING ITEMS ON GENERAL SCHEDULES

Excludes identification items, screening questions, and other information collected but not intended for tabulation. There were no housing items in the censuses of 1790-1850 or 1870-1880. For exact wording of the questions, see "Principal Data-Collection Forms . . . .," page 41.

	1860	1890	1900	1910	1920	1930	1940	1950	1960	1970
<b>Occupancy characteristics</b>										
No. of slave houses (only housing question asked in 1860 census) . . . . .	X	-	-	-	-	-	-	-	-	-
Farm or nonfarm . . . . .	X	X	X	X	X	X	X	X <sup>s</sup>	X <sup>s</sup>	X <sup>s</sup>
Occupied or vacant . . . . .	-	-	-	-	-	-	X	X	X	X
Tenure—owned or rented . . . . .	X	X	X	X	X	X	X	X	X	X
Owned free or mortgaged . . . . .	X	X	X	X	X	-	X	X	-	-
Year-round or seasonal (for vacant only) . . . . .	-	-	-	-	-	-	X	X	X <sup>1</sup>	X
Vacancy status (for sale, for rent, etc.) . . . . .	-	-	-	-	-	-	X	X	X	X
Duration of vacancy . . . . .	-	-	-	-	-	-	-	-	X <sup>s</sup>	X
Second home . . . . .	-	-	-	-	-	-	-	-	-	X <sup>s</sup>
<b>Structural characteristics</b>										
Type of structure (single, semi-detached, trailer, etc.) . . . . .	-	-	-	-	-	-	X <sup>2</sup>	X	X	X <sup>s</sup>
No. of rooms . . . . .	-	-	-	-	-	-	X	X	X	X
No. of bedrooms . . . . .	-	-	-	-	-	-	-	-	X <sup>s</sup>	X <sup>s</sup>
Year built . . . . .	-	-	-	-	-	-	X	X	X <sup>s</sup>	X <sup>s</sup>
Original purpose of building . . . . .	-	-	-	-	-	-	X	-	-	-
Exterior material . . . . .	-	-	-	-	-	-	X	-	-	-

# HOUSING ITEMS ON GENERAL SCHEDULES--Continued

<u>Structural characteristics--con.</u>	1890	1900	1910	1920	1930	1940	1950	1960	1970
Whether 10 or more units at this address .....	-	-	-	-	-	-	-	-	X
No. of units in structure .....	-	-	-	-	-	X	X	Xs	Xs
Mobile home or trailer .....	-	-	-	-	-	-	X	Xs	Xs
Mobile or fixed .....	-	-	-	-	-	-	-	Xs	-
Basement .....	-	-	-	-	-	-	-	Xs	X
No. of stories .....	-	-	-	-	-	-	-	-	Xs
Elevator (in structures of 4 or more stories) .....	-	-	-	-	-	-	-	Xs	Xs
Access to unit .....	-	-	-	-	-	-	-	X	X
<u>Condition and plumbing facilities</u>									
Condition .....	-	-	-	-	-	X	X	X	-
Water supply .....	-	-	-	-	-	X	X	X	X
Toilet facilities .....	-	-	-	-	-	X	X	X	X
Bathing facilities .....	-	-	-	-	-	X	X	X	X
No. of bathrooms .....	-	-	-	-	-	-	-	Xs	Xs
Source of water .....	-	-	-	-	-	-	-	Xs	Xs
Sewage disposal .....	-	-	-	-	-	-	-	Xs	Xs
<u>Equipment and fuels</u>									
Lighting .....	-	-	-	-	-	X	Xs	-	-
Heating equipment .....	-	-	-	-	-	X	Xs	Xs	Xs
Heating fuel .....	-	-	-	-	-	X	Xs	Xs	Xs



# HOUSING ITEMS ON GENERAL SCHEDULES-- Continued

Financial characteristics	1890	1900	1910	1920	1930	1940	1950	1960	1970
Value .....	*	-	-	*4	X	X	X	X <sup>5</sup>	X
Contract rent .....	-	-	-	-	X	X	X	X <sup>5</sup>	X
If furnished, estimated rent unfurnished .....	-	-	-	-	-	X	X	-	-
Estimated rent of owned nonfarm home .....	-	-	-	-	-	X	-	-	-
Gross rent .....	-	-	-	-	-	X	X	X <sup>s</sup>	X <sup>s</sup>
Whether mortgaged .....	-	-	-	X	-	X	-	-	-
Unpaid balance on mortgage or loan .....	*	-	-	*4	-	X	*	*	*
Interest rate on mortgage .....	*	-	-	*4	-	X	*	*	*
Type of mortgage holder .....	-	-	-	-	-	X	*	*	*
Mortgage payments: Amount and items included .....	-	-	-	-	-	X	*	*	*

**Notes**

- \* See supplemental questionnaires
- <sup>s</sup> Sample question
- <sup>1</sup> Also migratory
- <sup>2</sup> There was also a specific question as to whether dwelling unit was in a residential structure.
- <sup>3</sup> Battery-operated only
- <sup>4</sup> Mortgaged nonfarm home
- <sup>5</sup> 100% in large cities, 25% outside

# HOUSING ITEMS ON SUPPLEMENTAL QUESTIONNAIRES

Excludes items which also appeared on the general schedules for the same dates, identification items, screening questions, and other information collected but not intended for tabulation. For exact wording of the questions, see "Principal Data-Collection Forms . . .," page 41.

Also excludes items on questionnaires used for evaluation studies or pretests only, questionnaires which were used to enumerate special population groups but which do not ask for additional housing items, and questionnaires for States, Territories, and possessions which were adaptations of those used for most of the United States.

Also excluded are items on questionnaires used for the Residential Finance Surveys of 1950, 1960, and 1970, and the Components of Housing Inventory Change Surveys of 1960 and 1970. Reproductions of the questionnaires used in these surveys appear in references 4, 6, and 8 in the bibliography, p. 179.

	1880	1890	1900	1910	1920	1950
<u>Housing items for Indians</u>						
House, pueblo, or lodge . . . . .	X	-	-	X	-	-
Construction material, if a house . . . . .	X	X	-	-	-	X
Type of floor construction . . . . .	-	-	-	-	-	X
No. of houses owned by Indians . . . . .	-	X	-	-	-	-
No. of houses built for Indians by government and cost of same . . . . .	-	X	-	-	-	-
No. of houses occupied by Indians . . . . .	-	X	-	-	-	-
If occupied by Indian, fixed or movable dwelling . . . . .	-	-	X	-	-	-
No. of families in dwelling . . . . .	-	X	-	-	-	-
No. of persons in dwelling . . . . .	-	X	-	-	-	-
Owned or rented . . . . .	-	X	-	-	-	-
If owned, whether mortgaged . . . . .	-	X	-	-	-	-
Residing on own lands . . . . .	-	-	-	X	-	-

# HOUSING ITEMS ON SUPPLEMENTAL QUESTIONNAIRES -- Continued

1880      1890      1900      1910      1920      1950

Residential finance (excludes 1950, 1960, and 1970 Residential Finance Surveys)

Current unpaid balance of mortgage and other indebtedness on property .....	-	X	-	-	-	-
Amount of mortgage loan when made .....	-	-	-	-	X <sup>1</sup>	X <sup>1</sup>
Interest rate .....	-	-	-	-	-	X <sup>1</sup>
Purpose of indebtedness .....	-	X	-	-	-	-
Current market value of property .....	-	X <sup>2</sup>	-	-	-	X <sup>1</sup>

<sup>1</sup> Asked only for one-housing-unit property.

<sup>2</sup> Asked only for portion occupied by owner.

# PRINCIPAL DATA- COLLECTION FORMS, **1790-1970**

The early census acts prescribed the inquiries in each decennial census, but the U.S. Government did not furnish uniform printed schedules until 1830. In 1790, the marshals submitted their returns in whatever form they found convenient; from 1800 to 1820 the States provided schedules of varying size and type-face.

Unless otherwise specified, the forms illustrated in this report were printed in black ink on uncolored paper stock, and on one side of the sheet.

The questionnaires reproduced here are selected to illustrate the questions asked on a nation-wide basis. Supplemental questionnaires that contained no variations in the questions, or only minor variations, are not shown, nor are questionnaires that were used only in a particular State, Territory, or outlying area, nor are translations for special language groups.

# 1790 DECENNIAL CENSUS

General population schedule (tally sheet) used in New York

City and County of					New York				
West Ward (continued)					West Ward (continued)				
Names of Heads of Families	Males				Names of Heads of Families	Males			
	White	Black	Indian	Total		White	Black	Indian	Total
Archibald MacLellan	1				Peter Jay Morris				2
Elizabeth Veker	1	1	2	1	John Moore	3	4		4
Sarah McCullen	1		2	1	Jane Hallett	6			4
William Livingston	1	2	4	2	Ephraim Huggel	1			2
John Nichols	2	2	4		John King	1	1		3
Eliza Wilson			2		Andrew Foster	1			1
Abraham Bailey	1	2	6		John Nichols	1	1		2
Richard Abidge	1	1	3		Jaesb Culp	1	1		2
Thomas Powell	2	3	4	2	John Vandenberg	1	1		3
John Livingston	1	2	2	3	Apier Cullum	1			2
Peter Doherty	1		2		Thomas Hayes	1			1
Jonathan Wright	2	1	2		John Mills	6	3		2
John Woodrige	1		1		John Bayne	1	3		3
Frederick James				9	William Rye	2	1		3
Abraham Forbes	2				Henry Frederick	1			4
Joseph Quinson	1	2	2		Frederick Harmon	1	1		3
Philander Forbes			4		Katharine Hill				2
John Brooks	1		1		Thomas Post	2	1		6
John Martin Greay	1		3		Jaesb Rader	2			1
Frederick George				5	Richard Nelson Smith	2	1		9
Christian Hughman	1		3		Thomas Mullet	2	1		3
Margaret Thompson	1	1	4		Frederick Rowles	1	1		2
Joseph Wallis	1	2	3		Jonathan Baldwin	1	1		3
John Bradash	1		2	5	Elester Balthick	2	1		1
Harj Debusar		2	1		Jaesb Stone	1			6
Abraham Bowyer	3	2	4		Esac Vandenberg	3	3		7
Nanna Linderson	1	2	4		John Miller	3	1		3
Alexander Hamilton	2	1	1		Maria Doland				2
Grace Beckman	4	1	3	2	Anna Earl	4			2
Sebastian Bauman	1		4	2	William Leacock	1	1		3
John B. Park Jnr	3	1	6	1	Jaesb Boone	1	1		2
Ann Bowie			2	1	Colomon Smith	3	3		4
James Triple	1	4	5		Louis Andrew Gautier	1	1		1
Joseph Lepore	4	2	2		William Bayton	1	1		1
Jaesb Martin	1	2	4	3	William Christy	1	1		1
John Davis	1		7	4	Nicholas Mowbr	1			1
Leonard Rogers	1	1	4		Samuel Beda Mater	5	2		6
Anthony Trepman	2	1	2		William King	1	3		1
Benjamin Wright	2	1	5	1	William King	1	1		1
Daniel Pabst	1	4	3	3	Amos Hubbard	2	1		3
Peter Richter	2		5		John Weaver	2			2
John G. Glover	1	2	6	3	William Mondley	2	1		5
John Houseman	1	2	3	1	John W. Mathews	4	1		1
Robert Pader	2	1	2						
Benjamin Moore	2	1	3						
Blase Moore	3	3	4						
	66	52	142	18		77	45	120	23

1800 DECENNIAL CENSUS

General population schedule used in the State of Massachusetts

342

*SCHEDULE of the whole number of persons allotted to **Abigail Richardson***

NAMES of <i>Town</i>	NAMES of HEADS of FAMILIES.	FREE WHITE MALES.						FREE WHITE FEMALES.			All other free persons, except Indians not taxed.	Slaves.	
		Under ten years of age.	Of ten and under sixteen.	Of sixteen and under twenty-six, including heads of families.	Of twenty-fix and under forty-five, including heads of families.	Of forty-five and upwards, including heads of families.	Of ten and under sixteen.	Of sixteen and under twenty-six, including heads of families.	Of twenty-fix and under forty-five, including heads of families.	Of forty-five and upwards, including heads of families.			
		to 10	to 16	to 26	to 45	45, &c.	10 10	to 16	to 26	to 45	45, &c.		

# 1810 DECENNIAL CENSUS

General population schedule used in the State of Massachusetts

877

(A.)

Schedule of the whole number of Persons within the division allotted to *Albert Smith*

NAME OF Town	NAMES OF Heads of Families	FREE WHITE MALES.					FREE WHITE FEMALES.					All other free persons, except Indians, not taxed.	Slaves.	
		Under ten years of age.	Of ten years, and under sixteen.	Of sixteen, and under twenty-six, including heads of families.	Of twenty-six, and under forty-five, including heads of families.	Of forty-five and upwards, including heads of families.	Under ten years of age.	Of ten years, and under sixteen.	Of sixteen, and under twenty-six, including heads of families.	Of twenty-six, and under forty-five, including heads of families.	Of forty-five and upwards, including heads of families.			
		to 10.	to 16.	to 26.	to 45.	45 &c.	to 10.	to 16.	to 26.	to 45.	45 &c.			
<i>Marblehead</i>	<i>Hatch</i>				/	/	/							
	<i>Hatch Jun</i>	2			/	/			/	/				
	<i>Erwell</i>	/		1	/		2	3	/	/				
	<i>Hatch</i>		/	/		2	/	/	3	/				
	<i>Hatch</i>	/	/		/	/	/	/	/	/				
	<i>Hatch</i>	3	/	/	/	/	/	/	/	/				
	<i>Hatch</i>		/	/	/	/	/	/	/	/		2		
	<i>Sopham</i>			/	/	/						/		
	<i>Erwell</i>				/	/			/	/				
	<i>Hatchey</i>	2			/	/	3		/	/				
	<i>Hatch</i>	/		/	/	/	/	/	/	/				
	<i>Hatch</i>	/		/	/	/	2	/	2	/				
	<i>Cleft</i>	/		/	/	/	2	/	2	/				
	<i>Huggers</i>				/	/			/	/				
	<i>Wright</i>				/	/			/	/				
	<i>Oakman</i>	3		/	/	/			/	/				
	<i>Oakman</i>				/	/			/	/				
	<i>Silvester</i>	/		/	/	/	3	2	/	/				
	<i>Huggers</i>				/	/	/		/	/				
	<i>Oakman</i>	/		/	/	/			/	/				
	<i>Huggers</i>	/	2	2	/	/			/	/				
	<i>Huggers</i>	/			/	/			/	/				

18

18





# 1830 DECENNIAL CENSUS

"Schedule of the Whole Number of Persons..." -- Continued: (right)

**by the Marshal of the District (or Territory) of**

**FREE COLORED PERSONS.**

SLAVES.		FEMALES.		MALES.	
Under ten years of age.	under 10	Under ten years of age.	under 10	Under ten years of age.	under 10
Of ten and under twenty-four.	10 to 24	Of ten and under twenty-four.	10 to 24	Of ten and under twenty-four.	10 to 24
Of twenty-four and under thirty-six.	24 to 36	Of twenty-four and under thirty-six.	24 to 36	Of twenty-four and under thirty-six.	24 to 36
Of thirty-six and under fifty-five.	36 to 55	Of thirty-six and under fifty-five.	36 to 55	Of thirty-six and under fifty-five.	36 to 55
Of fifty-five and under one hundred.	55 to 100	Of fifty-five and under one hundred.	55 to 100	Of fifty-five and under one hundred.	55 to 100
Of one hundred and upwards.	100, &c.	Of one hundred and upwards.	100, &c.	Of one hundred and upwards.	100, &c.
<b>TOTAL.</b>					

**ALIENS—Foreigners not naturalized.**

Who are blind.	
Who are Deaf and Dumb, of the age of twenty-five and upwards.	
Who are Deaf and Dumb, of the age of fourteen and under twenty-five.	
Who are Deaf and Dumb, under fourteen years of age.	
Who are blind.	
Who are Deaf and Dumb, of twenty-five and upwards.	
Who are Deaf and Dumb, of the age of fourteen and under twenty-five.	
Who are Deaf and Dumb, under fourteen years of age.	

**REMARKS:**



# 1840 DECENNIAL CENSUS

"Schedule of the Whole Number of Persons..." -- Continued

(face, center)

**of persons within the division allotted to**

---

**INCLUDING HEADS OF FAMILIES.**

---

**FEMALES.**

	5	10	15	20	30	40	50	60	70	80	90	100
Under 5	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 10	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 15	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 20	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 30	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 40	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 50	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 60	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 70	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 80	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 90	5	10	15	20	30	40	50	60	70	80	90	100
Under 5 and up to 100	5	10	15	20	30	40	50	60	70	80	90	100

(back, center)

**District (or Territory) of**

NUMBER OF PERSONS IN EACH FAMILY EMPLOYED IN							PENSIONERS FOR REVOLUTIONARY OR MILITARY SERVICES, INCLUDED IN THE FOREGOING.		AGE
Mining.	Agriculture.	Commerce.	Manufacture and trades.	Navigation of the ocean.	Navigation of the fresh lakes, and rivers.	Learned professions and engineers.	NAMES.		



# 1850 DECENNIAL CENSUS

"Schedule 1 -- Free Inhabitants..." (12½"x17½", printed on two sides, space for 40 entries on each side) not reproduced here; format and content identical with 1860 schedule, except that the 1850 schedule did not contain the inquiry on value of personal estate.

"Schedule 2 -- Slave Inhabitants..."

(12½"x17½", printed on two sides, space for 40 entries on each side)

**SCHEDULE 2.—Slave Inhabitants in** \_\_\_\_\_ **in the County of** \_\_\_\_\_ **State**  
**of** \_\_\_\_\_, **enumerated by me, on the** \_\_\_\_\_ **day of** \_\_\_\_\_, **1850.** **Asst Marshal**

1	2	3 DESCRIPTION.			6	7	8	1	1	1	2	3 DESCRIPTION.			6	7	8	1	1	1	
		Age.	Sex.	Colour.								Age.	Sex.	Colour.							

"Schedule 3 -- Persons Who Died..."

(Text of questions only, from: Wright, Carroll D., and William C. Hunt. The History and Growth of the United States Census. Washington, D.C., Government Printing Office, 1900.)

SCHEDULE 3.—PERSONS WHO DIED during the year ending 1st June, 1850, in \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_, enumerated by me, \_\_\_\_\_, Ass't Marshal.

1. Name of every person who died during the year ending 1st June, 1850, whose usual place of abode at the time of his death was in this family.

Description:

2. Age.
  3. Sex.
  4. Color—white, black, or mulatto.
  5. Free or slave.
  6. Married or widowed.
  7. Place of birth, naming the state, territory, or country.
  8. The month in which the person died.
  9. Profession, occupation, or trade.
  10. Disease or cause of death.
  11. Number of days ill.
- Remarks.



# 1860 DECENNIAL CENSUS

"Schedule 1 -- Free Inhabitants..." -- Continued (right)

<i>Page No.</i>						
in the County of _____						
day of _____, 1860.						
_____, Ass't Marshal.						
VALUE OF ESTATE OWNED.		Place of Birth, Naming the State, Territory, or Country.	Married within the year.	Attended School within the year.	Persons over 20 years of age who can not read and write.	Whether deaf and dumb, blind, in- sane, idiotic, pauper, or conv- ict.
Value of Real Estate.	Value of Personal Estate.					
8	9	10	11	12	13	14
						1
						39
						40
		No. idiotic, _____				No. convicts, _____
		No. paupers, _____				

"Schedule 3 -- Persons Who Died..."

(Text of questions only, from Wright and Hunt, op. cit.)

SCHEDULE 3.—PERSONS WHO DIED during the year ending 1st June, 1860, in \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_, enumerated by me, \_\_\_\_\_, Ass't Marshal.

1. Name of every person who died during the year ending 1st June, 1860, whose usual place of abode at the time of death was in this family.  
Description :
2. Age.
3. Sex.
4. Color—white, black, or mulatto.
5. Free or slave.
6. Married or widowed.
7. Place of birth, naming the state, territory, or country.
8. The month in which the person died.
9. Profession, occupation, or trade.
10. Disease or cause of death.
11. Number of days ill.  
Remarks.

## 1870 DECENNIAL CENSUS

"Schedule 1 -- Inhabitants..." (left)  
 (12½"x17½", printed on two sides, space for 40 entries on each side)

Page No. \_\_\_\_\_ } ~~See~~ Inquiries numbered 7, 16, and 17 are not to be

SCHEDULE 1.—Inhabitants in \_\_\_\_\_  
 of \_\_\_\_\_, enumerated by me on the \_\_\_\_\_  
 Post Office: \_\_\_\_\_

1	2	3	DESCRIPTION.			7
			4	5	6	

*Vertical text on the right side of the table:*  
 Dwelling-houses, numbered in the order of visitation.  
 Families, numbered in the order of visitation.  
 The name of every person whose place of abode on the first day of June, 1870, was in this family.  
 Age at last birth-day. If under 1 year, give month in fraction, thus, 1½.  
 Sex.—Male (M.), Female (F.).  
 Color.—White (W.), Black (B.), Mulatto (M.), Chinese (C.), Indian (I.).  
 Profession, Occupation, or Trade of each person, male or female.

# 1870 DECENNIAL CENSUS

"Schedule 1 -- Inhabitants..." -- Continued (right)

asked in respect to infants. Inquiries numbered 11, 12, 15, 16, 17, 19, and 20 are to be answered (if at all) merely by an affirmative mark, as /.

\_\_\_\_\_, in the County of \_\_\_\_\_, State  
 \_\_\_\_ day of \_\_\_\_\_, 1870.

\_\_\_\_\_, *Ass't Marshal.*

VALUE OF REAL ESTATE OWNED.		Place of Birth, naming State or Territory of U. S.; or the Country, if of foreign birth.	PARENTAGE.		If born within the year, state month (Jan., Feb., &c.)	If married within the year, state month (Jan., Feb., &c.)	Attended school within the year.	EDUCATION.		Whether deaf and dumb, blind, insane, or idiotic.	CONSTITUTIONAL RELATIONS.	
Value of Real Estate.	Value of Personal Estate.		Father of foreign birth.	Mother of foreign birth.				Cannot read.	Cannot write.		Male Citizens of U. S. of 21 years of age and upwards.	Male Citizens of U. S. of 21 years of age and upwards, whose right to vote is denied or abridged on other grounds than rebellion or other crime.
8	9	10	11	12	13	14	15	16	17	18	19	20

1  
2  
3

"Schedule 2 -- Persons Who Died..."  
 (Text of questions only, from Wright and Hunt, *op. cit.*)

SCHEDULE 2.—PERSONS WHO DIED during the year ending 1st June, 1870, in \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_, enumerated by me, \_\_\_\_\_, Ass't. Marshal.

1. Number of the family, as given in the second column of schedule 1.
  2. Name of every person who died during the year ending June 1, 1870, whose place of abode at the time of death was in this family.
  3. Age last birthday. If under one year, give months in fractions, as 3-12.  
Description:
  4. Sex—Males (M); females (F).
  5. Color—White (W); black (B); mulatto (M); Chinese (C); Indian (I).
  6. Married (M), or widowed (W).
  7. Place of birth, naming the state or territory of the United States, or the country, if of foreign birth.  
Parentage:
  8. Father of foreign birth.
  9. Mother of foreign birth.
  10. The month in which the person died.
  11. Profession, occupation, or trade.
  12. Disease or cause of death.
- Remarks.



# 1880 DECENNIAL CENSUS

"Schedule 1 -- Inhabitants..." -- Continued (right)

living on the 1st day of June, 1880. No others will. Children BORN SINCE who have DIED SINCE June 1, 1880, will be INCLUDED. to persons under 10 years of age.

County of \_\_\_\_\_, State of \_\_\_\_\_  
 day of June, 1880.

Enumerator.

Health.		Education.				Nativity.				
15	Is the person [on the day of the Enumerator's visit] sick or temporarily disabled, so as to be unable to attend to ordinary business or duties? If so, what is the sickness or disability?	Blind, /	16	17	18	19	20	Place of Birth of this person, naming the State or Territory of United States, or the Country, if of foreign birth.	25	26
		Deaf and Dumb, /	21	22	23	24	Place of Birth of the FATHER of this person, naming the State or Territory of United States, or the Country, if of foreign birth.			
		Maimed, Crippled, Bedridden, or otherwise disabled, /	Attended school within the Census year, /	Cannot read, /	Cannot write, /					

Column 11, when the letter "D" is to be used.

# 1880 DECENNIAL CENSUS

"Schedule 5 -- Persons Who Died..." (left)  
 (Text of questions only, from Wright and Hunt, op. cit.)

SCHEDULE 5.—PERSONS WHO DIED during the year ending May 31, 1880, enumerated by me in \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_, Enumerator.

Page No.; Supervisor's district No.; Enumeration district No.

1. Number of the family as given in column numbered 2—schedule 1.
2. Name of the person deceased.

Personal description:

3. Age at last birthday. If under 1 year, give months in fractions, thus: 3 1/2. If under 1 month give days in fractions, thus: 9/30.
4. Sex—Male (M); female (F).
5. Color—White (W); black (B); mulatto (Mu); Chinese (Ch); Indian (I).

What was the civil condition of the person who died?

6. Single.
7. Married.
8. Widowed; divorced.

"Supplemental Schedules, Nos. 1 to 7, for the Defective, Dependent, and Delinquent Classes" (15 1/2"x21", 4 pp. Seven schedules printed on four-page form rather than separately.)

(Page 1, top, left): "Insane..."

[7-306.]

## Supplemental Schedules, Nos. 1 to 7, for the Defective,

### INSANE inhabitants in \_\_\_\_\_, in the County \_\_\_\_\_

enumerated by me June \_\_\_\_\_

Supervisor's Dist. No. \_\_\_\_\_ }  
 Enumeration Dist. No. \_\_\_\_\_ }

The object of this Supplemental Schedule is to furnish material not that every inquiry respecting each case be answered as fully as (No. 1), transfer the name (with Schedule page and number) additional questions indicated in the headings of the several Enumerators may obtain valuable hints as to the number of the insane.

Number taken from Schedule No. 1.		NAME.	Residence when at home.—(See note A.)		If now an inmate of an institution, is this person a pauper?	Form of Disease. (See note B.)	Duration of present attack, not including previous attacks.
Number of page.	Number of line.		City or Town.	County if in same State, or State if in some other State.			
1	2	3	4	5	6	7	8

**NOTE A.**—An insane person may be found either at his own home or away from it in some institution, such as a hospital, asylum, or poor-house. In the latter case, his belongs, and that the county in which the institution is situated may not be charged with more than its due proportion of insane.

**NOTE B.**—It is not necessary to make minute subdivisions, but to ascertain the number suffering from certain marked forms of insanity—mania, melancholia, paresis (eg.

**NOTE C.**—An insane person may have more than one attack of insanity; he may recover and afterward become again insane. It is important to know at what If he has not had more than one attack, which still continues, insert the figure "1" in column 8. The duration of the present attack may be stated in years, "no;" but if locked at night and not by day, say "night." In column 12, if usually or often mechanically restrained, state the mode of restraint, thus: a constant personal attendant, say "attendant."

**NOTE D.**—The object of the inquiries in columns 11 and 12 is to ascertain approximately the proportion of the insane who cannot be trusted with their personal freedom.

**NOTE E.**—In column 13 name all the hospitals or asylums for the insane (not jails or poor-houses) in which the patient has been for a longer or shorter time an inmate.

**NOTE F.**—In making entries in columns 16, 17, and 18, an affirmative mark only will be used, thus:

# 1880 DECENNIAL CENSUS

"Schedule 5 -- Persons Who Died..." -- Continued (right)

Nativity:

9. Place of birth of this person, naming the state or territory of the United States, or the country, if of foreign birth.
10. Where was the father of this person born? (As in column 9.)
11. Where was the mother of this person born? (As in column 9.)
12. Profession, occupation, or trade. (Not to be asked in respect to persons under 10 years of age.)
13. The month in which the person died.
14. Disease or cause of death.
15. How long a resident of the county? If less than 1 year, state months in fractions, thus: 3/12.
16. If the disease was not contracted at place of death, state the place.
17. Name of attending physician.

NOTE A.—The census year begins June 1, 1879, and ends May 31, 1880.  
NOTE B.—In making entries in columns 6, 7, and 8, an affirmative mark only will

"Supplemental Schedules, Nos. 1 to 7 ..." -- Continued

(Page 1, top, right): "Insane..." -- Continued

A.

## Dependent, and Delinquent Classes.

of \_\_\_\_\_, State of \_\_\_\_\_

1880. \_\_\_\_\_, Enumerator.

only for a complete enumeration of the insane, but for an account of their condition. It is important possible. Enumerators will, therefore, after making the proper entries upon the Population Schedule of every insane person found, from Schedule No. 1 to this Special Schedule, and proceed to ask the columns.

and their residence, from physicians who practice medicine in their respective districts.

Story of attack. (See note C.)		Restraint and Seclusion. (See note D.)		Hospital or Asylum. (See note E.)			See Note F.		
Total number of attacks, including the present one.	Age at which first attack occurred.	Does this person require to be usually or often kept in a cell or other apartment under lock and key, either by day or at night?	Does this person require to be usually or often restrained by any mechanical appliance, such as a strap, strait-jacket, &c., and if yes, state the character of the appliance used.	Has this person ever been an inmate of any hospital or asylum for the insane? If yes, name the said hospital or asylum.	What has been the total length of time spent by him or her during life in such asylums?	Date of discharge, year only.	Is this person also an epileptic?	Is this person suicidal?	Is this person homicidal?
9	10	11	12	13	14	15	16	17	18
1									

residence when at home must be stated, in order that he may be accredited to the State or county to which he properly (general paralysis), dementia, epilepsy or dipsomania.

what age the first attack occurred; how many distinct attacks the patient has had; and the duration of the present attack, or months, thus: "1 yr." or "3 mos."

In column 11, if the patient is usually or often locked in a room or other apartment in the day time, say "yes;" if not, say "no;" and in column 14 state the entire number of months or years spent in such institutions (whether in one institution or more).

## 1880 DECENNIAL CENSUS

"Supplemental Schedules, nos. 1 to 7..." -- Continued  
 (Page 1, bottom, left): "Idiots"

Number taken from Schedule No. 1.		NAME.	Residence when at home. (See Note A.)		Is this person self-supporting, or partly so? (See Note B.)	Age at which idiocy occurred. (See Note C.)
Number of page.	Number of line.		City or Town.	County (if in same State, or State (if in some other State).		
1	2	3	4	5	6	7
1						
12						

**NOTE A.**—An idiot may be found either at his own home or away from it in some institution, such as a training school, asylum, or poor-house, and that the county in which the institution is situated may not be charged with more than its due proportion of

**NOTE B.**—If self-supporting, say "yes;" if partly self-supporting, say "partly;" if not, say "no." Indicate all inmates of institutions.

**NOTE C.**—If an idiot from birth, say "B;" if idiocy occurred after birth, state the age at which it occurred. *Special pains should be taken*

**NOTE D.**—The causes of idiocy are such as the following: scarlet fever, measles, meningitis, &c., blow on head, fall, &c., fright, &c.

**NOTE E.**—In making entries in columns 13, 14, 15, 16, 17, and 18, an affirmative mark only will be used, thus: /

(Page 2, left): "Deaf-mutes"

Number taken from Schedule No. 1.		NAME.	Residence when at home. (See Note A.)	
Number of page.	Number of line.		City or Town.	County (if in same State, or State (if in some other State).
1	2	3	4	5
1				

**NOTE A.**—A deaf-mute may be found either at his own home or away from it in some educational institution, asylum, or poor-house. In that the county in which the institution is situated may not be charged with more than its due proportion of deaf-mutes.

**NOTE B.**—If self-supporting, say "yes;" if partly self-supporting, say "partly;" if not, say "no." Indicate all inmates of institutions who

**NOTE C.**—If a deaf-mute from birth, say "B;" if not, state the age at which deafness occurred. *Special pains should be taken to indicate all*

**NOTE D.**—The word "semi-mute" has a technical meaning, and denotes a deaf-mute who lost his or her hearing after having acquired at least learned to speak, he is a semi-mute; (unless he was artificially taught to speak in an institution for deaf-mutes.)

By a semi-deaf person is meant one who cannot hear sufficiently well to comprehend what is said to him, but who hears very

**NOTE E.**—In making entries in columns 14, 15, and 16, an affirmative mark only will be used, thus: /

# 1880 DECENNIAL CENSUS

"Supplemental Schedules, Nos. 1 to 7..." -- Continued

(Page 1, bottom, right): "Idiots" -- Continued

## IDIOTS.

of the idiots, but for an account of their condition. It is important that every inquiry respecting each case be in the *Population Schedule (No. 1)*, transfer the name (with Schedule page and number) of every idiot found, from the headings of the several columns. Care must be taken not to enumerate persons who are deaf only (hard of hearing) or who hear sufficiently well to learn to speak. Physicians who practice medicine in their respective districts, also from school-teachers. deaf-mutes in this neighborhood? The class feeling of the deaf and dumb, arising from their isolated state, is so much to be feared.

Supposed cause of idiocy if acquired. (See Note D.)		Size of head, (large, small, or normal.)	Training School.		What has been the total length of time spent by him or her in any such training school or Training schools.		Date of discharge. (Year only.)	See Note E.					
8		9	10		11		12	13	14	15	16	17	18
			Has this person ever been an inmate of a training school for idiots? If yes, name the said training school.					Is this person also insane?	Is he or she also blind?	Is he or she also deaf?	Is he or she also epileptic?	Right	Left
								Is he or she also idiotic?	Is he or she also idiotic?	Is he or she also idiotic?	Is he or she also idiotic?	Right	Left

In the latter case, his residence when at home must be stated, in order that he may be accredited to the State or county to which he properly belongs, and are maintained or treated at their personal expense (not at the expense of any town, county, or State, nor of the institution) by the word "Pay." to indicate all idiots from birth.

(Page 2, right): "Deaf-mutes" -- Continued

## - MUTES.

of deaf-mutes, but for an account of their condition. It is important that every inquiry respecting each case be in the *Population Schedule (No. 1)*, transfer the name (with Schedule page and number) of every deaf-mute found, from the headings of the several columns. Care must be taken not to enumerate persons who are deaf only (hard of hearing) or who hear sufficiently well to learn to speak. Physicians who practice medicine in their respective districts, also from school-teachers. deaf-mutes in this neighborhood? The class feeling of the deaf and dumb, arising from their isolated state, is so much to be feared.

Is he (or she) self-supporting, or partly so. (See Note B.)		Age at which deafness occurred. (See Note C.)	Supposed cause of deafness, if known.		See Note D.		Institution life.		See Note E.						
6		7	8		9		10		11		12				
					Is this person semi-mute? Is he (or she) semi-deaf?		Has this person ever been an inmate of an institution for deaf-mutes? If yes, give the name of such institution.		What has been the total length of time spent by him (or her) in any such institution?		Date of his or her discharge. (Year only.)		Is this person also insane? Is he or she also idiotic? Is he or she also blind?		
													Is this person also idiotic? Is he or she also idiotic? Is he or she also idiotic?		

In the latter case, his residence when at home must be stated, in order that he may be accredited to the State or county to which he properly belongs, and are maintained or treated at their personal expense (not at the expense of any town, county, or State, nor of the institution) by the word "Pay." to indicate all deaf-mutes from birth. A partial knowledge of spoken language. Some semi-mutes retain the ability to speak imperfectly, others lose it entirely. If a deaf-mute has ever heard sounds, such as thunder, &c.

# 1880 DECENNIAL CENSUS

"Supplemental Schedules, Nos. 1 to 7..." -- Continued  
 (page 2, bottom, left): "Blind"

<b>BLIND</b>						
<p>The object of this Supplemental Schedule is to furnish material not only for a complete enumeration of the blind, as fully as possible. Enumerators will, therefore, <i>after making the proper entries upon the Population Schedule No. 1 to this Special Schedule</i>, and proceed to ask the <i>additional questions</i> indicated in the. In this enumeration will be included not only the totally blind, but also the semi-blind. No person will be blind and the semi-blind see Note E; it is of the greatest importance to note this distinction with</p>						
Number taken from Schedule No. 1.	NAME.	Residence when at home. (See Note A.)			Is he (or she) self-supporting or partly so? (See Note B.)	Age at which blindness occurred. (See Note C.)
1	2	3	4	5	6	7
Number of page.	Number of line.		City or Town.	County (if in same State), or State (if in some other State).		
1						

NOTE A.—A blind person may be found either at his own home or away from in it some educational institution, asylum, or poor-house, and that the county in which the institution is situated may not be charged with more than its due proportion of the

NOTE B.—If self-supporting, say "yes;" if partly self-supporting, say "partly;" if not, say "no." Indicate all inmates of institutions

NOTE C.—If blind from birth, say "B;" if not, state the age at which blindness occurred. *Special pains should be taken to indicate all*

NOTE D.—Where practicable, get a statement from attending physician.

NOTE E.—The totally blind are unable to distinguish forms or colors; the partially blind can distinguish forms or colors, but cannot

NOTE F.—In making entries in columns 10, 11, 15, 16, and 17, an affirmative mark only will be used, thus: /

(Page 3, top, left): "Homeless Children"

<b>HOMELESS</b>						
<p>The object of this Supplemental Schedule is to furnish material not only for a complete enumeration of case be answered as fully as possible. Enumerators will, therefore, <i>after making the proper entries</i> any institution designed for the care of poor or homeless children, or in any poor-house or other indicated in the headings of the several columns. Special attention is called to the questions belong to the respectable and to the vicious classes severally.</p>						
Number taken from Schedule No. 1.	NAME.	Residence when at home. (See Note A.)			Is this child's father deceased?	Is this child's mother deceased?
1	2	3	4	5	6	7
Number of page.	Number of line.		City or Town.	County (if in same State), or State (if in some other State).		
12						

NOTE A.—Children in institutions may not be residents of the county or State in which the institution is situated, and in that case their in which the institution is situated may not be charged with more than its due proportion of dependent children.

NOTE B.—In making entries in columns 18, 19, and 20, an affirmative mark only will be used, thus: /

## 1880 DECENNIAL CENSUS

"Supplemental Schedules, Nos. 1 to 7..." -- Continued

(Page 2, bottom, right): "Blind" -- Continued

but for an account of their condition. It is important that every inquiry respecting each case be answered upon the *Population Schedule (No. 1)*, transfer the name (with Schedule page and number) of every blind person found, from headings of the several columns. Carried on this Schedule, however, who can see sufficiently well to read. For the distinction between the totally blind, by making the proper entry in columns 10 or 11.

Form of blindness. (See Note D.)	Supposed cause of blindness, if known.	See Note F.		Institution life.			See Note F.		
		Is the person totally blind? (See Note E.)	Is the person semi-blind? (See Note E.)	Has this person ever been an inmate of an institution for the blind? If yes, give the name of such institution.			What has been the total length of time spent by him (or her) in any such institution?	Date of his or her discharge. (Year only.)	Is this person also insane? /
8	9	10	11	12	13	14	15	16	17

In the latter case, his residence when at home must be stated, in order that he may be accredited to the State or county to which he properly belongs.

who are maintained or treated at their personal expense (not at the expense of any town, county, or State, nor of the institution) by the word "Pay," persons blind from birth.

see to read, or at least not without such effort as to make reading practically impossible.

(Page 3, top, right): "Homeless Children" -- Continued

## CHILDREN.

C.

children in institutions, but for an account of their condition. It is important that every inquiry respecting each upon the *Population Schedule (No. 1)*, transfer the name (with Schedule page and number) of every child found in an asylum for the destitute, from Schedule No. 1 to this Special Schedule, and proceed to ask the *additional questions* respecting the child's antecedents, which are designed to bring out the proportion of children in institutions who

Has this child been abandoned by his or her parents?	Has this child's parents surrendered him (or her) over him (or her) to the institution?	Was this child born in the institution?	If not so born, state year when admitted.	Is the child illegitimate?	Is this child separated from his or her living mother?	Antecedents.			See Note B.			
						Has he (or she) ever been arrested? If yes, for what alleged offense?			Has he (or she) ever been convicted of a crime in any State?	Has the origin of this child been suspicious?	Has he (or she) been rescued from criminal surroundings?	Is this child blind? /
8	9	10	11	12	13	14	15	16	17	18	19	20

residence when at home should be stated, in order that they may be accredited to the State or county to which they properly belong, and that the county





# 1880 DECENNIAL CENSUS

"Supplemental Schedules, Nos. 1 to 7..." -- Continued

(Page 4, left): "Pauper and Indigent Inhabitants..."

**D. PAUPER AND INDIGENT INHABITANTS IN INSTITUTIONS, POOR-HOUSES**

The object of this Supplemental Schedule is to furnish material not only for a complete enumeration of paupers, as fully as possible. Enumerators will, therefore, after making the proper entries upon the Population Schedule, additional questions indicated in the headings of the several columns. In case any person enumerated on this Special Schedule is blind, deaf and dumb, insane, or idiotic (see columns case may be. In addition to the enumeration of paupers required in this Schedule, enumerators will also ask the keeper of page, respecting the number of paupers during the year ending May 31, 1880, and record the answers.

Number taken from Schedule No. 1.	NAME.		Residence when at home. (See Note A.)		How supported? (See Note B.)			
	Number of page.	Number of line.	City or town.	County (if in same State, or State (if in some other State).	At cost of city or town? %	At cost of county? %	At cost of State? %	At cost of institution? %
1	2	3	4	5	6	7	8	9
1								
2								

**NOTE A.**—Paupers may not be residents of the county or State in which the institution designed for the maintenance of the destitute is situated accredited to the State or county to which they properly belong, and that the county in which the institution is situated may not.

**NOTE B.**—In making entries in columns 6, 7, 8, 9, 15, 17, 18, 19, 20, 25, 26, 27, and 28, an affirmative mark only will be used, thus: "✓" correctly answer the query: How many sons, daughters, brothers, sisters, respectively, has this person in this institution?—If

**ADDITIONAL QUESTIONS to be asked of the chief executive officer of each and all pauper establishments**

**QUESTION 1.** What is the total number of persons who have been inmates of this institution at any time for a longer or shorter period, during the year ending May 31, 1880?—Answer:—  
 native colored females,                   ; foreign males,                   ; foreign females,                   .

**QUESTION 2.** What is the total number of days' board furnished to inmates during the year ending May 31, 1880?—Answer:—  
 during which each person was retained as an inmate.)

**QUESTION 3.** If paupers in this establishment are supported at the expense of the town, county, or State, is payment made for their maintenance?—  
 What was the total amount of such allowance during the year ending May 31, 1880?—Answer:—\$

**QUESTION 4.** If no such allowance is made, what was the actual cost of maintenance of pauper or destitute inmates of the institution during the year ending May 31, 1880?—Answer:—\$

The enumerator in each district will also ascertain, if possible, and state the name ( ) of the supervisor, superintendent, overseer, poor-master, or other town, city, or county officer who is charged with the relief of the poor and cost of out-door relief.

# 1880 DECENNIAL CENSUS

"Supplemental Schedules, Nos. 1 to 7..." -- Continued

(Page 4, right): "Pauper and Indigent Inhabitants..." -- Continued

## OR ASYLUMS, OR BOARDED AT PUBLIC EXPENSE IN PRIVATE HOUSES.

but for an account of their condition. It is important that every inquiry respecting each case be answered (No. 1), transfer the name (with schedule page and number) to this Special Schedule and proceed to ask the questions (Nos. 25 to 28 inclusive), the particulars of such case will also be carried on such other Special Schedule, as the case may be. In every institution designed for the maintenance of the destitute the questions found below, at the bottom of the

	Is he or she habitually intemperate?	Is he or she epileptic?	Has he or she ever been convicted of a crime?		Was this person born in this institution? (See Note B.)	Date of admission, state day of month and the year, the latter in two figures, thus: Jan. 15, '76.	What other members of the family of this person are in this establishment? (See Note B.)				(See Note B.)							
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

and in that case their residence when at home, or the place from whence they came to the institution, should be stated, and also that they are not to be charged with more than its due proportion of paupers.

Columns 10, 11, 12, and 13, say "Yes" or "No," as the case may be. Columns 21, 22, 23, and 24 should be filled by "0" when the answer is none or the zero (0).

(including homes and asylums for the aged, for the destitute, and for the friendless, in the United States.

ending May 31, 1880!—Answer. Total: native white males, native colored males, foreign born males, females.

This number is to be found by taking the sum of the number of days' board furnished to each inmate. By days' board is meant the number of days

for which a weekly or monthly allowance to the keeper?—Answer. \$ and if yes, how much is the said allowance?—Answer. \$

ending May 31, 1880!—Answer. \$

official title or position ( ), and post office address

at their own homes or elsewhere outside of institutions, in order that inquiries may be hereafter addressed to them by mail respecting the amount

# 1880 DECENNIAL CENSUS

"Indian Division... Schedule No. 1 -- Population" (cover)  
(27"x11", folded to provide cover and three pages, 9"x11")

Enumerator's Sheet No. \_\_\_\_\_

(Triplicates.—See Note.)

## TENTH CENSUS OF THE UNITED STATES.

### INDIAN DIVISION.

District No. \_\_\_\_\_

SCHEDULE NO. 1.

## POPULATION.

People of the \_\_\_\_\_ Tribe belonging to  
\_\_\_\_\_ Reservation, \_\_\_\_\_ Agency,  
enumerated by me on the \_\_\_\_\_ day of \_\_\_\_\_, 188  
\_\_\_\_\_, Enumerator.

Post Office, \_\_\_\_\_

**NOTE.**—The Census year begins October 1, 1879, and ends September 31, 1880. All persons will be included in the enumeration who were living on the 1st day of October, 1880. No others will. Children born since October 1, 1880, will be omitted. Members of families who have died since October 1, 1880, will be included.

The use of this sheet will be confined to the report of one family, in one dwelling, viz: House, set of rooms in Pueblo, Lodge, &c. The number of the dwelling within reported upon, in the order of the Enumerator's visit, is

If several families are living in the same house, &c., each will be numbered in the order of visitation.

The number of the family, reported upon in this sheet, is

The location of the dwelling, by legal or natural subdivision of the Reservation is as follows:

Its description. If House, indicate by [H.], and state whether of Brick, Stone, Adobe, Frame, or Log; if Pueblo, indicate by [P.], and state whether of Stone or Adobe; if Lodge, indicate by [L.], and state whether of Cloth, Skin, Slabs, Poles, Brush, Bark, Tule, Stone, Earth, &c.:

This sheet will be filled up in triplicate. One copy will be mailed to Maj. J. W. POWELL, Special Agent, U. S. Census, Indian Division, P. O. Box 585, Washington, D. C. One will be mailed to the Commissioner of Indian Affairs, Washington, D. C. The third will be retained by the Enumerator until called for.

# 1880 DECENNIAL CENSUS

"Indian Division... Schedule No. 1. Population" -- Continued

(top, left)

**THE NAME OF EACH PERSON WHOSE PLACE OF ABODE ON THE 1ST DAY OF OCTOBER, 1880, WAS IN THIS FAMILY.**

INDIAN NAME.	ENGLISH TRANSLATION OF INDIAN NAME.	LANG. OR OTHER NAME USED HABITUALLY.
1	2	3

(top, center)

RELATIONSHIP	CIVIL CONDITIONS.	PERSONAL DESCRIPTION.	OCCUPATION.	HEALTH.
4 Relationship of each person to the head of his family or household, whether wife, husband, son, daughter, brother, servant or other.	5 Is this person single? 6 Is this person married? 7 Is this person widowed or divorced? 8 Is this person a chief? (See note B.) 9 Is this person a war chief?	10 If this person is of full-blood of this tribe, enter "W." For mixture with another tribe, enter name of latter. For mixture with white, enter "W." with black, "B." with mulatto, "M." with Indian. 11 If this is a white person adopted into the tribe, enter "W. A.?" if a negro or mulatto, enter "B. A.?" 12 If this person has been for any time habitually on the reservation, state the time in years or fractions. 13 If this person wears citizen's dress, state the time in years or fractions since he or she has habitually so worn it. 14 If other than native language is spoken by this person, enter for English, "E." Spanish, "S." French, "F." Ac. 15 Sex: Male, "M." Female, "F." 16 Age at last birthday prior to Oct. 1, 1880. If under 1 year give months in fractions, thus: 1/2. 17 If born within the Census year give the month.	18 Occupation or trade of this person.	19 Is this person (on the day of the Enumerator's visit) sick or temporarily disabled, so as to be unable to attend to ordinary business or duties? If so, what is the sickness or disability? 20 Has this person been vaccinated?

# 1880 DECENNIAL CENSUS

"Indian Division... Schedule No. 1. Population" -- Continued

(top, right)

EDUCATION.	PERSONAL PROPERTY.						LAND OCCUPIED.			LAND IN SEVERALTY.			SOURCES OF SUBSISTENCE.													
	Deaf and dumb.	Idiotic.	Transient.	Attended school within Census year.	Cannot read.	Cannot write.	Number horses owned by this person.	Number cattle owned.	Number sheep owned.	Number swine owned.	Number dogs owned.	Number owned.	Fire-arms. No. Kind.	Number acres land cultivated by this person.	The length of time in years or fractions this person has been cultivating land.	Number acres of land occupied for cultivation and pasturage.	Number acres this person holds by patent.	Number acres this person holds by allotment without patent.	Number acres this person holds by tribal regulation.	If this person is self-supporting, state the time in years or fractions he or she has been self-supporting.	Supported by family, or fraction.	Wholly or partly supported from civilized industries, or fraction.	Wholly or partly supported by Government, or fraction.	Wholly or partly supported by hunting, or fraction.	Wholly or partly supported by fishing, or fraction.	Wholly or partly supported by natural products of the soil, as roots, berries, &c., or fraction.
22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48

(notes from bottom left and center)

NOTE A. Question 1.—The spelling of the Indian name will be according to the alphabet provided in the "Introduction to the Study of Indian Languages," furnished to the Enumerator.

NOTE B. Question 4.—The head of a family will be first entered, on line 1. Frequently the head of a family is a woman.

NOTE C.—The mark " / " is to be used as an affirmative answer in every column where it is appropriate, as 5, 6, 7, 9, 20, 21, etc. In column 7 the words "Widowed or Divorced" will be applied to male as well as female, and will be used where the person has been married and is now living without husband or wife. In case of divorced persons the letter "D" is to be used. Marriage and Divorce will be entered in accordance with Indian customs and not the laws of civilization.

NOTE D. Questions 12, 13, 16, and 29 to 36, inclusive.—In many cases the numbers and quantities called for cannot be accurately determined. In such cases, the Enumerator should make careful estimates. Estimates should be included in brackets, thus: [ ]

NOTE E. Question 8.—This refers to the civil government of the Tribe. If the Chief is such by Tribal regulation and of the first rank, enter "1," if of the second, "2," if of the third, "3." If by appointment or election through action of the U. S., enter "A," or "E."

NOTE F. Question 15.—If the month cannot be ascertained, enter the season, as Spring, Summer, Autumn, &c.

NOTE G. Question 18.—The following list of occupations will be used, when applicable, for making entries here, viz: Farmer, Miller, Carpenter, Blacksmith, Laborer, Cooper, Hunter or Trapper, Fisherman, Basket maker, Miner, Wood-chopper, Lumberman, Weaver, Herder, Ferryman, Teamster, Interpreter, U. S. Military Service, Indian Police, Medicineman, Pipe-maker, Arrow-maker, &c. Special attention is to be directed to reporting "Medicine-man," as it is the only occupation among Indians resembling a profession in civilization. No entries will be made in this column, or in those numbered from 27 to 47, inclusive, respecting children under 10 years of age.

NOTE H. Question 20.—The fact of vaccination must be ascertained by the Enumerator by actual observation of the scar left by the operation.

NOTE I. Questions 43 to 48, inclusive.—If the entry in these columns is affirmative, the support is wholly from the source indicated. When fractions are used, their sums from the several columns relating to each individual should be unity.

# 1880 DECENNIAL CENSUS

## Indian Division "Schedule No. 2 -- Vital Statistics"

(Text of questions only, from Wright and Hunt, *op. cit.*)

SCHEDULE No. 2.—VITAL STATISTICS.

Enumerator's Sheet No. ....  
 District No. ....  
 Persons of the ..... Tribe belonging to ..... Reservation, ..... Agency, who  
 died during the year ending September 30, 1880, enumerated by me on the .....  
 day of ....., 188... .., Enumerator.  
 Post-office .....

RECORD OF DEATHS FOR THE YEAR ENDING SEPTEMBER 30, 1880.

1. The name habitually used by person deceased.  
 (The spelling of Indian names will be according to the alphabet in the  
 "Introduction to the study of the Indian languages," furnished to the  
 enumerator.)
- Personal description:
  2. Age at last birthday. (If under 1 year, give months in fractions, thus:  $\frac{1}{2}$ ;  
 if under 1 month, give days in fractions, thus:  $\frac{3}{8}$ .)
  3. Sex: Male, "M."; female, "F."
  4. If this person was of full blood of this tribe, enter "/." For mixture with  
 another tribe, enter name of latter. For mixture with white, enter "W.";  
 with black, "B."; with mulatto, "Mu." For white adopted, "W. A.";  
 for black adopted, "B. A."
- Civil condition:
  5. Single.
  6. Married.
7. Date of death. (The month in which the person died. If the month can not  
 be ascertained, give season, as spring, summer, autumn, etc.)
8. Medical attendance. (If deceased was attended by a physician, enter "P."; if  
 by Indian medicine man only, enter "M."; if by neither, "O."; if by both,  
 "B.")
- Disease or cause of death:
  9. As stated by the head of the family or medicine man in the Indian language.  
 (The spelling of the words will be according to the alphabet in the  
 "Introduction to the study of the Indian languages," furnished to the  
 enumerator.)
  10. English translation of the word or words in the foregoing column.
  11. What the disease, etc., is considered to have been by the enumerator, from  
 the best information attainable, whether a physician attended or not.

Remarks.



# 1880 DECENNIAL CENSUS

## Indian Division "Schedule No. 4 -- Education"

(Text of questions only, from Wright and Hunt, op. cit.)

Enumerator's Sheet No. .... District No. .... Tribe belonging to ..... Statistics of Education among the people of the ..... Agency, during the twelve months beginning October 1, 1879, and ending September 30, 1880, as recorded by me on the ..... day of ..... 188 ..... Enumerator. Post-office .....											
Full bloods ..... Mixed bloods ..... Total .....	Number of persons in this tribe and reservation between 5 and 20 years.		Number enrolled in schools during year.		Age of pupils.				Number who can read English.		
	Male.	Female.	Male.	Female.	Number below 5 years.		Number between 5 and 15 years.		Average daily attendance.		
					Male.	Female.	Male.	Female.	Male.	Female.	Male.
Full bloods ..... Mixed bloods ..... Total .....	Number between 15 and 20 years.		Number above 20 years.		Average daily attendance.				Number who can read English.		
	Male.	Female.	Male.	Female.	Number below 5 years.		Number between 5 and 15 years.		Average daily attendance.		
					Male.	Female.	Male.	Female.	Male.	Female.	Male.
Full bloods ..... Mixed bloods ..... Total .....	Number who can write English.		Number who can read or write their native language.		Number of teachers of Indian blood.				Number of white teachers.		
	Male.	Female.	Male.	Female.	Number below 5 years.		Number between 5 and 15 years.		Average daily attendance.		
					Male.	Female.	Male.	Female.	Male.	Female.	Male.
Full bloods ..... Mixed bloods ..... Total .....	Average annual salary of teachers.		Average yearly duration of schoolhouses.		Number of schools conducted in Indian language.				Annual school expenditures.		
	Male.	Female.	Number of schools conducted in Indian language.		Number of schools conducted in English language.		Annual school expenditures.				
			Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.
Full bloods ..... Mixed bloods ..... Total .....	Value of school property.		Number of schools conducted in Indian language.		Number of schools conducted in English language.				Annual school expenditures.		
	Value of school property.		Number of schools conducted in Indian language.		Number of schools conducted in English language.		Annual school expenditures.				
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.

Branches of study taught and number engaged in each study.													
Full bloods ..... Mixed bloods ..... Total .....	Reading.		Writing.		Arithmetic.		Higher mathematics.		Geography.				
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Female.		
Branches of study taught and number engaged in each study--Continued.													
Full bloods ..... Mixed bloods ..... Total .....	History.		Other literary branches.		Manual labor.		Number of adults who can speak English.						
	Male.	Female.	Male.	Female.	Male.	Female.	Number of adults who can read English.		Number of adults who can write English.		Number of adults who can read or write their native language.		
							Male.	Female.	Male.	Female.	Male.	Female.	Male.
Full bloods ..... Mixed bloods ..... Total .....	Number of adults who can read English.		Number of adults who can write English.		Number of adults who can read or write their native language.		Number of adults who can speak English.						
	Number of adults who can read English.		Number of adults who can write English.		Number of adults who can read or write their native language.		Number of adults who can read English.		Number of adults who can write English.		Number of adults who can read or write their native language.		
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.
Full bloods ..... Mixed bloods ..... Total .....	Number of adults who can read English.		Number of adults who can write English.		Number of adults who can read or write their native language.		Number of adults who can speak English.						
	Number of adults who can read English.		Number of adults who can write English.		Number of adults who can read or write their native language.		Number of adults who can read English.		Number of adults who can write English.		Number of adults who can read or write their native language.		
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.

a "F." for French; "S." for Spanish.

# 1890 DECENNIAL CENSUS

"Schedule No. 1 -- Population and Social Statistics" (front, top, left)

(11½"x18", printed on both sides)

FAMILY SCHEDULE—1 TO 10 PERSONS.		
Supervisor's District No. _____		[7-556
Enumeration District No. _____		
Name of city, town, township, } _____; County: _____ precinct, district, beat, or } other minor civil division. }		
Street and No.: _____; Ward: _____		
Enumerated by me on the _____ day of June, 1890.		
A.—Number of Dwelling-house in the order of visitation.	B.—Number of families in this dwelling-house.	C.—Number of persons in this dwelling-house.
INQUIRIES.	1	2
1 Christian name in full, and initial of middle name.		
Surname.		
2 Whether a soldier, sailor, or marine during the civil war (U. S. or Conf.), or widow of such person.		
3 Relationship to head of family.		
4 Whether white, black, mulatto, quadroon, octoroon, Chinese, Japanese, or Indian.		
5 Sex.		
6 Age at nearest birthday. If under one year, give age in months.		
7 Whether single, married, widowed, or divorced.		
8 Whether married during the census year (June 1, 1889, to May 31, 1890).		
9 Mother of how many children, and number of these children living.		



# 1890 DECENNIAL CENSUS

"Schedule No. 1 -- Population and Social Statistics" -- Continued (back, bottom, right)

(Questions 1 to 25 were the same on the front and back of the form.)

10	Place of birth.		
11	Place of birth of <b>F</b> ather.		
12	Place of birth of <b>M</b> other.		
13	Number of years in the United States.		
14	Whether naturalized.		
15	Whether naturalization papers have been taken out.		
16	Profession, trade, or occupation.		
17	Months unemployed during the census year (June 1, 1889, to May 31, 1890).		
18	Attendance at school (in months) during the census year (June 1, 1889, to May 31, 1890).		
19	Able to <b>R</b> ead.		
20	Able to <b>W</b> rite.		
21	Able to speak English. If not, the language or dialect spoken.		
22	Whether suffering from <b>a</b> cute or <b>c</b> hronic disease, with name of disease and length of time afflicted.		
23	Whether defective in mind, sight, hearing, or speech, or whether crippled, maimed, or deformed, with name of defect.		
24	Whether a prisoner, convict, homeless child, or pauper.		
25	Supplemental schedule and page.		
26	Is the home you live in hired, or is it owned by the head or by a member of the family?		
27	If owned by head or member of family, is the home free from mortgage incumbrance?		
28	If the head of family is a farmer, is the farm which he cultivates hired, or is it owned by him or by a member of the family?		
29	If owned by head or member of family, is the farm free from mortgage incumbrance?		
30	If the home or farm is owned by head or member of family, and mortgaged, give the post-office address of owner.		

**TO ENUMERATORS.**—The inquiries numbered 26 to 30, inclusive, apply to the population of 1890.

(1890—1,780,000.) 2 b



"Schedule No. 5 -- Mortality"

(Text of questions only, from Wright and Hunt, op. cit.)

SCHEDULE No. 5.—MORTALITY.

PERSONS WHO DIED during the Census Year (June 1, 1889, to May 31, 1890), in  
 -----, County of -----, State of -----, Enumerator.

Supervisor's district No.; Enumeration district No.

1. Number of ward or sanitary district.
2. Name of the person deceased.
3. Color. (Specify whether white, black, or mixed blood; also whether Chinese, Japanese, or Indian.)
4. Sex.
5. Age—years; months; days.
6. Whether single, married, widowed, or divorced.
7. Place of birth.
8. Place of birth of father.
9. Place of birth of mother.
10. Profession, trade, or occupation.
11. Whether born in the census year, with month of birth.
12. Month in which the person died.
13. Disease or cause of death. (See instructions.)
14. Length of time a resident of the county. (If less than one year, state months in fractions, thus: 3/12.)
15. Name of place where disease was contracted, if other than the place of death.
16. Name of attending physician. (If no physician was in attendance, write the word "None.")
17. Whether the person who died was an insane person or an idiot. (If so, specify which.)
18. Whether the person who died was a soldier, sailor, or marine during the civil war (U. S. or Conf.), or widow of such person. (If so, specify which.)

"Supplemental Schedule No. 1 -- Statistics of Insanity"

(Text of questions only, from Wright and Hunt, op. cit.)

SUPPLEMENTAL SCHEDULE No. 1.—STATISTICS OF INSANITY.

Insane persons in -----, County of -----, State of -----, enumerated in June, 1890. -----, Enumerator.

Supervisor's district No.; Enumeration district No.

[Inquiries numbered 1 to 22, inclusive, in general population schedule are common to this supplemental schedule and are not here reproduced.]

Physical defects:

23. Blind.
24. Deaf.
25. Able to speak so as to be readily understood (well), imperfectly (imp.), or not at all (not).
26. Whether crippled, maimed, or deformed.
27. Paralyzed.
28. Form of insanity.
29. Duration of present attack, not including previous attacks.
30. Total number of attacks, including present attack.
31. Age or period of life at which first attack occurred.
32. Supposed cause of insanity.
33. Whether also epileptic, suicidal, or homicidal.
34. Whether this person has any insane relatives.
35. Whether the person has had, or now has, any insane or feeble-minded relatives, as mentioned below, with the number under each heading:  
 Brothers.  
 Sisters.  
 Sons.  
 Daughters.  
 Father.  
 Mother.  
 Grandfather.  
 Grandmother.  
 Uncles.  
 Aunts.  
 First cousins.
46. If married, whether wife or husband of this person is insane, blind, deaf, or deformed from infancy.
47. Whether this person has had any relatives who were blind, deaf, or deformed from infancy.  
 Whether the person has had, or now has, any relatives, as mentioned below, who were blind or deaf from infancy, with the number under each heading:  
 Brothers.  
 Sisters.  
 Father.  
 Mother.  
 Grandfather.  
 Grandmother.  
 Uncles or aunts.  
 First cousins.
56. Length of time in this institution during present attack.
57. Length of time spent in hospitals or asylums for insane.
58. Whether wholly or partially supported by public or private charity, or by self, family, or relatives.
59. Residence when at home, giving State, county, and post-office address.

# 1890 DECENNIAL CENSUS

## "Supplemental Schedule No. 2 -- Statistics of Feeble-Mindedness and Idiocy"

(Text of questions only, from Wright and Hunt, *op. cit.*)

### SUPPLEMENTAL SCHEDULE NO. 2.—STATISTICS OF FEEBLE-MINDEDNESS AND IDIOCY.

Feeble-minded and idiotic persons in . . . . ., County of . . . . ., State of . . . . ., enumerated in June, 1890. . . . ., Enumerator.

Supervisor's district No.; Enumeration district No.

[Inquiries numbered 1 to 22, inclusive, in general population schedule are common to this supplemental schedule and are not here reproduced.]

#### Physical defects:

23. Blind.
24. Deaf.
25. Able to speak so as to be readily understood (well), imperfectly (imp.), or not at all (not).
26. Whether crippled, maimed, or deformed.
27. Age or period of life at which mental defect occurred.
28. Supposed cause of mental defect.
29. Whether this person has received instruction in a special school for the feeble-minded. (Yes or no.)  
If yes, give name and location of school:
30. Name of school.
31. Location of school.
32. Length of time spent by this person in such school.
33. Length of time spent by this person in other public institutions.
- Whether paralyzed on right or left side, or both sides; if so, specify:
34. Right.
35. Left.
36. Whether this person has had, or now has, any insane or feeble-minded relatives. Whether this person has had, or now has, any relatives, as mentioned below, who were insane or feeble-minded from infancy, with the number under each heading:
37. Brothers.
38. Sisters.
39. Father.
40. Mother.
41. Grandfather.
42. Grandmother.
43. Uncles.
44. Aunts.
45. First cousins.
46. Whether this person has any relatives who were blind or deaf from infancy. Whether this person has had, or now has, any relatives, as mentioned below, who were blind or deaf from infancy, with the number under each heading:
47. Brothers.
48. Sisters.
49. Father.
50. Mother.
51. Grandfather.
52. Grandmother.
53. Uncles.
54. Aunts.
55. First cousins.
56. Whether wholly or partially supported by public or private charity, or by self, family, or relatives.
57. Residence when at home, giving State, county, and post-office address.

# 1890 DECENNIAL CENSUS

"Supplemental Schedule No. 3 -- Statistics of the Deaf"

(30"x15", folded to 10"x15", printed on two sides, space for 15 entries)  
(face, top)

**SUPPLEMENTAL SCHEDULE No. 3.—STATISTICS OF THE DEAF.**

\_\_\_\_\_ S. D.: \_\_\_\_\_ ; E. D.: \_\_\_\_\_ ; Minor Civil Division: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12
NAME. (Christian name in full, initial of middle name, and surname.)	Whether a soldier, sailor, or marine during the civil war (1861-70) or family or widow of such person.	Relationship to head of family.	Whether white, black, mulatto, quadroon, or Indian.	Age at nearest birthday. If under one year, give age in months.	Whether single, married, widowed, or divorced.	Whether married during the census year (single 1889, to May 31, 1890).	If a family, mother of how many children.	Number of these children living.	Place of birth.	Place of birth of Father.	Place of birth of Mother.

1

(face, bottom)

13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Number of years in the United States.	Whether naturalized.	Whether naturalization papers have been taken out.	Profession, trade, or occupation.	Months unemployed during the census year (June 1, 1889, to May 31, 1890).	Attendance at school (in months) during the census year (June 1, 1889, to May 31, 1890).	Ability to read.	Ability to write.	Ability to speak English. If not, the language or dialect spoken.	Whether suffering from acute or chronic disease, in addition to deafness, with name of disease and length of time afflicted.	Whether blinded or injured.	Blind.	Ability to speak so as to be readily understood (well, imperfectly (imp.), or not at all (not)).	Whether crippled, maimed, or deformed.	Paralyzed.

1



# 1890 DECENNIAL CENSUS

## "School Statistics of the Deaf"

The card reproduced here (form 7-592) was printed in blue ink and used to enumerate males. A similar card (form 7-592a) was printed in red ink and used to enumerate females; the only change was the substitution of "husband" for "wife" in questions 23-25.

<p>1. Name of pupil: _____</p> <p>2. Birthplace: _____</p> <p>3. Year of birth: _____</p> <p>4. Age when deafness occurred: _____</p> <p>5. Cause of deafness: _____</p> <p>6. Deafness, total (<i>t</i>) or partial (<i>p</i>): _____</p> <p>7. Any physical or mental defect: _____</p> <p>8. Deaf relatives: _____</p> <p>9. Name of father: _____</p> <p>10. Name of mother: _____</p>	<p>11. Occupation of father: _____</p> <p>12. Were parents first cousins? _____</p> <p>13. Number of brothers and sisters: _____ Number deaf: _____; Number hearing: _____</p> <p>14. Attended (name of school): _____</p> <p>15. Residence when admitted: _____</p> <p>16. Date of admission: _____ Age when admitted: _____ Date of discharge: _____</p> <p>17. Method of instruction: sign language (<i>st</i>), manual alphabet (<i>st</i>), writing (<i>wp</i>), speech (<i>sp</i>): _____</p> <p>18. What occupation learned at school: _____</p>	<p>19. Now living (<i>l</i>), or dead (<i>d</i>): _____</p> <p>20. If living, present residence: _____</p> <p>21. Present occupation: _____ Self-supporting? _____; Prosperous? _____</p> <p>22. Single (<i>s</i>), married (<i>m</i>), widowed (<i>wid</i>), or divorced (<i>div</i>): _____</p> <p>23. If married, name of wife before marriage: _____</p> <p>24. What deaf relatives, if any, has wife: _____</p> <p>25. Is wife deaf (<i>df</i>) or hearing (<i>h</i>): _____</p> <p>26. Number of children born of this marriage: _____ Number hearing: _____; Number deaf: _____</p> <p>27. If dead, date of death: _____ Cause of death: _____</p> <p>28. Add any other facts of interest on the other side of this card.</p>
<p>Eleventh Census of the United States. (19396-18,000) 179</p>		<p><b>SCHOOL STATISTICS OF THE DEAF.</b></p> <p style="font-size: 2em; font-weight: bold;">M</p>

[7-592.]

# 1890 DECENNIAL CENSUS

"Supplemental Schedule No. 4--Statistics of the Blind"  
 (30"x15", folded to 10"x15", printed on two sides, space for 15 entries. Inquiries number 1 through 27 are same  
 as inquiries 1 through 27 on Supplemental Schedule No. 3)  
 (back, top)

## SUPPLEMENTAL SCHEDULE No. 4.—STATISTICS OF THE BLIND.

PAGE

S. D. : ; E. D. : Minor Civil Division:

CONDITION OF EYES AND GRADE OF BLINDNESS		CAUSE OF BLINDNESS		RESIDENCE		WHETHER THIS PERSON HAS HAD, OR NOW HAS, ANY RELATIVES, AS MENTIONED BELOW, WHO WERE DEAF, INSANE, OR FEEBLE-MINDED, WITH THE NUMBER UNDER EACH HEADING.											PAGES				
Who was, or was not, blind at present.	Whether, when blind, he or she was, or was not, blind.	Right Eye.	Left Eye.	Right Eye.	Left Eye.	Brothers.	Sisters.	Father.	Mother.	Grandfather.	Grandmother.	Aunts.	Uncles.	First Cousins.							
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49

1  
13

(back, bottom)

LENGTH OF TIME FOR THE BLIND.		IF MARRIED, WHETHER MARRIAGE WAS BEFORE OR AFTER BLINDNESS.		WHETHER THIS PERSON HAS HAD, OR NOW HAS, ANY RELATIVES, AS MENTIONED BELOW, WHO WERE DEAF, INSANE, OR FEEBLE-MINDED, WITH THE NUMBER UNDER EACH HEADING. (Specify deaf by D, insane by I, and feeble-minded by F.)		WHETHER WHOLLY OR PARTIALLY SUPPORTED BY PUBLIC OR PRIVATE CHARITY, OR BY SELF, FAMILY, OR RELATIVES.		RESIDENCE WHEN AT HOME, GIVING STATE, COUNTY, AND POST-OFFICE ADDRESS.				
50	51	52	53	54	55	56	57	58	59	60	61	62

# 1890 DECENNIAL CENSUS

"Supplemental Schedule No. 5 -- Statistics of Persons Diseased or Physically Defective"

(Text of questions only, from Wright and Hunt, op. cit.)

SUPPLEMENTAL SCHEDULE No. 5.—STATISTICS OF PERSONS DISEASED OR  
PHYSICALLY DEFECTIVE.

Persons diseased or physically defective in ....., County of ....., State of .....,  
enumerated in June, 1890. ...., Enumerator.

Supervisor's district No.; Enumeration district No.

[Inquiries numbered 1 to 22, inclusive, in general population schedule are common to this supplemental schedule and are not here reproduced.]

Defective in speech:

23. Whether so defective in speech as not to be understood—not deaf or feeble-minded. (Yes or no.)
24. Whether so defective in speech as not to be readily understood by strangers, but easily understood by immediate family—not deaf or feeble-minded. (Yes or no.)
25. Nature and cause of defect. (To be given for persons of 4 years of age and upward.)
26. Age at which defect appeared. (To be given for persons of 4 years of age and upward.)

Crippled and lame:

- Whether so lame as to require crutches or other means of support in walking; if so, specify the limb or joint affected.
27. Right.
28. Left.
29. Cause of lameness.
30. Age at which produced.
- Whether the person has one or more limbs which are partially or entirely useless from the results of injury or disease; if so, specify the limb or limbs or joint or joints affected.
31. Right.
32. Left.
33. Nature of such injury or disease.
34. Age at which injury or disease occurred.

Maimed:

- Whether the person has lost a hand, foot, or limb; if so, specify which.
35. Right.
36. Left.
37. Cause of loss of limb.
38. Age at which loss occurred.
39. Whether the person, being 20 years of age or over, is less than 4 feet 1 inch or over 6 feet 8 inches high; if so, give height in feet and inches.

Deformed:

40. Whether the person has marked deformity of the spine. (Yes or no.)
41. Age at which such deformity occurred.
- Whether the person has a deformed foot, hand, or limb dating from birth; if so, specify the limb so affected.
42. Right.
43. Left.

Paralyzed:

- Whether the person has paralysis; if so, specify the limb or parts so affected.
44. Right.
45. Left.
46. Age at which paralysis occurred.
47. Cause of paralysis.
48. Whether wholly or partially supported by public or private charity, or by self, self, family, or relatives.
49. Residence when at home, giving State, county, and post-office address.

# 1890 DECENNIAL CENSUS

"Supplemental Schedule No. 6 -- Statistics of Benevolence"

(Text of questions only, from Wright and Hunt, op. cit.)

## SUPPLEMENTAL SCHEDULE NO. 6.—STATISTICS OF BENEVOLENCE.

Persons in benevolent institutions in ....., County of ....., State of ....., enumerated in June, 1890. ...., Enumerator.

Supervisor's district No.; Enumeration district No.

[Inquiries numbered 1 to 22, inclusive, in general population schedule are common to this supplemental schedule and are not here reproduced.]

### Physical or mental defect:

- 23. Insane.
- 24. Idiotic.
- 25. Deaf-mute.
- 26. Blind.
- 27. Crippled, maimed, or deformed.
- 28. When admitted to this institution.
- 29. Whether able-bodied.

### Cause of admission or retention:

- 30. Insanity.
- 31. Idiocy.
- 32. Tramp.
- 33. Habitual drunkard.
- 34. Old and infirm.
- 35. Bedridden.
- 36. Deformed.
- 37. Crippled.
- 38. Epileptic.
- 39. Paralytic.
- 40. Syphilitic.
- 41. Rheumatic.
- 42. Lying-in case.
- 43. No other home.

### How supported:

- 44. At cost of State.
- 45. At cost of county.
- 46. At cost of city or town.
- 47. At cost of friends.
- 48. At cost of this institution.
- 49. Charge per week for board, etc.
- 50. Residence when at home.

### Questions relating only to children under 16 years:

- 51. Whether born in this institution.
- 52. Whether illegitimate.
- 53. Whether a foundling.
- 54. Whether an orphan.
- 55. Has this child a father living?
- 56. Has this child a mother living?
- 57. Whether abandoned by parents.
- 58. Whether surrendered to this institution.
- 59. Whether taught in this institution.
- 60. Whether taught in the public schools.

### Whether this person has any relatives, as mentioned below, who are now inmates of this institution, with the number under each heading:

- 61. Father.
- 62. Mother.
- 63. Husband.
- 64. Wife.
- 65. Brothers.
- 66. Sisters.
- 67. Sons.
- 68. Daughters.
- 69. Grandchildren.

# 1890 DECENNIAL CENSUS

## "Supplemental Schedule No. 7 -- Statistics of Crime"

(Text of questions only, from Wright and Hunt, *op. cit.*)

SUPPLEMENTAL SCHEDULE NO. 7.—STATISTICS OF CRIME.

Prisoners in jails, lockups, etc., in ....., County of ....., State of ....., enumerated in June, 1890. ...., Enumerator.  
Supervisor's district No.; Enumeration district No.

[Inquiries numbered 1 to 22, inclusive, in general population schedule are common to this supplemental schedule and are not here reproduced.]

Physical or mental defect:

23. Insane.
24. Idiiotic.
25. Deaf-mute.
26. Blind.
27. Crippled, maimed, or deformed.
28. Court in which arraigned or convicted.
29. Whether a Federal prisoner.
30. Offense charged.

Date of incarceration:

31. Month.
32. Day of month.
33. Year.
34. Age when committed.

Sentence of imprisonment:

35. Years.
36. Months.
37. Days.

Possible reduction under good-time law.

38. Years.
39. Months.
40. Days.

41. Fine imposed, if any.
42. Rate per day, in cents.
43. Residence when at home.
44. Whether known to be a recidivist (habitual offender).
45. Number of known prior commitments to this prison.
46. Number of known prior commitments to some other prison.
47. Habits in respect of use of stimulants and narcotics.
48. Special higher education.
49. Whether ever apprenticed to learn a trade.
50. Whether a journeyman or master mechanic.
51. Employment, if any, at time of arrest.
52. Employment in prison.
53. Whether employed on contract, piece price, or public account.

Why imprisoned:

54. Awaiting trial.
55. Serving term of imprisonment.
56. Serving out fine.
57. Awaiting execution.
58. Awaiting removal to higher prison.
59. Held as witness.
60. For debt.
61. For insanity.

## "Supplemental Schedule No. 8 -- Statistics of Pauperism"

(Text of questions only, from Wright and Hunt, *op. cit.*)

SUPPLEMENTAL SCHEDULE NO. 8.—STATISTICS OF PAUPERISM.

Pauper and indigent persons in ....., County of ....., State of ....., enumerated in June, 1890. ...., Enumerator.  
Supervisor's district No.; Enumeration district No.

[Inquiries numbered 1 to 22, inclusive, in general population schedule are common to this supplemental schedule and are not here reproduced.]

(Inquiries numbered 23 to 69, inclusive, are common to  
Supplemental Schedule No. 6)

"Supplemental Schedule No. 9 -- Statistics of Soldiers' Homes"

(Text of questions only, from Wright and Hunt, op. cit.)

SUPPLEMENTAL SCHEDULE NO. 9.—STATISTICS OF SOLDIERS' HOMES.

Supervisor's district No.; Enumeration district No.

Name of institution.

City or town; county; state.

Name and title of officer in charge.

[Inquires numbered 1 to 22, inclusive, in general schedule No. 1, relating to population, are common to this supplemental schedule and are not here reproduced.]

Physical or mental defect:

23. Insane.

24. Idiotic.

25. Deaf-mute.

26. Blind.

27. Crippled, maimed, or deformed.

28. When admitted to this institution.

29. Whether able-bodied.

Cause of admission or retention:

30. Insanity.

31. Destitution.

32. Intemperance.

33. Old and infirm.

34. Bedridden.

35. Deformed.

36. Crippled.

37. Epileptic.

38. Paralytic.

39. Syphilitic.

40. Rheumatic.

41. Wounded.

42. Loss of limb.

43. Consumption.

44. Other chronic illness.

How supported:

45. At cost of United States.

46. At cost of state.

47. Whether this person has any relatives, as mentioned below, who are now inmates of this institution, with the number under each heading.

48. Father.

49. Brothers.

50. Sons.

51. From what state discharged. (a)

Arm of service: (a)

52. Cavalry.

53. Artillery.

54.	Infantry.
55.	Sailor.
56.	Marine.
57.	.....
	Organization: (a)
58.	Company.
59.	Regiment.
	Length of service: (a)
	Date of enlistment:
60.	Day.
61.	Month.
62.	Year.
	Date of discharge:
63.	Day.
64.	Month.
65.	Year.
	Rank: (a)
66.	Officer.
67.	Noncommissioned officer.
68.	Private.
69.	Number of the page and line on "Extra Service Sheet" containing the record for this person as to extra service.

"Special Schedule -- Surviving Soldiers, Sailors, and Marines, and Widows, Etc."

(Text of questions only, from Wright and Hunt, op. cit.)

SPECIAL SCHEDULE.—SURVIVING SOLDIERS, SAILORS, AND MARINES, AND WIDOWS, ETC.

Page No.; Supervisor's district No.; Enumeration district No. Persons who served in the Army, Navy, and Marine Corps of the United States during the war of the rebellion (who are survivors), and widows of such persons, in -----, County of -----, State of -----, enumerated in June, 1890. -----, Enumerator. From schedule No. 1:

House No.

Family No.

Names of surviving soldiers, sailors, and marines, and widows.

Rank.

Company.

Name of regiment or vessel.

Date of enlistment.

Date of discharge.

Length of service—Years; months; days.

Post-office address.

Disability incurred.

Remarks.

# 1890 DECENNIAL CENSUS

## General schedule for Indians

(Text of questions only, from Wright and Hunt, *op. cit.*)

### GENERAL SCHEDULE.

[In the following schedule agents who are to enumerate the Indians will be held to a strict compliance with instructions herein, and every question, when possible, must be answered. Use black ink in answering questions. If the blank space in the schedule following a question is not sufficient, write the answer on a separate sheet of paper and attach it to the schedule, referring both to the number and form of question. Write on one side of the paper only. Where an agency embraces several reservations or tribes (as many do), a schedule must be made and filled up for each tribe. The questions relating to the agency will be made on one schedule. Where there is but one tribe in the agency, it may be done upon the same schedule. In enumerating Indians belonging to agencies, reservations, or tribes, enumerators will enter those temporarily absent from any cause; but where Indians have voluntarily abandoned their tribes or reservations the general census enumerators have been instructed to enroll them, and special return of such will be made to this office by the supervisor of census for the district in which they live. Special agents for Indians are not to enumerate such.]

..... Indian Agency.  
State or Territory of ..... , June 30, 1890.

[Statistics must be given for each tribe separately.]

1. Name of agent.
2. Name of agency.
3. Names of Indian tribes at said agency, if more than one.
4. Number and kind of agency buildings and value.
5. Value of furniture.
6. Number, names, duties, and compensation of persons employed at agency or for the several tribes.
7. Horses, mules, oxen, cattle, sheep, swine, and domestic fowls, farming implements, tools and machinery—number and value belonging to agency.
8. Total population of agency—by tribes.
9. Statistics of ..... tribe at said agency.
10. Total population of tribe, and what Indian language is spoken.
11. Number of above who are mixed bloods, and what tribe; names, where possible.
12. Total Indian and mixed-blood population:  
Males; females.
13. Occupations.
14. Age, where possible.
15. Children under 1 year of age:  
Males; females.
16. Married or single.
17. Polygamists, and number of wives.
18. Number of Indians who wear citizen's dress wholly.
19. Number of Indians who wear citizen's dress in part.
20. Number of Indians over 20 years old who can read.
21. Number of Indians under 20 who can read.
22. Number of Indians under 20 who can write English.
23. Number of Indians who can use English enough for ordinary intercourse.
24. Number of Indians who can not speak English.
25. Number of Indian children of school age.
26. Number of Indian children for whom school accommodations are provided.
27. Number of schoolhouses.
28. By whom owned and value.
29. Number and kind of dwelling houses owned by Indians.
30. Number and kind of dwelling houses built for Indians by the Government, and cost of same.
31. Number of dwelling houses occupied by Indians. (a)
32. Number of Indian apprentices who have been learning trades during the year, and trade.

a Huts, brush houses, or mud houses are not to be included under this head.

# 1890 DECENNIAL CENSUS

## General schedule for Indians -- Continued

(Text of questions only, from Wright and Hunt, *op. cit.*)

33. What proportion of the subsistence of your Indians is obtained—  
By labor of Indians for themselves or others in civilized pursuits.  
By fishing, hunting, root gathering, etc.  
By issue of Government rations.
34. Number of missionaries (not reported under head of teachers on school statistics) and denominations to which they belong:  
Males; females.
35. Number of Indians who are church members (communicants), and denomination.
36. Number of church buildings, and value of same.
37. What contributions have been made and expended during the year, and by what religious societies, or other parties, and for what purposes—educational, religious, or other purpose?
38. Is your tribe increasing or decreasing? Give figures for several years.
39. Number of negroes, if any, with said tribe, or mulattoes, quadroons or octoroons.
40. State number of Indians taxed, if any.
41. Give number and names of Indians who were Union or Confederate soldiers, sailors, or marines in the war of the rebellion. Give organization and length of service.
42. Give number of soldiers' widows, as above, if any; husbands' names and service.
43. Number of Indians who have received medical treatment during the year, and nature of diseases. Give this in full. (a)
44. Give number of those suffering from acute or chronic diseases, with name of disease and length of time afflicted.
45. Give number and age of those defective in mind, sight, hearing, or speech, or whether crippled, maimed, or deformed, with name of defect.
46. Number of births during years 1889-90.
47. Number of deaths from all causes during years 1889-90. State age and causes, or diseases.
48. Give number of children under 1 year of age.
49. Number of Indians, including women and children, killed during the year:  
By Indians of the same tribe.  
By hostile Indians.  
By United States soldiers.  
By citizens.
50. Number of white persons killed by Indians:  
Males; females.
51. Number of Indian criminals punished during the year:  
By courts of Indian offenses.  
By other methods, such as civil, military, or tribal authority. (b)
52. Number and kind of crimes against Indians committed by whites during the year. (c)
53. Number of whites who have been punished for above crimes.
54. Number of whisky sellers prosecuted, and kind and extent of punishment of each.
55. Number of whites unlawfully on reservation.
56. Occupation.
57. Area of land occupied by them.
58. Quality of said land.
59. Number of acres in reservation.
60. Number of acres of reservation tillable. Is irrigation used, and what part, if any, is arable?
61. How many acres are fit only for grazing?
62. Number of acres cultivated during the year.  
1. By Government. 2. By Indians.
63. Number of acres broken during the year.  
1. By Government. 2. By Indians.
64. Number of acres under fence.
65. Rods of fencing made during the year.
66. Gain, if any.
67. Number of allotments made during the year.
68. Whole number of allotments made on reservation to date—acreage, and to which sex.
69. Number of families actually living upon and cultivating lands allotted in severalty.
70. Number of other Indian families engaged in agriculture or other civilized pursuits.

a This means number of Indians treated, not number of cases.

b State method.

c Including cases reported in reply to question 54.

# 1890 DECENNIAL CENSUS

## Special schedules for Indians

(Text of questions only, from Wright and Hunt, *op. cit.*)

**SPECIAL SCHEDULE.—FOR INDIANS IN TRIBES OR LIVING ON RESERVATIONS, OR AT POSTS UNDER THE JURISDICTION OF THE UNITED STATES.**

For identification, give Indian and other name, if there be any.  
 Indians of ..... Tribe ..... Reservation, ..... State (or Territory).  
 Enumerated by ....., 1890.  
 Name.  
 (Indian and other, if any).  
 Tribe.  
 Married.  
 (If a polygamist, give number of wives).  
 Sex.  
 Age.  
 Occupation.  
 Able to speak English.  
 Able to read or write, or both.  
 If soldier or in navy in war of rebellion in Union or Confederate armies, give regiment, ship and service. If widow of soldier or sailor, give data as to husband's service.

(Text of questions only, from Wright and Hunt, *op. cit.*)

**SPECIAL SCHEDULE.—INDIANS LIVING AWAY FROM RESERVATIONS.**

Supervisor's district No.; Enumeration district No.  
 Indians living off of and away from Reservations in ....., County of ....., State of ....., enumerated in June, 1890. ...., Enumerator.  
 Taken from schedule No. 1:  
 House No.  
 Family No.  
 Name.  
 Tribe.  
 Sex.  
 Age.  
 Occupation.  
 Whether taxed or not taxed.

(Text of questions only, from Wright and Hunt, *op. cit.* Inquiries not shown are common to those on "Schedule No. 1, Population and Social Statistics.")

**SPECIAL SCHEDULE.—POPULATION AND SOCIAL STATISTICS: FIVE CIVILIZED TRIBES.**

Enumeration of ..... District of ..... Nation, Indian Territory.  
 Enumerated by me on the ..... day ....., 1890. ...., Enumerator.

- A.—Number of dwelling house in the order of visitation.
- B.—Number of families in this dwelling house.
- C.—Number of persons in this dwelling house.
- D.—Number of family in the order of visitation.
- E.—Number of persons in this family.

**INQUIRIES.**

1. Christian name in full, and initial of middle name. Indian name as well. Surname.
4. Whether white, black, mulatto, quadroon, octoroon, Chinese, Japanese, or Indian. Give tribe or clan.
7. Whether single, married, widowed, or divorced. If a polygamist, give number of wives.
16. Profession, trade, or occupation. If a manufacturer, state kind and value of plant, with capital employed.
17. Give probable wealth and wages earned.
25. Deaths during year to June 1, 1890, with age, sex, and disease.
28. If the head of family is a farmer, is the farm which he cultivates hired, or is it owned by him or by a member of his family? Give acres, stock, and value of crops and farm implements.

*To enumerators:* The inquiries numbered 26 to 30, inclusive, must be made concerning each family and each farm visited. Individual Indians and colored or white persons will be enrolled on this blank as well as families. The enumerators will enroll whites as well as Indians when found in the Five Civilized Tribes. All must be enrolled.

"Special Schedule -- Population and Social Statistics: Six Nations and Atlantic States" not reproduced here; identical with "Special Schedule -- Population and Social Statistics: Five Civilized Tribes", except for title.

# 1890 DECENNIAL CENSUS

## "Special Schedule -- Mortgaged Farms and Homes"

(Text of questions only, from Wright and Hunt, *op. cit.*)

### SPECIAL SCHEDULE—MORTGAGED FARMS AND HOMES.

#### SCHEDULE.

The person to whom this circular is addressed is requested to answer the following questions 1 to 4 and as many of the questions 6 to 17 as are necessary to define the object for which the incumbrances were made. Please write the word "Yes" in the space at the right of each question that should be answered in the affirmative. "Yes" or "No" should be the answer to the first question. If a farm was not cultivated, answer the questions that apply to a home. If there was no incumbrance of any kind June 1, 1890, mention that date in your answer.

1. Was there a crop lien June 1, 1890?
2. Amount of mortgages, liens, and all other kinds of incumbrances on the farm you owned and cultivated, or on the home you owned and occupied, unpaid June 1, 1890, not including interest.
3. Market value of the farm or home June 1, 1890. If there was a crop lien, report home value of crop when ready for market.
4. Annual rate of interest actually paid—at ..... per cent.
5. Object of the indebtedness:
  6. Purchase money (for the incumbered real estate).
  7. Purchase money (for other real estate).
  8. To build with (your own home or farm buildings).
  9. To build with (other buildings).
  10. Real-estate improvements (not for buildings).
  11. To invest in trade, manufacturing, or other business (not for improvements, buildings, or other real estate).
  12. Family supplies.
  13. Farm supplies (not included in question 15).
  14. Family and farm supplies.
  15. Farm implements, machines, and domestic animals.
  16. To buy personal property (not included in other questions). Mention what was bought.
  17. Please explain other reasons, if any, why the indebtedness was incurred.

This questionnaire was issued as a 4-page, letter-size circular. A simplified version, however, was introduced after some experience with the above questionnaire (8"x3½", printed on two sides, mailed to the respondent with a request for mail return; one side of the form explained the purpose of the questionnaire, and the reverse side was printed as shown below. From: U.S. Department of the Interior. Census Division. Report on Farms and Homes: Proprietorship and Indebtedness in the United States at the Eleventh Census: 1890. Washington, D.C., U.S. Government Printing Office, 1896, p. 6.)

If there was no incumbrance of any kind June 1, 1890, please answer as follows: "There was no incumbrance June 1, 1890".  
 If you owned and cultivated a farm June 1, 1890, your home is to be combined with your farm in your report of valuation and indebtedness, whether your home was on your farm or not.  
 If you did not own and cultivate a farm, answer the questions as applied to your home.  
 Include no valuation of real estate occupied by tenants or hired, nor the indebtedness upon the same, if it may reasonably be avoided.  
 Give the actual rate of interest, or what the use of the money has cost, regardless of what the contract may specify.  
 In reporting the objects of the indebtedness, briefly state the specific object for which the debt was made, as in the following examples: "To buy land", "speculation", "investments", "education of children", "sickness", "law suit", "failure in business", "security money", etc. Do not use indefinite terms, as "for borrowed money", "to pay debts", "to secure a loan", "for cash", "for general purposes", or "to pay a previous debt".

#### QUESTIONS.

1. Amount of mortgages, liens, and all other kinds of incumbrances on the farm you owned and cultivated, or on the home you owned and occupied, unpaid June 1, 1890, not including interest.....\$.....
2. Market value of the farm or home June 1, 1890.....\$.....  
 If there was a crop lien, report home value of crop when ready for market.....\$.....
3. Annual rate of interest actually paid:
 

	\$.....at.....per cent
	\$.....at.....per cent
	\$.....at.....per cent
4. Object of the indebtedness:

# 1900 DECENNIAL CENSUS

"Schedule No. 1 -- Population" (left)

(19½"x18 5/8", printed on two sides, space for 50 entries on each side; reverse side was identical except for line numbers)

State ----- }  
 County ----- }

Township or other division of county ----- [Insert name]  
 Name of incorporated city, town, or village, within the

Enumerated by

LOCATION.				NAME of each person whose place of abode on June 1, 1900, was in this family.  Enter surname first, then the given name and middle initial, if any.  INCLUDE every person living on June 1, 1900. OMIT children born since June 1, 1900.	RELATION.
IN CITIES.		Number of dwelling- house, in the order of visitation.	Number of family, in the order of visitation.		Relationship of each person to the head of the family.
Street.	House number.			1	
1					
2					



# 1900 DECENNIAL CENSUS

"Schedule No. 1 -- Population" -- Continued (right)

{ *Supervisor's District No.* ..... } *Sheet No.*  
 { *Enumeration District No.* ..... } .....

..... *Ward of city,*.....

....., *Enumerator.*

CITIZENSHIP.			OCCUPATION, TRADE, OR PROFESSION		EDUCATION.				OWNERSHIP OF HOME.				
Year of immigration to the United States.	Number of years in the United States.	Naturalization.	of each person TEN YEARS of age and over.		Months not employed.	Attended school (in months).	Can read.	Can write.	Can speak English.	Owned or rented.	Owned free or mortgaged.	Farm or house.	Number of farm schedule.
16	17	18	19	20	21	22	23	24	25	26	27	28	

1  
2  
3

# 1900 DECENNIAL CENSUS

"Schedule No. 1 -- Population: Indian Population"

(19½"x18¾", printed on two sides, space for 20 entries on each side, reverse side contained continuation of instructions. The top of the questionnaire contained questions 1-28 which were identical with those on the general schedule.)

(face, bottom, left)

SPECIAL			
OTHER NAME, IF ANY.	NATIVITY.		
	Tribe of this INDIAN.	Tribe of FATHER of this Indian.	Tribe of MOTHER of this Indian.
29	30	31	32
1			
2			
3			

(face, bottom, center)

SCHEDULE No. 1. -- POPULATION -- Continued.					
INQUIRIES RELATING TO INDIANS.					
MIXED BLOOD.	CONJUGAL CONDITION.	CITIZENSHIP.			DWELLINGS.
Has this Indian any white blood; if so, how much? (0, 1/2, 1/4, or 1/8.)	Is this Indian, if married, living in polygamy?	Is this Indian taxed? (See instructions.)	Year of acquiring citizenship.	Was citizenship acquired by allotment?	Is this Indian living in a fixed or in a movable dwelling?
33	34	35	36	37	38

"Schedule No. 1 -- Population: Indian Population" -- Continued

(face, bottom, right)

### INSTRUCTIONS FOR FILLING THIS SCHEDULE.

This modified form of Schedule No. 1 is to be used in making the enumeration of Indians, both those on reservations and those living in family groups outside of reservations.

Detached Indians living either in white or negro families outside of reservations should be enumerated on the general population schedule (Form 7-224) as members of the families in which they are found; but detached whites or negroes living in Indian families should be enumerated on this schedule as members of the Indian families in which they are found. In other words, every family composed mainly of Indians should be reported *entirely* on this schedule, and every family composed mainly of persons not Indian should be reported *entirely* on the general population schedule.

This schedule contains on each side twenty horizontal lines, each running twice across the page, and it is consequently possible to enumerate on it only forty persons (twenty persons on the A side and twenty persons on the B side). Each Indian should be carried through from the beginning to the end of the line on which he is entered, as line 1, line 2, etc., and each inquiry from column 1 to column 38 which applies to the individual case should be answered.

COLUMNS 1 TO 28.—These columns are identical with those on the general population schedule. Fill each column, so far as the inquiry applies, in accordance with the instructions for filling the corresponding columns in the general population schedule, but note the following additional instructions in relation to filling columns 1, 2, and 19:

COLUMNS 1 AND 2.—If you are canvassing a given territory with both the general population schedule (Form 7-224) and this schedule for Indian population, make two independent series of numbers for these columns, one series in each kind of schedule, so that the last numbers on the two schedules when added together will correctly give the whole number of dwellings and of families visited and enumerated in your entire district.

COLUMN 19.—If the Indian has no occupation and is wholly dependent on the Government for support, write "Ration Indian." If he is partly self-supporting and partly dependent upon the Government, write the occupation and then the letter "R" (for ration). If the Indian is under ten years of age and receives rations, write "Under age—R."

INSTRUCTIONS CONTINUED ON "B" SIDE OF SHEET.

(back, bottom, right)

### INSTRUCTIONS FOR FILLING THIS SCHEDULE.

(CONTINUED FROM "A" SIDE OF SHEET.)

The following instructions apply to columns 29 to 38:

COLUMN 29.—Write the Indian name, if the person has one, in addition to the English name given in column 3. If the Indian has only one name, Indian or English, repeat the name in this column.

COLUMNS 30, 31, AND 32.—If the Indian was born in this country answers should be obtained, if possible, to inquiries 13, 14, and 15, relating to the state of birth of the person and of his or her parents. In any event secure the name of the tribe with which the person is connected and the name of the tribe of his or her parents, and enter the same in columns 30, 31, and 32.

COLUMN 33.—If the Indian has no white blood, write 0. If he or she has white blood, write  $\frac{1}{2}$ ,  $\frac{3}{4}$ ,  $\frac{1}{4}$ , whichever fraction is nearest the truth.

COLUMN 34.—If the Indian man is living with more than one wife, or if the Indian woman is a plural wife or has more than one husband, write "Yes." If not, write "No." If the Indian is single, leave the column blank.

CITIZENSHIP.—If the Indian was born in this country, no entry can be made in columns 16, 17, or 18; but for columns 35, 36, and 37 answers must be obtained. If the Indian was born in another country, answers will be made both in columns 16, 17, and 18, and in columns 35, 36, and 37, in accordance with the facts.

COLUMN 35.—An Indian is to be considered "taxed" if he or she is detached from his or her tribe and living among white people as an individual, and as such subject to taxation, whether he or she actually pays taxes or not; also if he or she is living with his or her tribe but has received an allotment of land, and thereby has acquired citizenship; in either of these two cases the answer to this inquiry is "Yes."

An Indian on a reservation, without an allotment, or roaming over unsettled territory, is considered "not taxed," and for such Indians the answer to this inquiry is "No."

COLUMN 36.—If the Indian was born in tribal relations, but has acquired American citizenship, write the year in which it was acquired. If he or she has not acquired citizenship, leave the column blank.

COLUMN 37.—If the Indian acquired citizenship by receiving an allotment of land from the Government, write "Yes." If he or she acquired citizenship by other means, write "No." If he or she has not acquired American citizenship, leave the column blank.

COLUMN 38.—If the Indian is living in a tent, tepee, or other temporary structure, write "movable." If he or she is living in a permanent dwelling of any kind, write "fixed."

# 1900 DECENNIAL CENSUS

"Special Schedule: Statistics of Crime" (left)

(11½"x18", printed on two sides, space for 25 entries on each side; reverse side was identical except for line numbers)

State ..... }  
 County ..... }

SPECIAL

SHEET  
 No. .... C-161

Name of Prison .....  
 Enumerated by me this ..... day

NUMBER OF SHEET ON POPULATION SCHEDULE.	NUMBER OF LINE ON SHEET AS AFORESAID.	NAME OF PRISONER. <small>Write surname first, then given name in full, and initial only of middle name, if any.</small>	RESIDENCE WHEN AT HOME. <small>If in the State, give name of county. If not in the State, give name of State or country.</small>	COLOR OR RACE.	SEX.	NATIVE OR FOREIGN.
1	2	3	4	5	6	7
1						
2						
3						

## 1900 DECENNIAL CENSUS

"Special Schedule: Statistics of Crime" -- Continued (center)

Twelfth Census of the United States.

## SCHEDULE: STATISTICS OF CRIME.

....., *City or Town* .....

*of June, 1900.*

(Signed) .....

AGE AT LAST BIRTHDAY.	ABLE TO READ.	ABLE TO WRITE.	SPECIAL HIGHER EDUCATION. <i>Write:</i> College, University, Medical college, Law school, etc.	COURT IN WHICH ARRAIGNED OR CONVICTED.	WHETHER A FEDERAL PRISONER.	OFFENSE CHARGED.	WHETHER CONVICTED.
2	9	10	11	12	13	14	15



# 1900 DECENNIAL CENSUS

## "School Statistics of the Deaf"

The card reproduced here (form 7-993) was printed in blue ink and used to enumerate males. A similar card (form 7-993a) was printed in red ink and used to enumerate females; the only change was the substitution of "husband" for "wife" in questions 23-25.

1. Name of pupil :			19. Now living ( <i>l</i> ), or dead ( <i>d</i> ):
2. Birthplace :			20. If living, present residence:
3. Year of birth :			21. Present occupation:
4. Age when deafness occurred :			Self-supporting? _____ Prosperous? _____
5. Cause of deafness :			22. Single ( <i>s</i> ), married ( <i>m</i> ), widower ( <i>w</i> ), or divorced ( <i>d</i> ):
6. Deafness, total ( <i>t</i> ) or partial ( <i>p</i> ):			23. If married, name of wife before marriage:
7. Any physical or mental defect :			24. What deaf relatives, if any, has wife?
8. Deaf relatives :			25. Is wife deaf ( <i>d</i> ) or hearing ( <i>h</i> )?
9. Name of father :			26. Number of children born of this marriage:
10. Name of mother :			_____ ; Number deaf :
			Number hearing: _____
			27. If dead, date of death: _____
			Cause of death: _____
			28. Add any other facts of interest on the other side of this card.
Twelfth Census of the United States.			
<b>SCHOOL STATISTICS OF THE DEAF.</b>			

# 1900 DECENNIAL CENSUS

"Special Schedule: Persons Defective in Sight, Hearing or Speech": (left)  
 (11½"x18". printed on two sides, space for 40 entries)

## Twelfth Census of the U SPECIAL SCHED

### PERSONS DEFECTIVE IN SIGHT,

State .....

County .....

Township or other division of county .....

Name of incorporated city, town, or village  
 within the above-named division. }

#### INSTRUCTIONS.

The object of this special schedule is to obtain the name, sex, age, and post-office address of all persons who are either blind or deaf (including those who are deaf and dumb).

After completing the enumeration of all the members of a family on Schedule No. 1 (Form 7-224), you will ask whether all the persons just enumerated have good sight and good hearing—that is, can see well and hear well. For all such persons no further inquiry need be made; but if you find that some member of the family can not see well, you will then ask whether he or she can see well enough to read a book; and should it appear that the sight is so seriously impaired that it is impossible for the person to read a book, even with the aid of glasses, then you will note such person as "Blind," even though, as a matter of fact, he or she may have some slight power of sight.

In the same way, if you find that some member of the family can not hear well, you will then ask whether he or she can hear well enough to understand loud conversation; and should it appear that the hearing is so seriously impaired that the person can not be made to understand what people say, even when they shout, you will note such person as "Deaf," even though, as a matter of fact, he or she may have some slight power of hearing. You will then ask further whether

this deaf person can speak; and should it appear that the person can not speak so as to be understood, you will note such person as "Deaf" and "Dumb," even though, as a matter of fact, he or she may have some slight power of speech.

Only those dumb persons who are deaf as well as dumb are to be noted; so that if you should come across dumb persons who are not deaf they should not be included, nor should the "semi-blind" and those blind only in one eye be reported on this schedule.

For each person reported on this special schedule as blind or deaf you will write on the population schedule (Form 7-224), on the right-hand margin opposite the name of any person defective as above, the letter "B" if the person is blind; the letter "D" if the person is deaf, and the letters "DD" if the person is deaf and dumb. If a person is blind and also deaf, use the letters "BD"; if blind and also deaf and dumb, use the letters "BDD". You will then make the entries called for on this special schedule, in columns 1 to 5, according to the following instructions:

In columns 1 and 2 enter the number of the sheet and of the line of the population schedule (Form 7-224) on which the defective person is enumerated, and then copy in columns 3, 4, and 5 the name, sex, and age of the person as originally entered on that schedule.

FROM SCHEDULE No. 1.		NAME.	DESCRIPTION.	
SHEET No.	LINE No.		SEX.	AGE AT LAST BIRTH-DAY.
1	2	Enter surname first, then the given name and middle initial, if any.	3	4 5

# 1900 DECENNIAL CENSUS

"Special Schedule: Persons Defective in Sight, Hearing or Speech" (right)

of the United States.

## SCHEDULE.

### HEARING, OR SPEECH.

Supervisor's District No. ....

Enumeration District No. ....

Enumerator.

In column 6 enter the post-office address of the person reported as defective; or, if the person is a minor, or unable, through disability, to respond to communications by mail, obtain and enter in this column the name and post-office address of his or her parent, guardian, or nearest friend, using the two spaces as subdivided by the dotted line. The intent of this inquiry is to secure the name and address of the proper person from whom further information can be obtained by correspondence concerning the blind and deaf persons enumerated.

In columns 7, 8, and 9 note the nature of the disability as follows:

If the person is defective in sight but can hear and speak, write "Blind" in column 7 and "No" in columns 8 and 9.

If the person is defective in sight and hearing, but can speak, write "Blind" in column 7, "Deaf" in column 8, and "No" in column 9.

If the person is defective in sight, hearing, and speech, write "Blind" in column 7, "Deaf" in column 8, and "Dumb" in column 9.

If the person is defective in hearing, but can see and speak, write "No" in column 7, "Deaf" in column 8, and "No" in column 9.

If the person is defective in both hearing and speech, but can see, write "No" in column 7, "Deaf" in column 8, and "Dumb" in column 9.

POST-OFFICE ADDRESS.  If the person is a minor, or unable, through disability, to respond to communications by mail, give the name and address of his or her parent, or guardian, or nearest friend.  6	NATURE OF DISABILITY.		
	DEFECT IN SIGHT.  7	DEFECT IN HEARING.  8	DEFECT IN SPEECH.  9

# 1910 DECENNIAL CENSUS

"1910 -- Population" (left)

1910 -- Population (23"x16", printed on two sides, space for 50 entries on each side, reverse side identical except for line numbers)

STATE \_\_\_\_\_ }  
 COUNTY \_\_\_\_\_ }  
 TOWNSHIP OR OTHER DIVISION OF COUNTY \_\_\_\_\_ [Insert proper name and, also, name of class, as township]  
 NAME OF INSTITUTION \_\_\_\_\_ [Insert name of institution, if any, and indicate the lines on

c 11-3211

LOCATION.				NAME of each person whose place of abode on April 15, 1910, was in this family. Enter surname first, then the given name and middle initial, if any. Include every person living on April 15, 1910. Omit children born since April 15, 1910.	RELATION. Relationship of this person to the head of the family.
Street, avenue, road, etc.	House number (in cities or towns).	Number of dwelling house in order of visitation.	Number of family in order of visitation.		
		1	2	3	4
1					
2					
3					
4					
5					





# 1910 DECENNIAL CENSUS

"1910 -- Population" -- Continued (right)

DISTRICT NO. ....		8-1580 SHEET NO. ....							
DISTRICT NO. ....		<b>A</b>							
CITY .....									
....., ENUMERATOR.									
EDUCATION.			OWNERSHIP OF HOME.						
Whether able to read.	Whether able to write.	Attended school any time since September 1, 1909.	Owned or rented.	Owned free or mortgaged.	Farm or house.	Number of farm schedule.	Whether a survivor of the Union or Confederate Army or Navy.	Whether blind (both eyes).	Whether deaf and dumb.
23	24	25	26	27	28	29	30	31	32

1

2

3

4

5

# 1910 DECENNIAL CENSUS

"Schedule 1 - Paupers in Almshouses on January 1, 1910" (left)

"Schedule 1 -- Paupers in Almshouses on January 1, 1910 (14"x17", printed on two sides, space for 30 entries on each side, reverse side was identical except that lines were numbered 31 to 60)

**SCHEDULE I**

State \_\_\_\_\_ 11-3850  
County \_\_\_\_\_

	NAME OF PAUPER IN FULL.	SEX. RACE.	AGE AT LAST BIRTHDAY.	MARRITAL CONDITION.	COUNTRY OF BIRTH OF PAUPER.	COUNTRY OF BIRTH OF PAUPER'S FATHER.
1	1	2	3	4	5	6
2						
3						
4						

8-1756



# 1910 DECENNIAL CENSUS

"Schedule 1 -- Paupers..." -- Continued (right)

[QQ5--343]

A

I, 1910

*Institution*

FOR THE PHYSICALLY OR MENTALLY IMPAIRED.										FOR WOMEN WHO HAVE HAD CHILDREN.				FOR CHILDREN UNDER 16 YEARS OF AGE.						IS THIS A LYING-IN CASE?
17	18	19	20	21	22	23	24	25		26	27	28	29	30	31	32	33	34		
INSANE.	FEEBLE-MINDED.	EPILEPTIC.	DEAF MUTE.	BLIND.	CRIPPLED, MAIMED, OR DEFORMED.	OLD AND INFIRM.	BEDRIDDEN.	PARALYTIC.		NUMBER OF CHILDREN BORN.	NUMBER OF CHILDREN NOW LIVING.	BORN IN THIS INSTITUTION.	LEGITIMATE.	ILLEGITIMATE.	ORPHAN.	FATHER LIVING.	MOTHER LIVING.			
																			1	
																			2	
																			3	

# 1910 DECENNIAL CENSUS

"Schedule 2 -- Paupers Admitted During 1910" (front)  
 (8"x9 7/8" card, printed on both sides)

Department of Commerce and Labor	
BUREAU OF THE CENSUS	
SCHEDULE 2	
PAUPERS ADMITTED DURING 1910	
1.	<div style="display: flex; justify-content: space-between;"> <span>.....</span> <span>.....</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(State.)</span> <span>(County.)</span> </div>
2.	<div style="display: flex; justify-content: center;"> <span>.....</span> </div> <div style="text-align: center; font-size: small;">(Name of institution.)</div>
3.	<div style="display: flex; justify-content: center;"> <span>.....</span> </div> <div style="text-align: center; font-size: small;">(Name of pauper.)</div>
4. Admitted	<div style="display: flex; justify-content: space-between;"> <span>.....</span> <span>.....</span> <span>, 1910.</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(Month.)</span> <span>(Day.)</span> </div>
5. Number of times previously admitted to this institution	<div style="display: flex; justify-content: center;"> <span>.....</span> </div>
6. Sex	<div style="display: flex; align-items: center;"> <div style="border-left: 1px dashed black; padding-left: 5px; margin-right: 5px;"> <span>.....</span> </div> <div style="font-size: 2em; margin-right: 5px;">}</div> <div style="font-size: small;"> <span>a Male .....</span>  <span>b Female .....</span> </div> </div>
7. Race	<div style="display: flex; align-items: center;"> <div style="border-left: 1px dashed black; padding-left: 5px; margin-right: 5px;"> <span>.....</span> </div> <div style="font-size: 2em; margin-right: 5px;">}</div> <div style="font-size: small;"> <span>a White .....</span>  <span>b Black .....</span>  <span>c Mulatto .....</span>  <span>d Indian .....</span>  <span>e Chinese .....</span>  <span>f Japanese .....</span>  <span>g Other .....</span> </div> </div>
8. Age at last birthday	<div style="display: flex; justify-content: center;"> <span>.....</span> </div>
9. Marital condition	<div style="display: flex; align-items: center;"> <div style="border-left: 1px dashed black; padding-left: 5px; margin-right: 5px;"> <span>.....</span> </div> <div style="font-size: 2em; margin-right: 5px;">}</div> <div style="font-size: small;"> <span>a Single .....</span>  <span>b Married .....</span>  <span>c Widowed .....</span>  <span>d Divorced .....</span>  <span>e Unknown .....</span> </div> </div>
10.	<div style="display: flex; justify-content: center;"> <span>.....</span> </div> <div style="text-align: center; font-size: small;">(Place of birth of this pauper.)</div>
11.	<div style="display: flex; justify-content: center;"> <span>.....</span> </div> <div style="text-align: center; font-size: small;">(Place of birth of pauper's father.)</div>
12.	<div style="display: flex; justify-content: center;"> <span>.....</span> </div> <div style="text-align: center; font-size: small;">(Place of birth of pauper's mother.)</div>
13. <i>For foreign born only:</i>	<div style="display: flex; justify-content: space-between;"> <span>Time in United States .....</span> <span>.....</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(Years.)</span> <span>(Months.)</span> </div>

# 1910 DECENNIAL CENSUS

"Schedule 2 -- Paupers..." -- Continued  
(back)

<i>Inquiries 14, 15, and 16 for persons at least 10 years of age:</i>	
14.	----- <small>(Occupation before admission.)</small>
15. Literacy	{ a Can read ----- { b Can write -----
16. Capacity for work	{ a Able-bodied ----- { b Can do light work ----- { c Incapacitated -----
17. <i>For the physically or mentally impaired only:</i>	
Nature of defect -----	{ a Insane ----- { b Feeble-minded ----- { c Epileptic ----- { d Deaf mute ----- { e Blind ----- { f Crippled, maimed, deformed ----- { g Old and infirm ----- { h Bedridden -----
18. <i>For women who have had children:</i>	
a Number of children born ----- b Number of children now living -----	
<i>Inquiries 19, 20, and 21 for children under 16 years of age, including infants born during 1910:</i>	
19. Legitimacy	{ a Legitimate ----- { b Illegitimate -----
20. Parental relation	{ a Father living ----- { b Mother living ----- { c Orphan -----
21. If this is an infant just born in this institution, give name of mother on line below.	
----- -----	
If father is likewise an inmate of this institution, give his name.	
----- -----	
22. Is this a lying-in case? -----	



# 1910 DECENNIAL CENSUS

"Schedule 1 -- Juvenile Delinquents in Institutions on January 1, 1910"

(14"x17". printed on two sides, space for 30 entries on each side, reverse side was identical except that lines were numbered 31 to 60)

(left)

DEPARTMENT OF BUREAU OF			
<b>SCHEDULE I—JUVENILE DELINQUENTS</b>			
<i>State</i> _____			
<i>County</i> _____			
NAME OF DELINQUENT IN FULL.	SEX.	RACE.	COUNTRY OF BIRTH OF DELINQUENT.
1	2	3	4
1			

(right)

COMMERCE AND LABOR THE CENSUS										
<b>IN INSTITUTIONS ON JANUARY 1, 1910</b>										
<i>Name of Institution</i> _____										
OFFENSE FOR WHICH COMMITTED.	TERM OF SENTENCE.									
	MINORITY.	DEFINITE TERM.						INDETERMINATE.		
		Minimum.			Maximum.					
5	Yrs.	Mos.	Days.	Yrs.	Mos.	Days.	Yrs.	Mos.	Days.	
6	7	8	9	10	11	12	13	14	15	
									1	

# 1910 DECENNIAL CENSUS

"Specimen Schedule 2 -- Juvenile Delinquents Committed During 1910" (face)

(8"x9 7/8" card, printed on two sides)

**Department of Commerce and Labor**  
BUREAU OF THE CENSUS

## SPECIMEN SCHEDULE 2

### JUVENILE DELINQUENTS COMMITTED DURING 1910

1. \_\_\_\_\_, \_\_\_\_\_  
(State.) (County.)

2. \_\_\_\_\_  
(Name of institution.)

3. *Thomas, William*  
(Name of delinquent.)

4. Committed *Jan.* \_\_\_\_\_, *30* \_\_\_\_\_, 1910.  
(Month.) (Day.)

5. Sex... { *a* Male  \_\_\_\_\_  
                  { *b* Female \_\_\_\_\_

6. Race... { *a* White \_\_\_\_\_  
                  { *b* Black \_\_\_\_\_  
                  { *c* Mulatto  \_\_\_\_\_  
                  { *d* Indian \_\_\_\_\_  
                  { *e* Chinese \_\_\_\_\_  
                  { *f* Japanese \_\_\_\_\_  
                  { *g* Other \_\_\_\_\_

7. Age at last birthday *15*

8. *U. S.*  
(Country of birth of delinquent.)

9. *U. S.*  
(Country of birth of delinquent's father.)

10. *U. S.*  
(Country of birth of delinquent's mother.)

*For foreign-born only:*

11. Time in United States \_\_\_\_\_, \_\_\_\_\_  
(Years.) (Months.)

*For persons at least 10 years of age only:*

12. Literacy... { Can read *Yes.* \_\_\_\_\_  
                  { Can write *Yes.* \_\_\_\_\_

### JUVENILE DELINQUENTS COMMITTED DURING 1910

#### INSTRUCTIONS FOR FILLING SCHEDULE 2

One card, "Schedule 2, Juvenile delinquents committed during 1910," is to be filled in for each delinquent who is committed to your institution during 1910 by some lawfully constituted authority. Children placed in your institution by their parents or guardians without the order of a magistrate or other lawfully constituted committing authority, are not to be reported.

#### THE SEVERAL INQUIRIES

*Inquiry 1* asks for the state and county in which your institution is located.

*Inquiry 2* asks for the name of your institution.

*Inquiry 3* asks for the delinquent's name. The name should be given in full.

*Inquiry 4* calls for the day of the month on which the delinquent is admitted to begin to serve his sentence.

*Inquiry 5* calls for the sex of the delinquent. It is to be answered by placing a cross (X) after male or female, as the case may be.

*Inquiry 6* asks the race of the delinquent. It also is to be answered by placing a cross on the appropriate line. Note that for the purposes of the census the term "black" includes all negroes of full blood, while the term "mulatto" includes all persons not full-blooded negroes but having some proportion or trace of negro blood and regarded as negroes in the community in which they live.

*Inquiry 7* asks for the delinquent's age at his last birthday.

*Inquiry 8* asks the country of birth of the delinquent. If the delinquent is native born, write U. S. If he was born in a foreign country, give the name of the country. Use England, Ireland, Scotland, or Wales, as the case may be, instead of Great Britain; and Norway, Sweden, or Denmark instead of Scandinavia. Distinguish between Austria and Hungary; between Canada (French) and Canada (English); and between Poland (German), Poland (Austrian), and Poland (Russian).

*Inquiry 9* asks the country of birth of the delinquent's father. The general instructions given for Inquiry 8 apply to this inquiry also.

*Inquiry 10* asks the country of birth of the delinquent's mother. Again the general instructions given for Inquiry 8 apply.

*Inquiry 11*, which applies only to the foreign born, seeks to determine the number of years the delinquent has been in the United States. If he has been in the United States less than 1 year, give the number of months.

*Inquiry 12* seeks to determine whether the delinquent can read and write. The answer to each question should be "Yes" or "No," as the case may be. Note that this question is not restricted to ability to read or write English. The answer should be "Yes" if the delinquent can read or write some foreign language.

## 1910 DECENNIAL CENSUS

"Specimen Schedule 2 -- Juvenile Delinquents..." -- Continued (back)

13. *At school.* .....  
 (Occupation before commitment.)

14. *Truancy.* .....  
 (Offense for which sentenced.)

15. Term of sentence.	a	Minority <input checked="" type="checkbox"/>			
		Definite term			
	b	Indeterminate:			
		I. Minimum			
		II. Maximum			

16. Has previously been inmate of—

a	This institution	.....
b	Some other reformatory or jail	.....
c	Almshouse	.....
d	Orphan asylum	.....
e	Other institution	.....

No institutional history

History unknown.....

*Inquiry 13* asks the occupation of the delinquent before commitment. If he attended school, or was supposed to attend school, write "At school." If he followed any gainful occupation, describe it as specifically as possible, indicating the character of the place in which he was employed, if it is known. Write, for example, "Messenger, Telegraph Co.," "Bundle boy, dry goods store," "Doffer in cotton mill," and so forth.

*Inquiry 14* calls for the offense for which the delinquent was committed. In answering this inquiry you are requested to be as specific as the nature of the case will permit. If a delinquent has been guilty of larceny and because of this offense has been found guilty of "delinquency" and sentenced to your institution for "delinquency," report the more specific term "larceny," under offense. Avoid, whenever possible, the use of broad terms, such as "delinquency," "disorderly conduct," and "incorrigibility," and give instead the name of the specific act which resulted in the conviction.

*Inquiry 15* deals with the term of sentence. If the delinquent has been sentenced to serve during his minority, make a cross (X) after "Minority." If the delinquent has been sentenced to serve a definite term, say 3 years and 6 months, enter the time in the appropriate columns after "Definite term." If he has been sentenced for an indeterminate period, say for "Not less than 3 years nor more than 5 years," enter the shorter period opposite "Minimum" and the longer opposite "Maximum."

*Inquiry 16* seeks to determine the prior institutional history of the delinquent, asking whether he has previously been an inmate of (a) this institution, (b) some other jail or reformatory, (c) an almshouse, (d) an orphan asylum, or (e) some other institution. If he has been an inmate of any of these institutions, make a cross on the appropriate line or lines. If he has never been in an institution before, make a cross after "No institutional history," while if it is impossible to learn about this matter, make the cross after "History unknown."

# 1910 DECENNIAL CENSUS

"Schedule 3 -- Juvenile Delinquents Discharged or Dying During 1910"  
 (4"x9 7/8" card)

Department of Commerce and Labor															
BUREAU OF THE CENSUS															
SCHEDULE 3															
JUVENILE DELINQUENTS DISCHARGED OR DYING DURING 1910															
1.	..... <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(State.)</span> <span>(County.)</span> </div>														
2.	..... (Name of institution.)														
3.	..... (Name of delinquent.)														
4. Discharged	....., 1910. <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Month.)</span> <span>(Day.)</span> </div>														
5. Sex	<table style="border: none;"> <tr> <td style="border: none;">{</td> <td style="border: none;">a Male .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">b Female .....</td> </tr> </table>	{	a Male .....	}	b Female .....										
{	a Male .....														
}	b Female .....														
6. Race	<table style="border: none;"> <tr> <td style="border: none;">{</td> <td style="border: none;">a White .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">b Black .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">c Mulatto .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">d Indian .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">e Chinese .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">f Japanese .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">g Other .....</td> </tr> </table>	{	a White .....	}	b Black .....	}	c Mulatto .....	}	d Indian .....	}	e Chinese .....	}	f Japanese .....	}	g Other .....
{	a White .....														
}	b Black .....														
}	c Mulatto .....														
}	d Indian .....														
}	e Chinese .....														
}	f Japanese .....														
}	g Other .....														
7. Age at last birthday	.....														
8.	..... (Country of birth of delinquent.)														
9. Cause of discharge.	<table style="border: none;"> <tr> <td style="border: none;">{</td> <td style="border: none;">a Expiration of sentence .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">b Parole .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">c Pardon .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">d Transfer to another institution .....</td> </tr> <tr> <td style="border: none;">}</td> <td style="border: none;">e Death .....</td> </tr> </table>	{	a Expiration of sentence .....	}	b Parole .....	}	c Pardon .....	}	d Transfer to another institution .....	}	e Death .....				
{	a Expiration of sentence .....														
}	b Parole .....														
}	c Pardon .....														
}	d Transfer to another institution .....														
}	e Death .....														
<i>For delinquents transferred:</i>															
10.	..... (Institution to which transferred.)														
<i>For delinquents who die:</i>															
11.	..... (Cause of death.)														



# 1910 DECENNIAL CENSUS

"Specimen Schedule 2 -- Sentenced Prisoners Committed During 1910" (face)  
(8"x9 7/8" card, printed on two sides)

**Department of Commerce and Labor**  
**BUREAU OF THE CENSUS**

## SPECIMEN SCHEDULE 2

### SENTENCED PRISONERS COMMITTED DURING 1910

1.		(State.)		(County.)																																				
2.	(Name of Institution.)																																							
3.	<i>Thompson, Henry</i>																																							
	(Name of prisoner.)																																							
4.	Committed	<i>May</i>	<i>10</i>		1910.																																			
		(Month.)	(Day)																																					
5.	Sex	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 5px;">a</td> <td style="width: 10px;">Male</td> <td style="width: 10px;"><input checked="" type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>b</td> <td>Female</td> <td><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> </table>				a	Male	<input checked="" type="checkbox"/>			b	Female	<input type="checkbox"/>																											
a	Male	<input checked="" type="checkbox"/>																																						
b	Female	<input type="checkbox"/>																																						
6.	Race	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 5px;">a</td> <td style="width: 10px;">White</td> <td style="width: 10px;"><input checked="" type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>b</td> <td>Black</td> <td><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>c</td> <td>Mulatto</td> <td><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>d</td> <td>Indian</td> <td><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>e</td> <td>Chinese</td> <td><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>f</td> <td>Japanese</td> <td><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>g</td> <td>Other</td> <td><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> </table>				a	White	<input checked="" type="checkbox"/>			b	Black	<input type="checkbox"/>			c	Mulatto	<input type="checkbox"/>			d	Indian	<input type="checkbox"/>			e	Chinese	<input type="checkbox"/>			f	Japanese	<input type="checkbox"/>			g	Other	<input type="checkbox"/>		
a	White	<input checked="" type="checkbox"/>																																						
b	Black	<input type="checkbox"/>																																						
c	Mulatto	<input type="checkbox"/>																																						
d	Indian	<input type="checkbox"/>																																						
e	Chinese	<input type="checkbox"/>																																						
f	Japanese	<input type="checkbox"/>																																						
g	Other	<input type="checkbox"/>																																						
7.	Age at last birthday	<i>32</i>	years.																																					
8.	Marital condition.	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 5px;">a</td> <td style="width: 10px;">Single</td> <td style="width: 10px;"><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>b</td> <td>Married</td> <td><input checked="" type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>c</td> <td>Widowed</td> <td><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>d</td> <td>Divorced</td> <td><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> <tr> <td>e</td> <td>Unknown</td> <td><input type="checkbox"/></td> <td colspan="2" style="border-bottom: 1px dashed black;"></td> </tr> </table>				a	Single	<input type="checkbox"/>			b	Married	<input checked="" type="checkbox"/>			c	Widowed	<input type="checkbox"/>			d	Divorced	<input type="checkbox"/>			e	Unknown	<input type="checkbox"/>												
a	Single	<input type="checkbox"/>																																						
b	Married	<input checked="" type="checkbox"/>																																						
c	Widowed	<input type="checkbox"/>																																						
d	Divorced	<input type="checkbox"/>																																						
e	Unknown	<input type="checkbox"/>																																						
9.	<i>U. S.</i>																																							
	(Country of birth of prisoner.)																																							
10.	<i>England</i>																																							
	(Country of birth of prisoner's father.)																																							
11.	<i>Canada (English)</i>																																							
	(Country of birth of prisoner's mother.)																																							

*For foreign born only:*

12. Time in United States, \_\_\_\_\_ yrs., \_\_\_\_\_ mos.

### PRISONERS COMMITTED DURING 1910 ON SENTENCE BY THE COURT

#### INSTRUCTIONS FOR FILLING SCHEDULE 2.

One manila card, "Schedule 2, Prisoners committed during 1910," is to be filled in for each prisoner who during 1910 enters upon a term of imprisonment in your institution after being sentenced for a crime or misdemeanor. Prisoners committed for the nonpayment of fines are to be included. Persons committed two or more times during the year are to be reported upon each commitment.

Classes not to be included:

- (1) Persons held awaiting trial.
- (2) Persons held as witnesses.
- (3) Persons temporarily lodged in your institution awaiting transfer to another institution where they are to serve their sentence.
- (4) Persons transferred to your institution from other institutions where they have already served part of their sentence.
- (5) Escaped prisoners recaptured.
- (6) Prisoners returned for breach of parole.
- (7) Insane persons committed to penal institutions for safe-keeping.
- (8) Any other persons who come into custody except by sentence of a court or magistrate for the commission of a crime or misdemeanor.

#### THE SEVERAL INQUIRIES

*Inquiry 1* asks for the state and county in which your institution is located.

*Inquiry 2* asks for the name of the institution.

*Inquiry 3* asks for the prisoner's name. The name should be given in full.

*Inquiry 4* calls for the day of the month on which the prisoner is admitted to begin to serve his sentence.

*Inquiry 5* calls for the sex of the prisoner. It is to be answered by placing a cross (X) after "Male" or "Female," as the case may be.

*Inquiry 6* calls for the race of the prisoner. It is to be answered by placing a cross on the appropriate line.

Note that for the purposes of the census the term "black" includes all negroes of full blood, while the term "mulatto" includes all persons not full-blooded negroes but having some proportion or trace of negro blood and regarded as negroes in the community in which they live.

*Inquiry 7* asks for the prisoner's age at his last birthday.

*Inquiry 8* asks whether the prisoner is single, married, widowed, or divorced. It is to be answered by placing a cross on the appropriate line.

*Inquiry 9* asks the country of birth of the prisoner. If the prisoner is a native, write "U. S." If he was born in a foreign country, give the name of the country. Use England, Ireland, Scotland, or Wales instead of Great Britain; and Norway, Sweden, or Denmark instead of Scandinavia. Distinguish between Austria and Hungary; between Canada (French) and Canada (English); and between Poland (German), Poland (Austrian), and Poland (Russian).

*Inquiry 10* asks the country of birth of the prisoner's father. The general instructions given for *Inquiry 9* apply to this inquiry also.

*Inquiry 11* asks the country of birth of the prisoner's mother. Again the general instructions given for *Inquiry 9* apply.

*Inquiry 12*, which applies only to the foreign-born, seeks to determine the number of years the prisoner has been in the United States. If he has been in the United States less than one year, give the number of months.

# 1910 DECENNIAL CENSUS

"Specimen Schedule 2 -- Sentenced Prisoners..." -- Continued (back)

13.	Is prisoner able to speak English? <i>Yes</i>		
	If not, give language spoken .....		
14.	Literacy { <i>a</i> Can read <i>Yes</i>		
	{ <i>b</i> Can write <i>Yes</i>		
15.	<i>Laborer (odd jobs)</i>		
	<small>(Occupation before commitment.)</small>		
16.	<i>Drunkenness</i>		
	<small>(Offense for which sentenced.)</small>		
17.	Nature of sentence. { <i>a</i> Death .....		
	{ <i>b</i> Imprisonment only .....		
	{ <i>c</i> Imprisonment and fine .....		
	{ <i>d</i> Imprisonment for nonpayment of fine <b>X</b> .....		
18.	Term of sentence. { <i>a</i> Life .....		
	{ <i>b</i> Minority .....		
	{ <i>c</i> Definite term .....	Years.	Days.
	{ <i>d</i> Indeterminate:		
	I. Minimum .....		30
	II. Maximum .....		
19.	Amount of fine .....	10	—
	<small>(Dollars.)</small>		<small>(Cents.)</small>

*Inquiry 13* asks whether the prisoner can speak English. Answer by "Yes" or "No." If the answer is "No," give on the second line of the inquiry the name of the language spoken.

*Inquiry 14* seeks to determine whether the prisoner can read and write. The answer to each question should be "Yes" or "No," as the case may be. Note that this question is not restricted to ability to read or write English. The answer should be "Yes" if the prisoner can read or write some foreign language.

*Inquiry 15* calls for the occupation before commitment of prisoners at least 10 years of age, and is to be answered both for male and for female prisoners. The occupation should be described as definitely as possible. It should indicate the kind of work done and, when you can get the information, the place in which the prisoner was employed. The entry should read, for example, "Clerk in bank," "Salesman in dry-goods store," "Servant in private house," "Weaver in cotton mill," "Locomotive engineer on railroad." The term "Laborer" without further description is unsatisfactory. It should always be accompanied by words to indicate where the labor is done, for example, "Laborer on farm," "Laborer on railroad," "Laborer, odd jobs," and so forth.

For a prisoner who had no occupation write "None;" but note that for a woman doing housework in her own home the return should be "Home housework." If, however, a woman was employed in housework outside her own home for wages she should be returned as a "Servant," or "Cook," or "Chambermaid," or "Housekeeper," as the case may be. Indicate also whether she was working for a private family or in a hotel or restaurant, thus, "Servant—private family," "Waitress—restaurant," "Cook—hotel."

*Inquiry 16* calls for the offense for which the prisoner is committed. If he has been committed for two or more offenses, each offense should be reported.

*Inquiry 17* deals with the nature of the sentence. If the prisoner has been committed to await the execution of the death penalty, make a cross (X) after "Death." If the sentence is imprisonment only, imprisonment and fine, or imprisonment for the nonpayment of fine, place a cross on the appropriate line.

*Inquiry 18* deals with the term of sentence. A sentence to imprisonment for life or to imprisonment during minority is to be indicated by placing a cross on the proper line. If the prisoner has been sentenced to a definite term of imprisonment, say, three years and six months, enter the amount of time in the appropriate column after "Definite term." If the prisoner has been sentenced for an indeterminate period, for example, "Not less than three years nor more than five years," enter the shorter period after "I. Minimum" and the longer period under "II. Maximum."

In case the prisoner has been committed for the nonpayment of fine, enter under the "Term of sentence" the length of time the prisoner will have to serve if none of the fine is paid, and enter the amount of fine after Inquiry 19.

In case the prisoner has been sentenced to both fine and imprisonment, enter under "Term of sentence" only the term of imprisonment and enter the amount of fine after Inquiry 19.

*Inquiry 19* calls for the amount of fine. This amount should be given whether the prisoner has been sentenced to both fine and imprisonment or has been committed solely for the nonpayment of fine.



# 1910 DECENNIAL CENSUS

"Prisoners Committed to Penal Institutions Two or More Times in 1910"  
(4"x9 7/8" card)

Department of Commerce and Labor  
BUREAU OF THE CENSUS

## PRISONERS COMMITTED TO PENAL INSTITUTIONS TWO OR MORE TIMES IN 1910

State No: \_\_\_\_\_ Institution No. \_\_\_\_\_

(Name of prisoner.) \_\_\_\_\_

Number of commitments \_\_\_\_\_

Sex { 1. Male \_\_\_\_\_  
2. Female \_\_\_\_\_

Race { 1. White \_\_\_\_\_  
2. Black \_\_\_\_\_  
3. Mulatto \_\_\_\_\_  
4. Indian \_\_\_\_\_  
5. Chinese \_\_\_\_\_  
6. Japanese \_\_\_\_\_  
7. Other \_\_\_\_\_

Age \_\_\_\_\_

Nativity { 1. Native—Both native \_\_\_\_\_  
2. Native—One native, one unknown \_\_\_\_\_  
3. Native—One native, one foreign \_\_\_\_\_  
4. Native—One foreign, one unknown \_\_\_\_\_  
5. Native—Both foreign \_\_\_\_\_  
6. Native—Both unknown \_\_\_\_\_  
7. Foreign born \_\_\_\_\_  
8. Nativity unknown \_\_\_\_\_

Country of birth \_\_\_\_\_



# 1910 DECENNIAL CENSUS

"Schedule 1 -- Insane Patients in Hospitals on January 1, 1910"

"Schedule 1 -- Insane Patients in Hospitals on January 1, 1910" (14"x17", printed on two sides, space for 30 entries on each side; reverse side was identical except that lines were numbered 31 to 60)

(left)

DEPARTMENT OF  
 BUREAU OF

## SCHEDULE I—INSANE PATIENTS IN

State \_\_\_\_\_

County \_\_\_\_\_

Name of institution \_\_\_\_\_

NAME OF PATIENT IN FULL.	SEX.	RACE.	AGE AT LAST BIRTH-DAY.	MARI-TAL CONDI-TION.	COUNTRY OF BIRTH OF PATIENT.
1	2	3	4	5	6

(right)

COMMERCE AND LABOR  
 THE CENSUS

## HOSPITALS ON JANUARY 1, 1910

COUNTRY OF BIRTH OF PATIENT'S FATHER.	COUNTRY OF BIRTH OF PATIENT'S MOTHER.	For foreign born only. Years in United States.	LITERACY.		Age when first admitted in any institution for the insane.	Time in this institution during present attack.	Total time in any institution for the insane.
			Can read.	Can write.			
7	8	9	10	11	12	13	14





# 1910 DECENNIAL CENSUS

"Schedule 1 -- Feeble-Minded Patients in Institutions on January 1, 1910" (left)

(14"x17", printed on two sides, space for 30 entries on each side, reverse side was identical except that lines were numbered 31 to 60)

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

## SCHEDULE I—FEEBLE-MINDED PATIENTS

State \_\_\_\_\_  
 County \_\_\_\_\_

Name of Institution \_\_\_\_\_

	NAME OF PATIENT IN FULL.	SEX.	RACE.	AGE AT LAST BIRTH-DAY.	MARI-TAL CON-DITION.	COUNTRY OF BIRTH OF PATIENT.	COUNTY.
	1	2	3	4	5	6	
1							
2							
3							



# 1910 DECENNIAL CENSUS

"Specimen Schedule 2 -- Feeble-Minded Patients Admitted to Institutions During 1910"  
(4"x9 7/8" card)

Department of Commerce and Labor  
BUREAU OF THE CENSUS

## SPECIMEN SCHEDULE 2

FEEBLE-MINDED PATIENTS ADMITTED TO INSTITUTIONS DURING 1910

1.	.....	(State.)	.....	(County.)																																			
2.	..... (Name of institution.)																																						
3.	Smith, William (Name of patient.)																																						
4. Sex	<table style="border: none;"> <tr> <td style="border: none;">{</td> <td style="border: none;">a Male</td> <td style="border: none;">X</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">b Female</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> </table>				{	a Male	X	.....		{	b Female	.....	.....																										
{	a Male	X	.....																																				
{	b Female	.....	.....																																				
5. Race	<table style="border: none;"> <tr> <td style="border: none;">{</td> <td style="border: none;">a White</td> <td style="border: none;">X</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">b Black</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">c Mulatto</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">d Indian</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">e Chinese</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">f Japanese</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">g Other</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> </table>				{	a White	X	.....		{	b Black	.....	.....		{	c Mulatto	.....	.....		{	d Indian	.....	.....		{	e Chinese	.....	.....		{	f Japanese	.....	.....		{	g Other	.....	.....	
{	a White	X	.....																																				
{	b Black	.....	.....																																				
{	c Mulatto	.....	.....																																				
{	d Indian	.....	.....																																				
{	e Chinese	.....	.....																																				
{	f Japanese	.....	.....																																				
{	g Other	.....	.....																																				
6. Age at last birthday	12																																						
7. Marital condition.	<table style="border: none;"> <tr> <td style="border: none;">{</td> <td style="border: none;">a Single</td> <td style="border: none;">X</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">b Married</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">c Widowed</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">d Divorced</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">e Unknown</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> </table>				{	a Single	X	.....		{	b Married	.....	.....		{	c Widowed	.....	.....		{	d Divorced	.....	.....		{	e Unknown	.....	.....											
{	a Single	X	.....																																				
{	b Married	.....	.....																																				
{	c Widowed	.....	.....																																				
{	d Divorced	.....	.....																																				
{	e Unknown	.....	.....																																				
8.	U. S. (Country of birth of patient.)																																						
9.	Canada (French) (Country of birth of patient's father.)																																						
10.	Canada (French) (Country of birth of patient's mother.)																																						
11. How supported.	<table style="border: none;"> <tr> <td style="border: none;">{</td> <td style="border: none;">a At public expense</td> <td style="border: none;">X</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">b Partly at public and partly at private expense</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">c At private expense</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> </table>				{	a At public expense	X	.....		{	b Partly at public and partly at private expense	.....	.....		{	c At private expense	.....	.....																					
{	a At public expense	X	.....																																				
{	b Partly at public and partly at private expense	.....	.....																																				
{	c At private expense	.....	.....																																				
FOR THE PHYSICALLY DEFECTIVE																																							
12. Nature of defects.	<table style="border: none;"> <tr> <td style="border: none;">{</td> <td style="border: none;">a Blind</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">b Deaf</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">c Crippled, maimed, or deformed</td> <td style="border: none;">X</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">d Paralytic</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> <tr> <td style="border: none;">{</td> <td style="border: none;">e Epileptic</td> <td style="border: none;">.....</td> <td colspan="2" style="border: none;">.....</td> </tr> </table>				{	a Blind	.....	.....		{	b Deaf	.....	.....		{	c Crippled, maimed, or deformed	X	.....		{	d Paralytic	.....	.....		{	e Epileptic	.....	.....											
{	a Blind	.....	.....																																				
{	b Deaf	.....	.....																																				
{	c Crippled, maimed, or deformed	X	.....																																				
{	d Paralytic	.....	.....																																				
{	e Epileptic	.....	.....																																				
FOR FOREIGN-BORN ONLY																																							
13. Time in the United States	..... (Years.) (Months.)																																						

PATIENTS ADMITTED TO INSTITUTIONS FOR  
THE FEEBLE-MINDED DURING 1910

### INSTRUCTIONS FOR FILLING SCHEDULE 2

One card, "Schedule 2, Feeble-minded patients admitted to institutions during 1910," is to be filled in for each patient admitted to your institution during the year 1910. If a patient is admitted two or more times during a year, a card should be filled out for each admission.

#### THE SEVERAL INQUIRIES

*Inquiry 1* asks for the state and county in which your institution is located.

*Inquiry 2* asks for the name of your institution.

*Inquiry 3* asks for the patient's name. The name should be given in full.

*Inquiry 4* calls for a statement of the patient's sex. It is to be answered by placing a cross (X) on the appropriate line.

*Inquiry 5* asks the race of the patient. It is to be answered by placing a cross on the appropriate line. Note that for the purposes of the census the term "black" includes all negroes of full blood, while the term "mulatto" includes all persons not full-blooded negroes but having some proportion or trace of negro blood and regarded as negroes in the community in which they live.

*Inquiry 6* asks for a statement of the patient's age at his last birthday.

*Inquiry 7* asks whether the patient is single, married, widowed, or divorced. It is to be answered by placing a cross on the proper line.

*Inquiry 8* calls for the country of birth of the patient. If the patient is a native, write U. S. If he was born in a foreign country, give the name of the country. Use England, Ireland, Scotland, or Wales, as the case may be, instead of Great Britain; and Norway, Sweden, or Denmark instead of Scandinavia. Distinguish between Austria and Hungary; between Canada (French) and Canada (English); also between Poland (German), Poland (Austrian), and Poland (Russian).

*Inquiry 9* asks the country of birth of the patient's father. The general instructions for Inquiry 8 apply to this inquiry also.

*Inquiry 10* asks the country of birth of the patient's mother. The general instructions for Inquiry 8 again apply.

*Inquiry 11* asks whether the patient is supported (a) at public expense, (b) partly at public and partly at private expense, or (c) at private expense. Answer by placing a cross on the appropriate line.

*Inquiry 12* applies only to patients who are blind; deaf; crippled, maimed, or deformed; paralytic; or epileptic. Indicate the particular one of these defects from which the patient is suffering by placing a cross on the appropriate line. If the patient is suffering from two or more defects, indicate each defect from which he suffers.

*Inquiry 13*, which applies only to the foreign-born, calls for a statement of the number of years the patient has resided in the United States. If the patient has been in this country less than one year, indicate the number of months.

# 1910 DECENNIAL CENSUS

"Specimen Schedule 3 -- Feeble-Minded in Institutions: Patients Discharged or Dying During 1910"

(4"x9 7/8" card)

**Department of Commerce and Labor**  
BUREAU OF THE CENSUS

## SPECIMEN SCHEDULE 3 FEEBLE-MINDED IN INSTITUTIONS

PATIENTS DISCHARGED OR DYING DURING 1910

1. \_\_\_\_\_, \_\_\_\_\_  
(State.) (County.)

2. \_\_\_\_\_  
(Name of institution.)

3. *Murphy, Patrick*  
(Name of patient.)

4. Date of discharge *Jan.* *27*, 1910.  
(Month.) (Day.)

5. Date of admission *June* *16*, *1904*  
(Month.) (Day.) (Year.)

6. Sex { *a* Male   
*b* Female \_\_\_\_\_

7. Race { *a* White   
*b* Black \_\_\_\_\_  
*c* Mulatto \_\_\_\_\_  
*d* Indian \_\_\_\_\_  
*e* Chinese \_\_\_\_\_  
*f* Japanese \_\_\_\_\_  
*g* Other \_\_\_\_\_

8. Age at last birthday *12*

9. Cause of leaving { Discharged   
Transferred to another institution \_\_\_\_\_  
Died \_\_\_\_\_

*Inquiries 10 and 11 for patients discharged:*

10. Discharged { *a* To keeping of friends or relatives   
*b* To keeping of self \_\_\_\_\_

11. Condition on discharge { *a* Improved   
*b* Unimproved \_\_\_\_\_

12. *For patients transferred:*

\_\_\_\_\_  
(Name of institution to which transferred.)

13. *For patients who die:*

\_\_\_\_\_  
(Cause of death.)

### PATIENTS LEAVING INSTITUTIONS FOR THE FEEBLE-MINDED DURING 1910

#### INSTRUCTIONS FOR FILLING SCHEDULE 3

One card, "Schedule 3, Feeble-minded patients leaving institutions during 1910," is to be filled out for each patient who leaves your institution during the year 1910, whether as the result of discharge, transfer to some other institution, or death.

#### THE SEVERAL INQUIRIES

*Inquiry 1* asks for the state and county in which your institution is located.

*Inquiry 2* asks for the name of your institution.

*Inquiry 3* calls for the name of the patient. The name should be given in full.

*Inquiry 4* calls for the day of the month on which the patient was discharged from your institution.

*Inquiry 5* asks for the date of admission.

*Inquiry 6* asks for the sex of the patient and is to be answered by placing a cross (X) on the appropriate line.

*Inquiry 7* concerns the patient's race and is to be answered by placing a cross on the appropriate line. Note that for the purposes of the census the term "black" includes all negroes of full blood, while the term "mulatto" includes all persons not full-blooded negroes but having some proportion or trace of negro blood and regarded as negroes in the community in which they live.

*Inquiry 8* calls for a statement of the patient's age at his last birthday.

*Inquiry 9* asks whether the patient left as the result of discharge, transfer to some other institution, or death. Again the inquiry can be answered by placing a cross on the appropriate line.

*Inquiry 10* asks whether the patient was discharged to the keeping of friends or relatives or to the keeping of self. Answer by placing a cross on the appropriate line.

*Inquiry 11*, which applies only to the patients discharged, asks for the condition on discharge, whether improved or unimproved. Again a cross is to be used in answering.

*Inquiry 12*, which applies to the patients transferred, asks for the name of the institution to which transferred.

*Inquiry 13* asks the cause of death of the patients who died while in the custody of the institution.

# 1910 DECENNIAL CENSUS

Individual questionnaire for the deaf (face)

Individual questionnaire (TT 2-430) for female deaf persons (8"x10½", printed on both sides). A similar form (TT 1-429) was used for males.

<p style="text-align: center; font-size: small;">8-3305</p> <p style="text-align: center;">DIVISION OF REVISION AND RESULTS</p> <p style="text-align: center;">JOSEPH A. HILL, CHIEF STATISTICIAN</p> <p style="text-align: center;">CENSUS OF THE DEAF</p>	<p><b>Department of Commerce and Labor</b></p> <p><b>BUREAU OF THE CENSUS</b></p> <p>E. DANA DURAND, DIRECTOR</p> <p>Washington</p>	<p style="text-align: right;">[TT 2-430]</p> <p style="text-align: right;">State .....</p> <p style="text-align: right;">S. D. .... E. D. ....</p>
<p>-----</p> <p>-----</p> <p>In compliance with the requirements of an Act of Congress, the Bureau of the Census is at present compiling statistics of the deaf. In the census of the United States taken in April, 1910, you were reported as deaf, and it was stated that you are of the female sex, and..... race; that you were..... years of age, ..... born in....., and that you were..... gainfully occupied.....</p> <p>If the enumerator has made any mistake in these entries, I should be pleased to have you, or someone acting for you, make all the corrections necessary, so that our record of you may be absolutely accurate. I also have to request that you, or someone acting for you, ANSWER THE QUESTIONS PRINTED ON THE OTHER SIDE OF THIS SHEET. The answers to these questions will be used mainly in a statistical report on the deaf, which it is hoped will be of immeasurable value in the work which is being done to aid the deaf. The work of getting the deaf of school age into schools, and the work of teaching deaf children to speak will be furthered by this statistical report, which the Bureau is publishing for the use of those engaged in aiding the deaf.</p> <p>You are, therefore, requested to supply, or to have some friend supply, answers to the questions on the opposite side of this sheet, and to return it to the Bureau of the Census in the inclosed official envelope, which requires no postage, but can be sent absolutely free of charge.</p> <p>The answers to these questions will be the property of the United States Government and will be kept in confidence and used only for the statistical report mentioned above or for other purposes in the interests of the deaf. The name of the deaf person will not be published in the report.</p> <p style="text-align: right;">Very respectfully,</p> <p>Approved:</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  <p>Director of the Census.</p> </div> <div style="text-align: center;">  <p>Chief Statistician.</p> </div> </div> <p style="text-align: center; margin-top: 20px;">See questions on the other side of this sheet.</p>		
<p>11-4225</p>		

## 1910 DECENNIAL CENSUS

Individual questionnaire for the deaf -- Continued (back)

1. Is the person named deaf? .....	21. Has she ever had any children? .....
2. Is the deafness total? .....	22. If so, how many? .....
3. Can she hear <i>with</i> the aid of a tube, trumpet, or other mechanical appliance? .....	23. Were any of these children deaf? .....
4. Can she hear <i>without</i> the aid of a tube, trumpet, or other mechanical appliance? .....	24. If so, how many? .....
5. Does she understand what is said to her in a loud voice with the mouth of the speaker near the ear? .....	25. Has this person attended, or does she now attend, a school for the deaf? .....
6. Can she hear ordinary conversation at a distance of 5 feet? .....	26. If she attends, or has attended, such a school for the deaf give its name .....
7. Can she speak well? .....	27. Has this person attended, or does she now attend, a school for hearing persons? .....
8. Can she speak imperfectly? .....	28. Draw a line under the word describing such school or schools: Common School; High School; Academy; College; Instructed at home.
9. Can she speak at all? .....	29. Can she understand what people say by watching the motion of their lips? .....
10. If she can speak, did she learn to speak before she became deaf? .....	30. In communicating with others, does she employ any or all of the following methods (write "yes" or "no" after each)? Speech ..... Writing ..... Finger spelling ..... The "sign" language ..... (Full information is desired as to the ordinary and usual means of communication employed) .....
11. Was she born deaf? .....	
12. If not born deaf, at what age did she become deaf? .....	
(State age exactly if known; if not, state it as nearly as you can.)	
13. What was the supposed cause of deafness? .....	
14. Was her father deaf? .....	31. Is she now engaged in any occupation? .....
15. Was her mother deaf? .....	32. If so, give the occupation? .....
16. Were her father and mother first cousins? .....	33. Does this occupation support her? .....
17. Has she ever had any brothers or sisters? .....	34. Is she dependent on this for a living? .....
18. If so, how many? .....	35. About how much does she earn in a year? .....
19. Were any of these brothers or sisters deaf? .....	36. If she became deaf after she grew up, what was her occupation before she became deaf? .....
20. If so, how many? .....	

# 1910 DECENNIAL CENSUS

Individual questionnaire for the blind (face)

Individual questionnaire (TT 3-431) for male blind persons (8"x10½", printed on both sides). A similar form (TT 4-432) was used for females.

<p style="text-align: center;">8-3396</p> <p><b>DIVISION OF REVISION AND RESULTS</b>  <b>JOSEPH A. HILL, CHIEF STATISTICIAN</b>  <b>CENSUS OF THE BLIND</b></p>	<p><b>Department of Commerce and Labor</b></p> <p><b>BUREAU OF THE CENSUS</b>  <b>E. DANA DURAND, DIRECTOR</b>  <b>Washington</b></p>	<p style="text-align: right;">[TT 3-431]</p> <p style="text-align: right;">State .....</p> <p style="text-align: right;">S. D. .... E. D. ....</p>
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In compliance with the requirements of an act of Congress, the Bureau of the Census is at present compiling statistics of the blind.

In the census of the United States taken in April, 1910, you were reported as blind, and it was stated that you are of the male sex, and ..... race; that you were ..... years of age, ..... born in ....., and that you were ..... gainfully occupied .....

If the enumerator has made any mistake in these entries, I should be pleased to have you, or someone acting for you, make all the corrections necessary, so that our record of you may be absolutely accurate.

I also have to request that you, or someone acting for you, ANSWER THE QUESTIONS PRINTED ON THE OTHER SIDE OF THIS SHEET. The answers to these questions will be used mainly in a statistical report on the blind, which it is hoped will be of immeasurable value in the work which is being done to aid the blind. The work of getting the blind of school age into schools, and the work of teaching blind children to read will be furthered by this statistical report, which the Bureau is publishing for the use of those engaged in aiding the blind.

You are, therefore, requested to supply, or to have some friend supply, answers to the questions on the opposite side of this sheet, and to return it to the Bureau of the Census in the inclosed official envelope, which requires no postage, but can be sent absolutely free of charge.

The answers to these questions will be the property of the United States Government and will be kept in confidence and used only for the statistical report mentioned above or for other purposes in the interests of the blind. The name of the blind person will not be published in the report.

Very respectfully,

Approved:



Director of the Census.



Chief Statistician.

See questions on the other side of this sheet. 11-4223

## 1910 DECENNIAL CENSUS

Individual questionnaire for the blind -- Continued (back)

1. Is the person named blind? .....	18. Has he ever had any children? .....
2. Is the blindness total? .....	19. If so, how many? .....
3. Is the person blind in one eye or both? .....	20. Were any of these children blind? .....
(Write "one" or "both.")	21. If so, how many? .....
4. Can he see to read without glasses? .....	22. Has this person attended, or does he now attend, a special school or workshop for the blind? .....
5. Can he see to read with glasses? .....	23. If he attends, or has attended, such a special school or workshop for the blind, give its name .....
6. Can he recognize persons or objects by the eye without glasses? .....	24. Has this person attended, or does he now attend, any other school or schools? .....
7. Can he recognize persons or objects by the eye with glasses? .....	25. Draw a line under the word describing such other school or schools: Common School; High School; Academy; College; Private School; Instructed at home.
8. Was he born blind? .....	26. Does he read a raised type? .....
9. If not born blind, at what age did he become blind? .....	27. If he reads a raised type, which does he use? .....
(State age exactly if known; if not, state it as nearly as you can.)	28. Is he now engaged in any occupation? .....
10. What was the supposed cause of blindness? .....	29. If so, give the occupation .....
.....	30. Does this occupation support him? .....
.....	31. Is he dependent on this for a living? .....
.....	32. About what does he earn in a year? .....
11. Was his father blind? .....	33. If he lost sight after he grew up, what was his occupation before he became blind? .....
12. Was his mother blind? .....	.....
13. Were his father and mother first cousins? .....	
14. Has he ever had any brothers or sisters? .....	
15. If so, how many? .....	
16. Were any of these brothers or sisters blind? .....	
17. If so, how many? .....	

# 1910 DECENNIAL CENSUS

"Indian Population"

"Indian Population" (23"x16", printed on two sides, space for 20 entries on each side, reverse side was identical except that lines were numbered 21 to 40 and instructions were continued). Inquiries numbered 1-32 were same as inquiries numbered 1-32 on "1910 -- Population." (See pp. .)

(face, bottom, left)

	Tribe of this Indian.	Tribe of Father of this Indian.	Tribe of Mother of this Indian.	PROPORTIONS OF INDIAN AND OTHER BLOOD.			Number of times married.	Whether now living in polygamy.	If living in polygamy, whether the wives are sisters.
				Indian.	White.	Negro.			
	33	34	35	36	37	38	39	40	41
1									
2									
3									

(face, bottom, center)

GRADUATED FROM WHAT EDUCATIONAL INSTITUTION.	Is this Indian taxed?	If Indian has received allotment, give year of allotment.	RESIDENCE AND DWELLING.	
			Residing on his own lands.	Living in civilized or aboriginal dwelling.
42	43	44	45	46

# 1910 DECENNIAL CENSUS

"Indian Population" -- Continued (face, bottom, right)

## INSTRUCTIONS FOR FILLING THIS SCHEDULE.

This modified form of the general schedule for population is to be used in making the enumeration of Indians, both those on reservations and those living in family groups outside of reservations.

Detached Indians living either in white or negro families outside of reservations should be enumerated on the general population schedule (Form 8-1589) as members of the families in which they are found; but detached whites or negroes living in Indian families should be enumerated on this special Indian schedule as members of the Indian families in which they are found. In other words, every family composed mainly of Indians should be reported *entirely* on this special schedule, and every family composed mainly of persons not Indian should be reported *entirely* on the general population schedule.

Spaces are provided for entries for 20 persons on each side (A and B) of the sheet, the entries for each person running twice to the page. Columns 1 to 46 are to be filled for each individual case, if applicable, according to the instructions.

**Columns 1 to 32.**—These columns are identical with those on the general population schedule. Fill each column, so far as the inquiry applies, in accordance with the instructions for filling the corresponding column in the general population schedule (see book of instructions), but note the following additional instructions in relation to filling columns 1 and 2, column 7, and columns 18 and 19.

**Columns 1 and 2. Visitation numbers.**—If, in canvassing a given territory, you are using both the general population schedule (Form 8-1589) and this schedule for Indian population, make two independent series of numbers for these columns, one series in each kind of schedule, so that the last number in column 1 on this schedule added to the last number in column 1 on the general population schedule will give the whole number of dwellings visited, and, likewise, the last number in column 2 on this schedule added to the last number in column 2 on the general population schedule will give the whole number of families visited and enumerated in your entire district.

**Column 7. Age at last birthday.**—Some difficulty may be met in ascertaining the exact ages of Indians, as they frequently reckon their ages from notable events occurring in the history of the respective tribes. Endeavor to ascertain the years in which these notable events occurred, and with a little calculation on your part you should be able to ascertain the exact age of each Indian.

**Columns 18 and 19. Occupation.**—If the Indian is wholly self-supporting, enter his or her occupation in columns 18 and 19 in accordance with the general instructions for returning occupations. If the Indian—man, woman, or child—has no occupation and is wholly dependent on the Government for support, write "Ration Indian" in column 18. If the Indian is partly self-supporting and partly dependent upon the Government, write the occupation in columns 18 and 19, and then the letter "R" (for ration).

INSTRUCTIONS CONTINUED ON "B" SIDE OF SHEET.

11-3501

"Indian Population" -- Continued (back, bottom, right)

### INSTRUCTIONS FOR FILLING THIS SCHEDULE.

CONTINUED FROM "A" SIDE OF SHEET.

The following instructions apply to columns 33 to 46:

**Columns 33, 34, and 35. Tribal relations.**—If the Indian was born in this country answers should be obtained, if possible, to inquiries 12, 13, and 14, relating to the state or territory of birth of the person and of his or her parents. In any event, take particular pains to secure the name of the tribe with which the person is connected and the name of the tribe of each of his or her parents, and enter the same in columns 33, 34, and 35.

**Columns 36, 37, and 38. Proportions of Indian and other blood.**—If the Indian is a full-blood, write "full" in column 36, and leave columns 37 and 38 blank. If the Indian is of mixed blood, write in columns 36, 37, and 38 the fractions which show the proportions of Indian and other blood, as (column 36, Indian)  $\frac{3}{4}$ , (column 37, white)  $\frac{1}{4}$ , and (column 38, negro) 0. For Indians of mixed blood all three columns should be filled, and the sum, in each case, should equal 1, as  $\frac{1}{2}$ , 0,  $\frac{1}{2}$ ;  $\frac{2}{3}$ ,  $\frac{1}{3}$ , 0;  $\frac{3}{4}$ ,  $\frac{1}{4}$ , 0; etc.

Wherever possible, the statement that an Indian is of full blood should be verified by inquiry of the older men of the tribe, as an Indian is sometimes of mixed blood without knowing it.

**Column 39. Number of times married.**—If the Indian is married, enter in this column the number of times he or she has been married.

**Column 40. Whether now living in polygamy.**—If the Indian man is living with more than one wife, write "Yes" in this column; otherwise, write "No."

**Column 41. If living in polygamy, whether the wives are sisters.**—If the Indian man is living with more than one wife, and if his wives are sisters, write "Yes" in this column. If his wives are not sisters, write "No."

**Column 42. Graduated from what educational institution.**—If the Indian is a graduate of any educational institution, give the name and location of such institution.

**Column 43. Is this Indian taxed?**—An Indian is to be considered "taxed" if he or she is detached from his or her tribe and is living among white people as an individual, and as such is subject to taxation (whether he or she actually pays taxes or not); or if he or she is living with his or her tribe but has received an allotment of land, and thereby has acquired citizenship. In either of these two cases write "Yes" in this column.

An Indian on a reservation, without an allotment, or roaming over unsettled territory, is considered "not taxed," and for such Indians the answer to this inquiry is "No."

**Column 44. If Indian has received allotment, give year of allotment.**—If the Indian has received an allotment of land, enter, in column 44, the year in which the allotment was made.

**Column 45. Residing on his own lands.**—If the Indian lives on his or her own land, write "Yes" in this column; if the Indian lives elsewhere, write "No."

**Column 46. Living in civilized or aboriginal dwelling.**—If the Indian is living in a house of civilized design, as a log, frame, brick, or stone house, write "Civ." (for civilized) in this column; but if the Indian is living in a dwelling of aboriginal design, as a tent, tepee, cliff dwelling, etc., write "Abor." (for aboriginal).

# 1920 DECENNIAL CENSUS

"1920 -- Population" (left)

"1920 -- Population" (23"x16", printed on two sides, space for 50 entries on each side; reverse side was identical except that lines were numbered 50 to 100). Similar schedules were printed for use in Alaska, Hawaii, and Puerto Rico (in Spanish), but had space for only 25 entries on each side (23"x10½").

A population schedule for "Military and Naval Population, Etc., Abroad" was identical in size and content with the principal schedule except for a simplified occupation inquiry and the additional requests for rank and for the U.S. address of each person enumerated.

9-137

## FOURTEENTH

STATE \_\_\_\_\_

COUNTY \_\_\_\_\_

TOWNSHIP OR OTHER DIVISION OF COUNTY \_\_\_\_\_

NAME OF INSTITUTION \_\_\_\_\_

[Insert proper name and, also, name of class, as township, town, precinct, district, hundred, etc.]

[Insert name of institution, if any, and indicate the lines on which the entries are made. See back of sheet.]

PLACE OF ABODE.			NAME of each person whose place of abode on January 1, 1920, was in this family. Enter surname first, then the given name and middle initial, if any. Include every person living on January 1, 1920. Omit children born since January 1, 1920.	RELATION.	TENURE.		PERSONAL DESCRIPTION.				CITY	
House number or farm, etc. (See Instructions.)	Num- ber of dwell- ing house in order of vis- itation.	Num- ber of family in order of vis- itation.			Home owned or rented.	If owned, free or mortgaged.	Sex.	Color or race.	Age at last birth- day.	Single, married, widowed, or di- vorced.		Kind of occupa- tion to be filled at starting
1	2	3	4	5	6	7	8	9	10	11	12	13

1

2

# 1920 DECENNIAL CENSUS

"1920 -- Population" -- Continued (center)

## DEPARTMENT OF COMMERCE--BUREAU OF THE CENSUS 14TH CENSUS OF THE UNITED STATES: 1920--POPULATION

NAME OF INCORPORATED PLACE \_\_\_\_\_ [insert proper name and, also, name of class, as city, village, ward, tract, etc. See instructions.]  
 ENUMERATED BY ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_

CITIZENSHIP.		EDUCATION.				PERSON.		FATHER.	
Year of immigration to the United States.	Naturalized or alien.	If naturalized, year of naturalization.	Attended school any time since Sept. 1, 1919.	Whether able to read.	Whether able to write.	Place of birth.	Mother tongue.	Place of birth.	Mother tongue.
13	14	15	16	17	18	19	20	21	22

Places of birth of each person and parents of each person enumerated. If born in the United States, give the state of birth and, in addition, the mother tongue. (See instructions.)



# 1920 DECENNIAL CENSUS

"Schedule for the Deaf" (front)

(8"x10½", printed on both sides) Two basic forms of this schedule were used -- one for males and the other for females, differing only in pronouns. The covering letter varied in being addressed either directly to the deaf person, or to another respondent on this person's behalf, so that four separate forms were printed.

<p style="text-align: center;">Form 2d</p> <p>DIVISION OF REVISION AND RESULTS</p> <p>JOSEPH A. HILL, CHIEF STATISTICIAN</p> <p style="text-align: center;">CENSUS OF THE DEAF: 1920</p>	<p><b>DEPARTMENT OF COMMERCE</b></p> <p>BUREAU OF THE CENSUS</p> <p>SAM. L. ROGERS, DIRECTOR</p> <p>WASHINGTON</p>	<p>State .....</p> <p>S. D. .... E. D. ....</p>
--	--	---

In the census of the United States taken in January of this year  
..... was reported as deaf. If  
that is true, please supply the information called for by the questions  
on the other side of this sheet, not answering, however, those questions  
which obviously do not apply to young children. The sheet should then  
be mailed in the inclosed addressed envelope which requires no postage.

This inquiry has been authorized by Act of Congress because it is  
believed to be important to know the number of deaf people in the  
United States and the facts in regard to them. The information thereby  
obtained will be used as the basis of a statistical report which will be  
not only of scientific interest but also of great practical value in  
connection with work which is being carried on or planned in behalf of  
the deaf in the United States. It will, for instance, aid in promoting  
the establishment of institutions for the deaf. It will help in get-  
ting the deaf into school or in obtaining for them instruction in  
speech, and in other connections will directly or indirectly be of  
service to those engaged in work in behalf of the deaf.

You are, therefore, requested to fill out this schedule of ques-  
tions promptly and return it to the Bureau of the Census. No names  
will be published. The schedules will be kept in the possession of the  
Government, and the information recorded on them will be treated as  
confidential and will be used only for the statistical report or for  
other purposes in the interests of the deaf.

Respectfully yours,



Chief Statistician.

# 1920 DECENNIAL CENSUS

"Schedule for the Deaf" -- Continued: (back)

## SCHEDULE FOR THE DEAF

(Enter here name, address, age, birthplace, marital status, and race or color of the deaf person.)

Name .....

Address .....

Age ..... Birthplace .....

Marital status: Whether single, married, a widower, or divorced .....

Race or color: Whether White, Negro, Indian, Chinese, or Japanese .....

<p>1. Is the above-named person deaf? .....</p> <p>2. Is the deafness total? .....</p> <p>3. Does he hear or appear to hear words shouted close to the ear? .....</p> <p>4. Can he hear at all <i>without</i> the aid of a tube, trumpet, or other mechanical device? .....</p> <p>5. Can he hear and understand loudly shouted conversation <i>without</i> the aid of a tube, trumpet, or other mechanical device? .....</p> <p>6. Can he hear and understand conversation <i>with</i> the aid of a tube, trumpet, or other mechanical device? .....</p> <hr/> <p>7. Can he speak well? .....</p> <p>8. Can he speak imperfectly? .....</p> <p>9. Can he speak at all? .....</p> <p>10. If he can speak well, did he learn to speak before he became deaf? .....</p> <hr/> <p>11. Was he born deaf? .....</p> <p>12. If not born deaf, at what age did he become deaf? .....</p> <p style="font-size: small;">(State age exactly if known; if not, state it as nearly as you can.)</p> <hr/> <p>13. What was the cause or supposed cause of deafness? .....</p> <hr/> <p>14. Was his father deaf? .....</p> <p>15. Was his mother deaf? .....</p> <p>16. Were his father and mother first cousins? .....</p> <hr/> <p>17. Has he ever had any brothers or sisters? .....</p> <p>18. If so, how many brothers? ..... How many sisters? .....</p> <p>19. Were any of these brothers or sisters deaf? .....</p> <p>20. If so, how many brothers? ..... How many sisters? .....</p>	<p>21. Has he ever had any children? .....</p> <p>22. If so, how many boys? ..... How many girls? .....</p> <p>23. Were any of these children deaf? .....</p> <p>24. If so, how many boys? ..... How many girls? .....</p> <hr/> <p>25. Has the deaf person ever attended a school for the deaf? .....</p> <p>26. If so, give the name of this school .....</p> <hr/> <p>27. Has he ever attended a school for hearing persons or been instructed by a teacher at home? .....</p> <p>28. If so, draw a line under the word describing such school or schools or home instruction: <i>Common School; High School; Academy; College; Private School; Instructed at home by private tutor or other special teacher.</i></p> <hr/> <p>29. Can he "read the lips?" (Can he ordinarily understand what people say by watching the motion of their lips?) .....</p> <hr/> <p>30. In communicating with others, does he employ any or all of the following methods (write "yes" or "no" after each)?          Speech ..... Writing .....          Finger spelling ..... The "sign" language .....</p> <p>(Full information is desired as to the ordinary and usual means of communication employed) .....</p> <hr/> <p>31. Is he now engaged in any occupation? .....</p> <p>32. If so, give the occupation .....</p> <p>33. Does this occupation support him? .....</p> <p>34. Is he dependent on it for a living? .....</p> <p>35. About how much does he earn in a year? .....</p> <p>36. Does he receive state or county aid? .....</p>
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# 1920 DECENNIAL CENSUS

"Schedule for the Blind": (face)

(8"x10½", printed on both sides) Two basic forms of this schedule were used -- one for males and the other for females, differing only in pronouns. The covering letter varied in being addressed either directly to the blind person, or to another respondent on this person's behalf, so that four separate forms were printed.

Form 1c  
DIVISION OF REVISION AND RESULTS  
JOSEPH A. HILL, CHIEF STATISTICIAN  
CENSUS OF THE BLIND: 1920

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
SAM. L. ROGERS, DIRECTOR  
WASHINGTON

State .....

S. D. .... E. D. ....

In the census of the United States taken in January of this year ..... was reported as blind. If that is true, please supply the information called for by the questions on the other side of this sheet, not answering, however, those questions which obviously do not apply to young children. The sheet should then be mailed in the inclosed addressed envelope which requires no postage.

This inquiry has been authorized by Act of Congress because it is believed to be important to know the number of blind people in the United States and the facts in regard to them. The information thereby obtained will be used as the basis of a statistical report which will be not only of scientific interest but also of great practical value in connection with work which is being carried on or planned in behalf of the blind in the United States. It will, for instance, aid in promoting the establishment of institutions for the blind. It will help in getting the blind into school or in obtaining for them instruction in reading, and in other connections will directly or indirectly be of service to those engaged in work in behalf of the blind.

You are, therefore, requested to have this schedule of questions promptly filled out and returned to the Bureau of the Census. No names will be published. The schedules will be kept in the possession of the Government and the information recorded on them will be treated as confidential and will be used only for the statistical report or for other purposes in the interests of the blind.

Respectfully yours,



Chief Statistician.

# 1920 DECENNIAL CENSUS

"Schedule for the Blind" -- Continued (back)

## SCHEDULE FOR THE BLIND

(Enter here name, address, age, birthplace, marital status, and race or color of the blind person.)

Name .....

Address .....

Age..... Birthplace .....

Marital status: Whether single, married, a widower, or divorced .....

Race or color: Whether White, Negro, Indian, Chinese, or Japanese .....

1. Is the above-named person blind?.....
  2. Is the blindness total?.....
  3. Is he blind in one eye or both? .....
- (Write "one" or "both.")
4. Can he see to read without glasses? .....
  5. Can he see to read with glasses? .....
  6. Can he recognize persons or objects by the eye without glasses? .....
  7. Can he recognize persons or objects by the eye with glasses? .....

8. Was he born blind? .....
  9. If not born blind, at what age did he become blind? .....
- (State age exactly if known; if not, state it as nearly as you can.)

10. What was the cause or supposed cause of blindness?.....
- .....
- .....
- .....

11. Was his father blind?.....
12. Was his mother blind?.....
13. Were his father and mother first cousins?.....

14. Has he ever had any brothers or sisters? .....
15. If so, how many brothers?..... How many sisters?.....
16. Were any of these brothers or sisters blind?.....
17. If so, how many brothers?..... How many sisters?.....

18. Has he ever had any children? .....
19. If so, how many boys?..... How many girls?.....
20. Were any of these children blind?.....
21. If so, how many boys?..... How many girls?.....
22. Has the blind person ever attended a special school or workshop for the blind?.....
23. If so, give the name of this school or workshop.....
24. Has he ever attended any other school or schools or been instructed by a teacher at home? .....
25. If so, draw a line under the words describing such school or schools or home instruction: *Common School; High School; Academy; College; Private School; Instructed at home by private tutor; Home teacher for the blind; Other special teacher.*
26. Does he read a raised type? .....
27. If he reads a raised type, which does he use?.....
28. Is he now engaged in any occupation? .....
29. If so, give the occupation .....
30. Does this occupation support him?.....
31. Is he dependent on it for a living? .....
32. About what does he earn in a year? .....
33. If he lost sight after he grew up, what was his occupation before he became blind? .....
34. Does he receive state or county aid? .....

# 1920 DECENNIAL CENSUS

Schedule for owned incumbered homes  
(8"x10½")

## DEPARTMENT OF COMMERCE

E.D.....

BUREAU OF THE CENSUS

Sheet.....

WASHINGTON

April 17, 1920.

Line.....

Dear Sir:

The Act of Congress approved March 3, 1919, requires the Census Bureau to collect statistics as to the number of persons owning their homes and the incumbrance thereon. The Census enumerator who recently enumerated your family reported that your home was owned subject to incumbrance. I have to request, therefore, that you answer the following inquiries. All of your replies will be considered as STRICTLY CONFIDENTIAL and the information will be used only to compile statistics showing the totals for the different cities, states, and the United States. No publication will be made whereby the figures for any individual can be identified.

1. Street and Number of House. ....
2. Market Value on January 1, 1920,  
of this Home. (Amount for which  
the home could be sold within a  
reasonable time.) .....
3. Total Incumbrance when existing  
loan was made. ....
4. Amount of Incumbrance on this  
Home January 1, 1920. (Deduct  
all payment of principal made  
before January 1, 1920.) .....
5. Annual Rate of Interest actually  
being paid January 1, 1920, on  
above indebtedness. ....

Please fill in the answers to the above inquiries and return this circular at once in the inclosed envelope, which requires no postage.

Very truly yours,

*Sam. L. Rogers*

Director.

# 1930 DECENNIAL CENSUS

"Population Schedule" (left)

"Population Schedule" (23 3/4" x 16 1/2", printed on both sides, space for 50 entries on each side; reverse side was identical except that lines were numbered 50 to 100) For persons reported as American Indians in column 12 (color or race), columns 19 and 20 were to be used to indicate the degree of Indian blood and the tribe, instead of the birthplace of father and mother.

State \_\_\_\_\_ (Insert proper name and also name of class, as city, village)

County \_\_\_\_\_ (Insert proper name and also name of class, as city, village)

Ward of city \_\_\_\_\_

Incorporated place \_\_\_\_\_

Unincorporated place \_\_\_\_\_ (Enter name of any unincorporated place having approximately 500)

Township or other division of county \_\_\_\_\_ (Insert proper name and also name of class, as township, town, precinct, district, etc. See instructions.)

PLACE OF ABODE			NAME of each person whose place of abode on April 1, 1930, was in this family Enter surname first, then the given name and middle initial, if any Include every person living on April 1, 1930. Omit children born since April 1, 1930	RELATION Relationship of this person to the head of the family	HOME DATA			PERSONAL DESCRIPTION					
1 Street, avenue, road, etc.	2 House number (in cities or towns)	3 Num-ber of dwell-ing house in order of vis-itation			4 Num-ber of family in order of vis-itation	Home owned or rented	7 Value of home, if owned, or monthly rental, if rented	8 Radio set	9 Does this family live on a farm?	Sex	Color or race	Age at last birthday	Marital con-dition
			5	6									
1													
2													
50													

**ABBREVIATIONS TO BE USED IN COLUMNS INDICATED:**  
 (Use no abbreviations for State or country of birth or for mother tongue (Columns 18, 19, 20, and 21))

Col. 6—Indicate the home-maker in each family by the letter "H," following the word which shows the relationship, as "Wife-H"  
 Col. 7—Owned ..... O  
 Rented ..... R

Col. 9—Radio set—R  
 Make no entry for families having no radio set  
 Col. 11—Male ..... M  
 Female ..... F

Col. 12—White ..... W  
 Negro ..... Neg  
 Mexican ..... Mex  
 Indian ..... In  
 Chinese ..... Ch  
 Japanese ..... Jp

Col. 13—Filipino ..... Fil  
 Hindu ..... Hin  
 Korean ..... Kor  
 Other races, spell out in full



# 1930 DECENNIAL CENSUS

"Population Schedule" -- Continued: (right)

Sheet No.     A    

Enumeration District No. \_\_\_\_\_

Supervisor's District No. \_\_\_\_\_

Enumerated by me on \_\_\_\_\_, 1930, \_\_\_\_\_, Enumerator.

CITIZENSHIP, ETC.		OCCUPATION AND INDUSTRY			EMPLOYMENT		VETERANS		Num-ber of farm sched-uled	
Year of immigra-tion to the United States	Naturalization	Whether able to speak English	OCCUPATION Trade, profession, or particular kind of work, as <i>spinster, salesman, ribeter, teacher, etc.</i>	INDUSTRY Industry or business, as <i>coal-ton mill, drug-goods store, shipyard, public school, etc.</i>	CODE (For office use only. Do not write in this column)	Class of worker	Whether actually at work yesterday (or the last regular working day)	Yes or No	What war or expe-dition?	Num-ber of farm sched-uled
22	23	24	25	26	D	27	Yes No	Yes No	31	32
							28	29		1
										2
										49
										50

ENTRIES ARE REQUIRED IN THE SEVERAL COLUMNS AS FOLLOWS:

Cols. 6, 11, 12, 13, 14, 16, 18, 19, 20, and 25—For all persons.  
 Cols. 7, 8, 9, and 10—For heads of families only. (Col. 8 requires no entry for a farm family.)  
 Col. 15—For married persons only.  
 Col. 17—For all persons 10 years of age and over.  
 Cols. 21, 22, and 23—For all foreign-born persons.  
 Col. 24—For all persons 10 years of age and over.  
 Cols. 26, 27, and 28—For all persons for whom an occupation is reported in Col. 25.  
 Col. 30—For all males 21 years of age and over.

# 1930 DECENNIAL CENSUS

"Unemployment Schedule" (left)  
 "Unemployment Schedule" (18"x1 1/2", printed on two sides, space for 30 entries on each side, reverse side identical except that lines were numbered 31 to 60, yellow stock)

DEPARTMENT  
**FIFTEENTH CENSUS**

TO BE USED

State \_\_\_\_\_

County \_\_\_\_\_

Township or other division of county \_\_\_\_\_

Incorporated place \_\_\_\_\_

Unincorporated place \_\_\_\_\_

Ward of city \_\_\_\_\_

Block No. \_\_\_\_\_

Date of enumeration	POPULATION SCHEDULE		NAME of each person who usually works at a gainful occupation but did not work yesterday (or on the last regular working day)	Does this person usually work at a gainful occupation?	Does this person have a job of any kind?	IF THIS PERSON HAS A JOB—		How many days did he work in a full-time week?
	Sheet No.	Line No.				Why was he not at work yesterday? (Or in case yesterday was not a regular working day, why did he not work on the last regular working day?) For example, <i>sickness, was laid off, voluntary lay-off, bad weather, lack of materials, strike, etc.</i>	Does he lose a day's pay by not being at work?	
				Yes or No	Yes or No	Yes or No	Yes or No	
1	2	8	4	5	6	8	9	10
2								
3								
30								

**INSTRUCTIONS TO THE ENUMERATOR.**—Make an entry on this Unemployment Schedule for every person who usually works at a gainful occupation but was not at work "yesterday,"—that is, on the day preceding the day of enumeration—or on the last regular working day. This will include all persons for whom the answer "No" has been reported in column 28 on the Population Schedule.

Make no entries for retired persons; for young men or women seeking their first jobs (that is, those who have not yet been employed as gainful workers); nor for married women keeping house at home who have no other occupation and are not now seriously trying to get a job.

Col. 5—If the answer given here is "No," make no further entries but go back and cancel the occupation returns (columns 25 to 29) on the Population Schedule.

# 1930 DECENNIAL CENSUS

"Unemployment Schedule" -- Continued: (right)

Form 15-98

## OF COMMERCE—BUREAU OF THE CENSUS OF THE UNITED STATES: 1930—POPULATION UNEMPLOYMENT SCHEDULE

USED IN CONNECTION WITH THE POPULATION SCHEDULE

Sheet No.

A

E. D. No.

S. D. No.

Enumeration completed by me on \_\_\_\_\_, 1930

U. S. GOVERNMENT PRINTING OFFICE: 1927

11-9984

\_\_\_\_\_, Enumerator.

IF THIS PERSON HAS NO JOB OF ANY KIND—		FOR OFFICE USE ONLY NOT TO BE FILLED OUT BY ENUMERATOR												
Is he able to work?	Is he looking for a job?	Reason for being out of a job (or for losing his last job), as plant closed down, sickness, off season, job completed, machines introduced, strike, etc.	CODE (for office use only)	Classification	Relationship	Sex	Color and nativity	Age	Marital condition	Occupation	Class of worker	Persons in family	Other employed persons	Others unemployed
Yes or No	Yes or No			C	D	E	F	G	H	I	K	L	M	N
13	13	15	B											1
														2
														3
														30

Cols. 7 and 14—Write "0" for less than 1 week and omit fractions. For example, write "2" for 2 weeks and 4 days.

Col. 10—Include work on temporary or makeshift jobs.

Col. 12—Write "Yes" for a person who is able to do any kind of work which he might reasonably hope to obtain.

Col. 13—Answer "Yes" when the person is actively seeking work, is registered with an agency, or, has others trying to find him a job.

Col. 11—Answer for the regular job.

# 1930 DECENNIAL CENSUS

"Supplemental Schedule for the Blind and for Deaf-mutes" (face)  
 (8½"x11", printed on two sides, blue stock)

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS  
 FIFTEENTH CENSUS OF THE UNITED STATES: 1930

## SUPPLEMENTAL SCHEDULE FOR THE BLIND AND FOR DEAF-MUTES

*For instructions and illustrative example see other side of this sheet*

State \_\_\_\_\_ Supervisor's District No. \_\_\_\_\_  
 County \_\_\_\_\_ Enumeration District No. \_\_\_\_\_  
 Township or other division of county \_\_\_\_\_  
 Name of city, town, or village \_\_\_\_\_  
 Institution (if any) \_\_\_\_\_

Population Schedule		Name	Sex	Race	Age	Post-Office Address	Defect
Sheet No.	Line No.						
1	2	3	4	5	6	7	8
1							
2							
12							

I hereby certify that I have made careful inquiry in each family in my district as to cases of blindness or deaf-mutism and that the names entered on this schedule include all persons I have found who were blind or were deaf-mutes.

Signature \_\_\_\_\_  
 Enumerator.

"Supplemental Schedule for the Blind and for Deaf-mutes" -- Continued (back)

#### GENERAL INSTRUCTIONS TO ENUMERATOR

Enter on this schedule the name, sex, race, age, and post-office address of any person in your district who is either blind or a deaf-mute.

**Blind.**—Include as *blind* any person who can not see well enough to read, even with the aid of glasses. The test in case of infants must be whether they can apparently distinguish forms and objects; and in the case of older persons who are illiterate whether they presumably can see well enough to read if they knew how to read. Do not include any person who is blind in one eye only.

**Deaf-mute.**—Include as a *deaf-mute* (1) any child under 8 years of age who is totally deaf, and (2) any older person who has been totally deaf from childhood or was born deaf. Do not include a person who became deaf after the age of eight either from accident, or from disease, or from old age. A person is to be considered as totally deaf who can not understand loudly shouted conversation or can understand it only with the aid of an ear trumpet or other mechanical device. In case of infants or young children not old enough to understand conversation, the test should be whether they apparently hear when addressed in a loud tone of voice.

To make sure that you *do not overlook or miss* any blind person or deaf-mute, as soon as you have completed the entries on the population schedule for any family or household, and before you leave the house or apartment, ask whether any person among those whose names you have just entered on that schedule is blind or totally deaf; and if there are any such persons find out by further inquiries whether, in accordance with the instructions given above, their blindness or deafness is such that these should be reported on this supplemental schedule.

# 1930 DECENNIAL CENSUS

"Supplemental Schedule for Indian Population"  
 (10½"x8", printed on two sides, green stock)  
 (face, left)

**Form 15-269** **DEPARTMENT OF COMMERCE**

**FIFTEENTH CENSUS OF THE**

**SUPPLEMENTAL SCHEDULE**

*For instructions and illustrative*

State \_\_\_\_\_ County \_\_\_\_\_

Township or other  
division of county \_\_\_\_\_

Institution (if any) \_\_\_\_\_

	Population Schedule		Name	Sex	Age	Full Blood or Mixed Blood
	Sheet No.	Line No.				
1	2	3	4	5	6	
1						

(back, left)

**SUPPLEMENTAL SCHEDULE**

*Make entries on schedule on*

**GENERAL INSTRUCTIONS**

*Enter on this schedule the name, sex, age, degree of blood, of any person in your district*

**EXPLANATIONS OF ENTRIES TO**

In column 1 enter the sheet number of the Population Schedule on which the left-hand margin of the Population Schedule opposite the name of the Indian

Columns 3, 4, 5, 6, and 7 are to be filled in with the name, sex, age, degree of blood, and degree of blood. The entries for these columns are the same as for the Population Schedule. "M" for mixed blood.

In column 8 give exact post-office address of the Indian. In case of an infant whose care a letter should be addressed.

In column 9 give Indian agency where Indian claims to be enrolled; if Indian

# 1930 DECENNIAL CENSUS

"Supplemental Schedule for Indian Population" -- Continued  
(face, right)

**-BUREAU OF THE CENSUS**  
**UNITED STATES: 1930**

**FOR INDIAN POPULATION**  
*example see other side of this sheet*

Supervisor's District No. \_\_\_\_\_ Enumeration District No. \_\_\_\_\_  
 Name of city, town, or village \_\_\_\_\_  
 Enumerator \_\_\_\_\_ (Signature)

Tribe	Post-Office Address	Agency Where Enrolled
7	8	9

(back, right)

**FOR INDIAN POPULATION**  
*the reverse of this sheet*

**TO ENUMERATOR**  
*tribe, post-office address, and agency where enrolled who is an Indian.*

**BE MADE ON SCHEDULE**

...e Indian is enumerated; and in column 2 enter the line number which is on  
 ...of blood, and tribe of the Indian. In column 6 use "F" for full blood and  
 ...population Schedule.  
 ...nt or young child, give name of parent, or other person, to whom or in  
 ...does not claim enrollment at any agency, write "None."

# 1940 DECENNIAL CENSUS

"Population Schedule" (left)

(23¾"x18½", printed on two sides, space for 40 entries on each side plus two additional lines for the 5-percent sample questions; reverse side was identical except that lines were numbered 41 to 80, and the sample-line numbers were different)

State \_\_\_\_\_ Incorporated place \_\_\_\_\_  
 County \_\_\_\_\_ Township or other division of county \_\_\_\_\_

U. S. GOVERNMENT PRINTING OFFICE 16-11576

Line No.	LOCATION		HOUSEHOLD DATA				NAME
	Street, avenue, road, etc.	House number (in cities and towns)	Number of household in order of visitation	Home owned (O) or rented (R)	Value of home, if owned, or monthly rental, if rented	Does this household live on a farm? (Yes or No)	Name of each person whose usual place of residence on April 1, 1940, was in this household.  BE SURE TO INCLUDE: 1. Persons temporarily absent from household. Write "Ab" after names of such persons. 2. Children under 1 year of age. Write "Infant" if child has not been given a first name.  Enter <input checked="" type="checkbox"/> after name of person furnishing information.
	1	2	3	4	5	6	7
1							
2							
3							
39							
40							

  

SUPPLEMENTARY QUESTIONS		PLACE OF BIRTH
For Persons Enumerated on Lines 14 and 29		If born in the United States If foreign born, give country in full Distinguish Canada-French from France
Line No.	NAME	FATHER
	35	36
14		
29		

  

<p><b>SYMBOLS AND EXPLANATORY NOTES</b></p>	<p><b>Col. 5. VALUE OF HOME, IF OWNED:</b> Where owner's household occupies only a part of a structure, estimate value of portion occupied by owner's household. Thus the value of the unit occupied by the owner of a two-family house might be approximately one-half the total value of the structure.</p>	<p><b>Col. 10. COLOR OR RACE:</b> White..... W Negro..... Neg Indian..... In Chinese..... Chi Japanese..... Jp</p>
---	---	--

# 1940 DECENNIAL CENSUS

"Population Schedule" -- Continued (left, center)

----- Ward of city ----- Unincorporated place -----  
(Name of unincorp

----- Block Nos. ----- Institution -----  
(Name of institutio

RELATION	PERSONAL DESCRIPTION				EDUCATION			PLACE OF BIRTH			
Relationship of this person to the head of the household, as wife, daughter, father, mother-in-law, grandson, lodger, lodger's wife, servant, hired hand, etc.	CODE (Leave blank)	Sex—Male (M), Female (F)	Color or race	Age at last birthday	Marital status— Single (S), Married (M), Widowed (W), Divorced (D)	Attended school or college any time since March 1, 1940? (Yes or No)	Highest grade of school completed	CODE (Leave blank)	If born in the United States, give State, Territory, or possession.  If foreign born, give country in which birthplace was situated on January 1, 1937.  Distinguish Canada-French from Canada-English and Irish Free State (Eire) from Northern Ireland.	CODE (Leave blank)	
											8

**FOR PERSONS OF ALL AGES**

OF FATHER AND MOTHER		MOTHER TONGUE (OR NATIVE LANGUAGE)	CODE (Leave blank)	VETERANS					
MOTHER	CODE (Leave blank)			States, give State, Territory, or possession which birthplace was situated on January 1, 1937 Canada-English and Irish Free State (Eire) from Northern Ireland  Language spoken in home in earliest childhood	Is this person a veteran of the United States military forces; or the wife, widow, or under-18-year-old child of a veteran?				
		37	G		38	H	39	40	41

**Col. 11. AGE AT LAST BIRTHDAY:**

Enter age of children born on or after April 1, 1939, as follows. Born in:

Filipino..... Fil	April 1939..... 11/19	October 1939..... 5/19
Hindu..... Hin	May 1939..... 10/19	November 1939..... 4/19
Korean..... Kor	June 1939..... 9/19	December 1939..... 3/19
Other races, spell out in full.	July 1939..... 8/19	January 1940..... 2/19
	August 1939..... 7/19	February 1940..... 1/19
	September 1939..... 6/19	March 1940..... 0/19

(Do not include children born on or after April 1, 1940.)

# 1940 DECENNIAL CENSUS

"Population Schedule" -- Continued (center)

Your report is required by Act of Congress. This Act makes it unlawful for the Bureau collected will be used solely for preparing statistical information concerning the Nation's

## DEPARTMENT SIXTEENTH

porated place having 100 or more inhabitants)

ion and lines on which entries are made)

RESIDENCE, APRIL 1, 1935					
CITI- ZEN- SHIP	IN WHAT PLACE DID THIS PERSON LIVE ON APRIL 1, 1935? For a person who, on April 1, 1935, was living in the same house as at present, enter in Col. 17 "Same house," and for one living in a different house but in the same city or town, enter, "Same place," leaving Cols. 18, 19, and 20 blank, in both instances. For a person who lived in a different place, enter city or town, county, and State, as directed in the Instructions. (Enter actual place of residence, which may differ from mail address.)				
	City, town, or village having 2,500 or more inhabitants. Enter "R" for all other places.	COUNTY	STATE (or Territory or foreign country)	On a farm? (Yes or No)	CODE (Leave blank)
16	17	18	19	20	D

FOR PERSONS 14 YEARS OLD AND OVER						
SOCIAL SECURITY			USUAL OCCUPATION, INDUSTRY, AND CLASS OF WORKER			
Does this person have a Federal Social Security Number? (Yes or No)	Were deductions for Federal Old-Age Insurance or Railroad Retirement made from this person's wages or salary in 1939? (Yes or No)	If so, were deductions made from (1) all, (2) one-half or more, (3) part but less than half, of wages or salary?	Enter that occupation which the person regards as his usual occupation and at which he is physically able to work. If the person is unable to determine this, enter that occupation at which he has worked longest during the past 10 years and at which he is physically able to work. Enter also usual industry and usual class of worker. For a person without previous work experience, enter "None" in Col. 45 and leave Cols. 46 and 47 blank.			
42	43	44	USUAL OCCUPATION	USUAL INDUSTRY	Usual class of worker	CODE (Leave blank)
			45	46	47	J

Col. 14. HIGHEST GRADE OF SCHOOL COMPLETED:

None..... 0

Elementary school, 1st to 8th grade..... 1, 2, etc., to 8

High school, 1st to 4th year..... H-1, H-2, H-3, H-4

College, 1st to 4th year..... C-1, C-2, C-3, C-4

College, 5th or subsequent year..... C-5

Col. 16. CITIZENSHIP OF THE FOREIGN BORN

Naturalized..... Na

Having first papers..... Pa

Alien..... Al

American citizen born abroad..... Am Cit

# 1940 DECENNIAL CENSUS

"Population Schedule" -- Continued: (right, center)

to disclose any facts, including names or identity, from your census reports. Only sworn census population, resources, and business activities. Your Census Reports Cannot Be Used for Purposes of

OF COMMERCE—BUREAU OF THE CENSUS

CENSUS OF THE UNITED STATES: 1940

## POPULATION SCHEDULE

### PERSONS 14 YEARS OLD AND OVER

21	22	If neither at work nor assigned to public emergency work. ("No" in Cols. 21 and 22)		25	E	26	27	OCUPATION
		23	24					For a person at work, assigned Col. 21, 22, or 24), enter <i>present</i> For a person <i>seeking work</i> ("Yes" in Col. 22 or 23)
Was this person AT WORK for pay or profit in private or nonemergency Govt. work during week of March 24-30? (Yes or No)		Was this person SEEKING WORK? (Yes or No)	If not seeking work, did he HAVE A JOB, business, etc.? (Yes or No)	For persons answering "No" to quest. 21, 22, 23, and 24	Indicate whether engaged in home housework (H), in school (S), unable to work (U), or other (O)	Number of hours worked during week of March 24-30, 1940	Duration of unemployment up to March 30, 1940—in weeks	OCUPATION Trade, profession, or particular kind of work, as— <i>frame spinner</i> <i>salesman</i> <i>laborer</i> <i>rivet heater</i> <i>music teacher</i>

### FOR ALL WOMEN WHO ARE OR HAVE BEEN MARRIED

### FOR OFFICE

48	49	50	Ten (4)	V-R (5)	Em. res. and Sex (6 and 9)	Color and nat. (10, 15, 38, and 37)	Age (11)	Mar. st. (12)
Has this woman been married more than once? (Yes or No)	Age at first marriage	Number of children ever born (Do not include stillbirths)						
			K	L	M	N	O	P

Col. 21. WAS THIS PERSON AT WORK? Enter "Yes" for persons at work for pay or profit in private or nonemergency Government work. Include unpaid family workers—that is, related members of the family working without money wages or salary on work (other than housework or incidental chores) which contributed to the family income.

Col. 24. DID THIS PERSON HAVE A JOB? Enter "Yes" for a person (not seeking work) who had a job, business, or professional enterprise, but did not work during week of March 24-30 for any of the following reasons: Vacation; temporary illness; industrial dispute; layoff not exceeding 4 weeks with instructions to return to work at a specific date; layoff due to temporarily bad weather conditions.

# 1940 DECENNIAL CENSUS

"Population Schedule" -- Continued (right)

employees will see your statements. Data  
Taxation, Regulation, or Investigation.

16-252 A

S. D. No. \_\_\_\_\_ E. D. No. \_\_\_\_\_

Sheet No.

Enumerated by me on \_\_\_\_\_, 1940.

**A**

\_\_\_\_\_, Enumerator.

**—EMPLOYMENT STATUS**

**INDUSTRY, AND CLASS OF WORKER**  
 led to public emergency work, or with a job ("Yes" in  
 first occupation, industry, and class of worker.  
 "Yes" in Col. 28): (a) If he has previous work experience, enter  
 and class of worker; or (b) if he does not have previous work  
 experience, enter "in Col. 28, and leave Cols. 29 and 30 blank.

**INCOME IN 1939**  
 (12 months ending  
 December 31, 1939)

INDUSTRY Industry or business, as— <i>cotton mill</i> <i>retail grocery</i> <i>farm</i> <i>shipyard</i> <i>public school</i>	Class of worker	CODE (Leave blank)	Number of weeks worked in 1939 (Equivalent full-time weeks)	INCOME IN 1939 (12 months ending December 31, 1939)		Number of Farm Schedule	Line No.
				Amount of money wages or salary received (including commissions)	Did this person receive in- come of \$50 or more from sources other than money wages or salary? (Yes or No)		
29	30	F	31	32	33	34	
							1
							2
							3
~~~~~							39
~~~~~							40

**HOUSEHOLD USE ONLY—DO NOT WRITE IN THESE COLUMNS**

Gr. com. (B)	Cit. (16)	Wrk. st. (E)	Hrs. wk'd. or Dur. un. (26 or 27)	Occupation, industry, and class of worker (F)	Wks. wk'd. (31)	Wages (32)	Ot. inc. (33)			Line No.
Q	R	S	T	U	V	W	X	Y	Z	
										14
										29

**Cols. 30 and 47. CLASS OF WORKER:**

- Wage or salary worker in private work..... PW
- Wage or salary worker in Government work..... GW
- Employer..... E
- Working on own account... OA
- Unpaid family worker.... NF

**Col. 41. WAR OR MILITARY SERVICE:**

- World War..... W
- Spanish-American War, Philippine Insurrection, or Boxer Rebellion..... S
- Spanish-American War and World War..... SW
- Regular establishment (Army, Navy, or Marine Corps) peace-time service only..... R
- Other war or expedition..... Ot

# 1940 DECENNIAL CENSUS

"Occupied-Dwelling Schedule" (left)

"Occupied-Dwelling Schedule" (23½"x19", printed on two sides, space for 15 entries on each side, reverse side identical except that the lines were numbered 16 to 30, yellow stock)

State ..... Incorporated place .....

County ..... Township or other division of county .....

SECTION	I. LOCATION AND HOUSEHOLD DATA						
	1	2	3	4	5	6	7
1	No. of structure in order of visitation	Population Line No. .... Block No. ....	Color or race of head White <input type="checkbox"/> 1	Number of persons in household	Live on a farm? Yes <input type="checkbox"/> 1	Home tenure Owned <input type="checkbox"/> 0	Value of home or monthly rental \$.....
	Dwelling unit No. within structure	Name of head..... Street and No. .... Apt. No. or location.....	Negro <input type="checkbox"/> 2 All other <input type="checkbox"/> 3		No <input type="checkbox"/> 0	Rented <input type="checkbox"/> 1	Est. rent of owned nonfarm home \$.....
15	Struct. No.	Population Line No. .... Block No. ....	Color or race of head White <input type="checkbox"/> 1	Number of persons	Live on a farm? Yes <input type="checkbox"/> 1	Home tenure Owned <input type="checkbox"/> 0	Value of home or monthly rental \$.....
	Dwelling unit No.	Name of head..... Street and No. .... Apt. No. or location.....	Negro <input type="checkbox"/> 2 All other <input type="checkbox"/> 3		No <input type="checkbox"/> 0	Rented <input type="checkbox"/> 1	Est. rent of owned nonfarm home \$.....

**EXPLANATORY NOTES**

Where check boxes are provided, indicate the proper answer by making an "X" in the box provided for the answer. Thus, for a household which lives on a farm, indicate "Yes" thus:  
Yes  1    No  0

In any series of boxes in a column, an "X" should be entered in only one box.

*Col. 8. Type of structure.*—Note that if the structure contains more than two dwelling units, or if it contains business, or is an "other dwelling place" the number of dwelling units must be entered in the space provided. "Other dwelling place" includes tents, boats, railroad cars, trailers, and places not intended for habitation but occupied, such as fruit sheds, barns, caves, etc.

# 1940 DECENNIAL CENSUS

"Occupied-Dwelling Schedule" -- Continued (left, center)

Your report is required by Act of Congress. This Act makes it unlawful for collected will be used solely for preparing statistical information concerning the

Ward of city .....

SIXTEENTH

Unincorporated place .....  
(Name of unincorporated place having 100 or more inhabitants)

(To be used

II. CHARACTERISTICS OF STRUCTURE																	
8		9		10		11		12		13		14		15			
Type of structure in which this dwelling unit is located		Originally built as:		Exterior material		Structure in need of major repairs?		Year originally built		Number of rooms		Water supply		Toilet facilities			
Structure without business	No. of units	Resid. struct. same no. dwlg. units	<input type="checkbox"/> 1	Wood	<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 1	A	B	Running water in dwelling unit	<input type="checkbox"/> 1	Flush toilet in str., excl. use	<input type="checkbox"/> 1	Hand pump in dwelling unit	<input type="checkbox"/> 2	Flush toilet in str., shared	<input type="checkbox"/> 2
1-family detached	<input type="checkbox"/> V	3-or-more fam. struct. without bus.		Brick	<input type="checkbox"/> 2	Yes	<input type="checkbox"/> 1			Running water within 50 ft.	<input type="checkbox"/> 3	Nonflush toilet in structure	<input type="checkbox"/> 3	Other supply within 50 ft.	<input type="checkbox"/> 4	Outside toilet or privy	<input type="checkbox"/> 4
1-family attached	<input type="checkbox"/> 0	Struct. with business		Stucco	<input type="checkbox"/> 3	No	<input type="checkbox"/> 0			No water supply within 50 ft.	<input type="checkbox"/> 5	No toilet or privy	<input type="checkbox"/> 5				
2-family side-by-side	<input type="checkbox"/> 1	Other dwelling place		Other	<input type="checkbox"/> 4												
2-family other	<input type="checkbox"/> 2																

Col. 9. Structure built as.—Distinguish between structures originally built for residence and containing the same number of dwelling units as at present ("Residential same"); structures originally built for residence but with a different number of dwelling units ("Residential differ."); and structures originally built for purposes other than residence ("Nonresidential").

Col. 13. Number of rooms.—Do not include halls, bath-rooms, or pantries. Do not include attics or basements unless they are finished off and used or available for use as living quarters. Do not include porches or sunrooms unless they are permanently enclosed and used or available for use throughout the year as living quarters.

# 1940 DECENNIAL CENSUS

"Occupied-Dwelling Schedule" -- Continued: (right, center)

the Bureau to disclose any facts, including names or identity, from your census reports. Only sworn census employees will see your statement of the Nation's population, resources, and business activities. Your Census Reports Cannot Be Used for Purposes of Taxation, Regulation, or Investment.

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS  
**CENSUS OF THE UNITED STATES: 1940—HOUSING**  
**OCCUPIED-DWELLING SCHEDULE**  
 for dwelling units occupied by households enumerated on the Population Schedule)

III. CHARACTERISTICS OF DWELLING UNIT

16	17	18	19	20	21	22
Bath or shower with running water in structure	Principal lighting equip't	Principal refrigeration equip't	Radio in dwelling unit?	Heating equipment	Principal fuel used for heating	Principal fuel used for cooking
Exclusive use... <input type="checkbox"/> 1	Electric <input type="checkbox"/> 1	Mechanical <input type="checkbox"/> 1	Yes <input type="checkbox"/> 1	Steam or hot water system... <input type="checkbox"/> 1	Coal or coke... <input type="checkbox"/> 1	Coal or coke... <input type="checkbox"/> 1
Shared... <input type="checkbox"/> 2	Gas <input type="checkbox"/> 2	Ice <input type="checkbox"/> 2	No <input type="checkbox"/> 0	Piped warm air system... <input type="checkbox"/> 2	Fuel oil... <input type="checkbox"/> 5	Ker. or gasol... <input type="checkbox"/> 6
None... <input type="checkbox"/> 3	Ker. or gasol. <input type="checkbox"/> 3	Other <input type="checkbox"/> 3		Pipeless warm air furnace... <input type="checkbox"/> 3	Wood... <input type="checkbox"/> 2	Wood... <input type="checkbox"/> 2
	Other <input type="checkbox"/> 4	None <input type="checkbox"/> 4		Heating stove... <input type="checkbox"/> 4	Gas... <input type="checkbox"/> 3	Gas... <input type="checkbox"/> 3
				Other or none... <input type="checkbox"/> 5	Other... <input type="checkbox"/> 7	None... <input type="checkbox"/> 8
					Electric... <input type="checkbox"/> 4	Electric... <input type="checkbox"/> 4
					None... <input type="checkbox"/> 8	None... <input type="checkbox"/> 8

Cols. 15 and 16. Toilet facilities and bath with running water in structure.—"Exclusive use" means for the exclusive use of members of this household. "Shared" means shared with other households.

Col. 24. Additional monthly cost to renter.—Enter the average monthly amount paid for these utilities by the renter in addition to rent entered in column 7.

Col. 25. Market value of property.—Note that the market value of the property includes all dwelling units and land in the property owned, even though some of the dwelling units may be rented to other households. When the property includes two or more dwelling units, the value must exceed the value entered in column 7. When the property includes only one dwelling unit, the value must be the same as that entered in column 7.

# 1940 DECENNIAL CENSUS

"Occupied-Dwelling Schedule" -- Continued (right)

16-254

S. D. No. .... E. D. No. ....

SHEET NO.

Enumerated by me on ....., 1940.

A

....., Enumerator

**IV. UTILITY DATA FOR EACH RENTER-OCCUPIED NONFARM UNIT**      **V. FINANCIAL DATA FOR EACH OWNER-OCCUPIED NONFARM UNIT**  
 (In structure without business containing not more than 4 dwelling units)

IV. UTILITY DATA FOR EACH RENTER-OCCUPIED NONFARM UNIT				V. FINANCIAL DATA FOR EACH OWNER-OCCUPIED NONFARM UNIT (In structure without business containing not more than 4 dwelling units)				
				FOR EACH FIRST MORTGAGE OR LAND CONTRACT				
23	24	25	26	27	28	29	30	31
Furniture incl. in rent? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 Est. rent without furniture \$.....	Average monthly cost of— Elec. \$..... Gas. \$..... Other fuel \$..... Water \$.....	Value of property \$..... No. of dwlg. units..... D	Mortgage on property Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 Present debt On 1st mtg. \$..... On 2d mtg. \$.....	Regular payments required Monthly <input type="checkbox"/> 1 Other reg. pmt. plan <input type="checkbox"/> 5 Quarterly <input type="checkbox"/> 2 No reg. pmt. required <input type="checkbox"/> 6 Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... Annual <input type="checkbox"/> 4	Do payments include an amount for reduction of principal? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Do payments include realstate taxes? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Interest rate now chg'd .....%	Holder of first mortgage (or land contract) Bldg. & Loan <input type="checkbox"/> 1 Mtg. Co. <input type="checkbox"/> 5 Com. Bank <input type="checkbox"/> 2 HOLC <input type="checkbox"/> 6 Savings Bank <input type="checkbox"/> 3 Individ. <input type="checkbox"/> 7 Life Ins. Co. <input type="checkbox"/> 4 Other <input type="checkbox"/> 8

Col. 26. *Present debt.*—Treat land contracts as first mortgages. If there is a mortgage or land contract on the property enter the amounts now owed, not the original amount of the indebtedness.

Col. 31. *Holder of first mortgage (or land contract)?*  
 Bldg. & Ln. = Building and loan association.  
 Com. Bk. = Commercial bank or trust company.  
 Sav. Bk. = Mutual or stock savings bank.  
 Life Ins. = Life insurance company.  
 Mtg. Co. = Mortgage company.  
 HOLC = Home Owners' Loan Corporation.  
 Individ. = Individual.  
 Other = Other.

# 1940 DECENNIAL CENSUS

"Vacant-Dwelling Schedule" (left)

(16"x19", printed on two sides, space for 15 entries on each side, reverse side identical except that lines were numbered 16 to 30, yellow stock) "Color or race of head" and "Number of persons in household" (items 3 and 4 on "Occupied-Dwelling Schedule") did not appear on the "Vacant-Dwelling Schedule;" items 8-17 were the same as items 8-17 on the "Occupied-Dwelling Schedule.;" items 18-31 which appeared on the "Occupied-Dwelling Schedule" were omitted from the "Vacant-Dwelling Schedule."

I. LOCATION AND GENERAL DATA							
Section	1	2	5	6	7		
	No. of structure in order of visitation	Block No.	Located on a farm? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Occupancy status of this dwelling unit: Primary dwelling <input type="checkbox"/> 2 <input type="checkbox"/> 3 Vacant, for sale or rent... <input type="checkbox"/> 4 <input type="checkbox"/> 5 Occupied by "nonresident" household <input type="checkbox"/> 6 <input type="checkbox"/> 7	Monthly rental or estimated monthly rental value		
1	Dwelling unit No. within structure	Street and No.				\$	
	Struct. No.	Apt. No. or location	Occupancy status: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				\$
15	Dwlg. unit No.	Section 15 Street and No.	On a farm? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Vacant, for sale or rent... <input type="checkbox"/> 2 <input type="checkbox"/> 3 Vacant, held for occupancy of absent household... <input type="checkbox"/> 4 <input type="checkbox"/> 5 Occupied by "nonresident" household <input type="checkbox"/> 6 <input type="checkbox"/> 7	Monthly rental or rental value		
		Apt. No. or location				\$	

EXPLANATORY NOTES  
Where check boxes are provided, indicate the proper answer by making an "X" in the box provided for the answer. Thus, for a household which lives on a farm, indicate "Yes" thus:  
Yes  1 No  0

Col. 8. Type of structure.—Note that if the structure contains more than two dwelling units, or if it contains business, the number of dwelling units must be entered in the space provided.

In any series of boxes in a column, an "X" should be entered in only one box.

# 1950 CENSUS OF POPULATION INQUIRIES

Only data items collected for tabulation are reproduced here. For identification items, screening questions, and format of the questionnaires, see:

U.S. Bureau of the Census. The 1950 Censuses -- How They Were Taken.  
 Procedural Studies of the 1950 Censuses, No. 2. Washington, D.C.,  
 U.S. Govt. Print. Off., 1961, Appendix A, "Principal Data Collection Forms."

Is this house on a farm (or ranch)?  (Yes or No)	RELATIONSHIP Enter relationship of person to head of the household, as Head, Wife, Daughter, Grandson, Mother-in-law, Lodger, Lodger's wife, Maid, Hired hand, Patient, etc.	RACE White (W) Negro (N) American Indian (Ind) Japanese (Jap) Chinese (Ch) Filipino (Phi) Other race—spell out	SEX Male (M) Female (F)	How old was he on his last birthday?  (If under one year of age, enter month of birth as April, May, Dec., etc.)	Is he now married, widowed, divorced, separated, or never married?  (Mar, Wd, D, Sep, Div, etc.)	What State (or foreign country) was he born in?  If born outside Continental United States, enter name of Territory, possession, or foreign country.  Distinguish Canada-French from Canada-other	If foreign born— Is he naturalized?  (Yes, No, or A P for born abroad of American parents)	What was this person doing most of last week—working, keeping house, or something else?  (Wk, H, Ot, or U for untable work)	If H or Ot in item 15— Did this person do any work at all last week, not counting work around the house? (Includes work for pay, in own business, profession, on farm, or unpaid family work) (Yes or No)	If No in item 16— Was this person looking for work? (See Special Cases below) (Yes or No)	If No in item 17— Even though he didn't work last week, does he have a job or business? (Yes or No)	If Wk in item 18 or Yes in item 16— How many hours did he work last week? (Include unpaid work on family farm or business) (Number of hours)
	4	8	9	10	11	12	13	14	15	16	17	18

1. If employed (Wk in item 16, or Yes in item 16 or item 18), describe job or business held last week  
 2. If looking for work (Yes in item 17), describe last job or business  
 3. For all other persons, leave blank

What kind of work was he doing?  For example: Nails heels on shoes..... Chemistry professor..... Farmer..... Farm helper.....  Armed forces..... Never worked.....	What kind of business or industry was he working in?  For example: Shoe factory..... State university..... Farm.....  Armed forces..... Never worked.....	Class of worker  For PRIVATE employer (P) For GOVERNMENT (G) In OWN business (O) WITHOUT PAY on family farm or business (NP)
(Occupation)	(Industry)	(P, G, O, NP)
20a	20b	20c

Was he living in this same house a year ago?	Was he living on a farm a year ago?	Was he living in this same county a year ago?	If No in item 21— What county and State was he living in a year ago?	
			County (If county unknown, enter name of place or nearest place)	State or foreign country
21	22	23	24a	24b

What country were his father and mother born in?  (Enter US or name of Territory, possession, or foreign country)	What is the highest grade of school that he has attended?  (Enter one grade—see codes below)	Did he finish this grade?  Yes or No	Has he attended school at any time since February 1st?  (For those under 30 years of age check Yes or No For those 30 years old or over, check 30 or over)	If looking for work (Yes in item 17)— How many weeks has he been looking for work?  (Number of weeks)	Last year, in how many weeks did this person do any work at all, not counting work around the house?  (Number of weeks in 1949)	Income received by this person in 1949			If this person is a family head (see definition below)— Income received by his relatives in this household		
						Last year (1949), how much money did he earn working as an employee for wages or salary?  (Enter amount before deductions for taxes, etc.)	Last year, how much money did he earn in his own business, profession, or farm?  (Enter net income)	Last year, how much money did he receive from interest, dividends, veteran's allowances, rents, or other income (aside from earnings)?	Last year (1949), how much money did his relatives in this household earn working for wages or salary?  (Amount before deductions for taxes, etc.)	Last year, how much money did his relatives in this household earn in own business, profession, or farm? (Net income)	Last year, how much money did his relatives in this household receive from interest, dividends, veteran's allowances, pensions, rents, or other income (aside from earnings)?
25	26	27	28	29	30	31a	31b	31c	32a	32b	32c

If Male— (Ask each question)  
 Did he ever serve in the U. S. Armed Forces during—

World War II	World War I	Any other time, including present service
33a	33b	33c

34. To enumerator: If worked last year (1 or more weeks in item 20): Is there any entry in items 20a, 20b, and 20c? <input type="checkbox"/> Yes—Skip to item 36 <input type="checkbox"/> No—Make entries in items 25a, 25b, and 25c	35a. What kind of work did this person do in his last job?	35b. What kind of business or industry did he work in?	35c. Class of worker (P, G, O, or NP, as in item 20c)
36. If ever married (Mar, Wd, D, or Sep in item 12)— Has this person been married more than once? <input type="checkbox"/> Yes <input type="checkbox"/> No	37. If Mar—How many years since this person was (last) married? If Wd—How many years since this person was widowed? If D—How many years since this person was divorced? If Sep—How many years since this person was separated? _____ years, or <input type="checkbox"/> Less than 1 year	38. If female and ever married (Mar, Wd, D, or Sep in item 12)— How many children has she ever borne, not counting stillbirths? _____ children, or <input type="checkbox"/> None	

## Indians

To what tribe does he belong?	To what clan does he belong?	Degree of Indian blood Full blood Half to full Quarter to half Less than 1/4 (Check one box)	Does he read English?	Does he write English?	Does he speak English?	Does he read any other language?	Does he write any other language?	Does he speak any other language?	In 1949 did he attend or participate in any native Indian ceremonies?  (Check one box)
5	6	7	8a	8b	8c	9a	9b	9c	10
Name	Name	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither					

# 1950 CENSUS OF HOUSING INQUIRIES

Only data items collected for tabulation are reproduced here. For identification items, screening questions, and format of the questionnaires, see:

U.S. Bureau of the Census. The 1950 Censuses -- How They Were Taken.  
 Procedural Studies of the 1950 Censuses, No. 2. Washington, D.C.,  
 U.S. Govt. Print. Off., 1961, Appendix A, "Principal Data Collection Forms."

3	4	5	6	7
<b>TYPE OF LIVING QUARTERS</b> 1 <input type="checkbox"/> House, apartment, flat 2 <input type="checkbox"/> Trailer 3 <input type="checkbox"/> Tent, boat, railroad car X <input type="checkbox"/> Nondwelling-unit quarters in large rooming house, institution, hotel, tourist court, etc. (If nondwelling unit, do not ask remaining items)	<b>TYPE OF STRUCTURE</b> 1 <input type="checkbox"/> Detached 2 <input type="checkbox"/> Semi-detached 3 <input type="checkbox"/> Attached	<b>NUMBER OF DWELLING UNITS IN STRUCTURE</b> (Number)	<b>BUSINESS UNIT IN STRUCTURE</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>CONDITION OF UNIT</b> 1 <input type="checkbox"/> Not dilapidated 2 <input type="checkbox"/> Dilapidated

9	10	11	12	13
<b>How many rooms are in this unit, not counting bathrooms?</b> (Number)	<b>PIPED WATER SUPPLY</b> 1 <input type="checkbox"/> Hot and cold piped running water inside this structure 2 <input type="checkbox"/> Only cold piped running water inside this structure 3 <input type="checkbox"/> Piped running water outside this structure 4 <input type="checkbox"/> No piped running water (hand pump, well, etc.)	<b>TYPE OF TOILET</b> 1 <input type="checkbox"/> Flush toilet inside this structure 2 <input type="checkbox"/> Flush toilet outside this structure 3 <input type="checkbox"/> Privy, outhouse, or chemical toilet 4 <input type="checkbox"/> No toilet for this unit	<b>TOILET--EXCLUSIVE USE</b> 1 <input type="checkbox"/> For this unit's exclusive use 2 <input type="checkbox"/> Shared with another unit 3 <input type="checkbox"/> No toilet for this unit	<b>INSTALLED BATHTUB OR SHOWER</b> 1 <input type="checkbox"/> For this unit's exclusive use 2 <input type="checkbox"/> Shared with another unit 3 <input type="checkbox"/> No bathtub or shower for this unit

14	15
<b>a. HEATING EQUIPMENT</b> ① <input type="checkbox"/> Piped steam or hot water 2 <input type="checkbox"/> Warm-air furnace 3 <input type="checkbox"/> Other means--with flue 4 <input type="checkbox"/> Other means--no flue 5 <input type="checkbox"/> Not heated V <input type="checkbox"/> Vacant	<b>a. HEATING FUEL USED MOST?</b> 1 <input type="checkbox"/> Coal or coke 2 <input type="checkbox"/> Wood 3 <input type="checkbox"/> Utility gas 4 <input type="checkbox"/> Bottled gas 5 <input type="checkbox"/> Liquid fuel 6 <input type="checkbox"/> Electricity 7 <input type="checkbox"/> Other fuel 8 <input type="checkbox"/> Not heated V <input type="checkbox"/> Vacant
<b>b. Does this unit have electric lighting?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No V <input type="checkbox"/> Vacant	<b>b. What type of refrigerator does this unit have?</b> 1 <input type="checkbox"/> Electric, gas, or other mechanical refrigerator 2 <input type="checkbox"/> Ice box or ice refrigerator 3 <input type="checkbox"/> Other refrigeration 4 <input type="checkbox"/> None V <input type="checkbox"/> Vacant
<b>c. Is there a radio in this unit?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No V <input type="checkbox"/> Vacant	<b>c. Is there a television set in this unit?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No V <input type="checkbox"/> Vacant
<b>d. KITCHEN SINK</b> ④ <input type="checkbox"/> For this unit's exclusive use 2 <input type="checkbox"/> Shared with another unit 3 <input type="checkbox"/> No kitchen sink for this unit	<b>d. COOKING FUEL USED MOST</b> 1 <input type="checkbox"/> Coal or coke 2 <input type="checkbox"/> Wood 3 <input type="checkbox"/> Utility gas 4 <input type="checkbox"/> Bottled gas 5 <input type="checkbox"/> Liquid fuel 6 <input type="checkbox"/> Electricity 7 <input type="checkbox"/> Other fuel 8 <input type="checkbox"/> No cooking V <input type="checkbox"/> Vacant
<b>e. When was this structure built?</b> If built in 1940 or after, enter exact year: Year _____ If built before 1940, check one box: 01 <input type="checkbox"/> 1930-1939 02 <input type="checkbox"/> 1920-1929 03 <input type="checkbox"/> 1919 or before	

		FOR ALL VACANT UNITS	FOR NONFARM VACANT UNITS ONLY	FOR NONFARM UNITS OCCUPIED BY OWNER	FOR NONFARM UNITS OCCUPIED BY RENTER					
16	17	18	19	20	21	22	23	24	25	26
<b>OCCUPANCY</b> Occupied-- 1 <input type="checkbox"/> By owner 2 <input type="checkbox"/> By renter Vacant-- 4 <input type="checkbox"/> For rent 5 <input type="checkbox"/> For sale only 6 <input type="checkbox"/> Not for rent or sale	1 <input type="checkbox"/> Non-seasonal 2 <input type="checkbox"/> Seasonal	If "For rent"-- Monthly rent for this unit-- \$ _____	If "For sale only"-- Sale price asked-- \$ _____	How much would this property sell for? \$ _____	How many dwelling units are included in this property? (Number) _____	Is there any mortgage (trust) on this property? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	What is the monthly rent for this unit? \$ _____	In addition to rent, how much do you pay for-- Enter amount in dollars    Nothing paid Electricity? \$ _____ <input type="checkbox"/> (Monthly average) Gas? \$ _____ <input type="checkbox"/> (Monthly average) Water? \$ _____ <input type="checkbox"/> (Monthly average) Wood? Coal? Oil? \$ _____ <input type="checkbox"/> (12 months total)	Is this unit rented-- 1 <input type="checkbox"/> Unfurnished or 2 <input type="checkbox"/> Furnished	If rented furnished-- What would it rent for monthly if unfurnished? \$ _____

## Indian Housing

<b>j. Type of house construction (Check one)</b> <input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Stone or brick <input type="checkbox"/> Tent <input type="checkbox"/> Brush <input type="checkbox"/> Mud or adobe Other _____ Specify _____	<b>k. Type of floor construction (check one)</b> <input type="checkbox"/> Earth <input type="checkbox"/> Wood <input type="checkbox"/> Stone or cement Other _____ Specify _____
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# 1960 CENSUS OF POPULATION INQUIRIES

Only data items collected for tabulation are shown here. For identification items, screening questions, and format of the questionnaires, see:

U.S. Bureau of the Census. U.S. Censuses of Population and Housing, 1960: Principal Data-Collection Forms and Procedures. Washington, D.C., U.S. Govt. Print. Off., 1961.

The responses supplied by householders to the inquiries shown below were transcribed by enumerators to machine-readable forms which were the official 1970 questionnaires.

<b>What is the relationship of each person to the head of this household?</b> (For example, wife, son, daughter, grandson, mother-in-law, lodger, lodger's wife)	<b>Male or Female</b> (M or F)	<b>Is this person—</b> White Negro American Indian Japanese Chinese Filipino Hawaiian Part Hawaiian Aleut Eskimo (etc.)?	<b>When was this person born?</b>		<b>Is this person—</b> Married Widowed Divorced Separated Single (never married)? (Leave blank for children born after March 31, 1946)
			(P6)		
(P3)	(P4)	(P5)	Month	Year	(P7)

**P8. Where was this person born?**  
*(If born in hospital, give residence of mother, not location of hospital)*

If born in the United States, write name of State.  
 If born outside the United States, write name of country, U.S. possession, etc. Use international boundaries as now recognized by the U.S. Distinguish Northern Ireland from Ireland (Eire).

.....  
 (State, foreign country, U.S. possession, etc.)

**P9. If this person was born outside the U.S.—**  
**What language was spoken in his home before he came to the United States?**

.....

**P10. What country was his father born in?**

United States.  OR .....  
 (Name of foreign country; or Puerto Rico, Guam, etc.)

**P11. What country was his mother born in?**

United States.  OR .....  
 (Name of foreign country; or Puerto Rico, Guam, etc.)

**P12. When did this person move into this house (or apartment)?**  
*(Check date of last move)*

In 1959 or 1960 .....	<input type="checkbox"/>	Jan. 1954 to March 1955 .....	<input type="checkbox"/>
In 1958 .....	<input type="checkbox"/>	1950 to 1953 .....	<input type="checkbox"/>
In 1957 .....	<input type="checkbox"/>	1940 to 1949 .....	<input type="checkbox"/>
April 1955 to Dec. 1956 .....	<input type="checkbox"/>	1939 or earlier .....	<input type="checkbox"/>
		Always lived here .....	<input type="checkbox"/>

**P13. Did he live in this house on April 1, 1955?**  
*(Answer 1, 2, or 3)*

1. Born April 1955 or later .....   
 OR  
 2. Yes, this house .....   
 OR  
 3. No, different house .....

Where did he live on April 1, 1955?

a. City or town .....

b. If city or town—Did he live inside the city limits?— { Yes ...   
 No ...

c. County .....  
**AND**  
 State, foreign country, U.S. possession, etc. ....

**P14. What is the highest grade (or year) of regular school this person has ever attended? (Check one box)**  
*If now attending a regular school or college, check the grade (or year) he is in. If it is in junior high school, check the box that stands for that grade (or year).*

Never attended school .....

Kindergarten .....

Elementary school (Grade) .....  1  2  3  4  5  6  7  8

High school (Year) .....  1  2  3  4

College (Year) .....  1  2  3  4  5  6 or more

## 1960 CENSUS OF POPULATION INQUIRIES—CON.

**P15. Did he finish the highest grade (or year) he attended?**  
 Finished this grade...  Did not finish this grade...  Never attended school...

**P16. Has he attended regular school or college at any time since February 1, 1960?**  
 If he has attended only nursery school, business or trade school, or adult education classes, check "No".  
 Yes...  No...

**P17. Is it a public school or a private school?**  
 Public school...   
 Private or parochial school...

**P18. If this person has ever been married—**  
 Has this person been married more than once?  
 Once  More than once

**P19. When did he get married?**  
 When did he get married for the first time?  
 Month ..... Year .....  
 Month ..... Year .....

**P20. If this is a woman who has ever been married—**  
 How many babies has she ever had, not counting stillbirths?  
 Do not count her stepchildren or adopted children.  
 ..... OR None...   
 (Number)

**P21. When was this person born?**  
 Born before April 1946  Born April 1946 or later   
 Please go on with questions P22 to P35. Answer the questions regardless of whether the person is a housewife, student, or retired person, or a part-time or full-time worker.  
 Please omit questions P22 to P35 and turn the page to the next person.

**P22. Did this person work at any time last week?**  
 Include part-time work such as a Saturday job, delivering papers, or helping without pay in a family business or farm. Do not count own housework.  
 Yes...  No...

**P23. How many hours did he work last week (at all jobs)?**  
 (If exact figure not known, give best estimate.)  
 1 to 14 hours...  40 hours...   
 15 to 29 hours...  41 to 48 hours...   
 30 to 34 hours...  49 to 59 hours...   
 35 to 39 hours...  60 hours or more...

**P24. Was this person looking for work, or on layoff from a job?**  
 Yes...  No...

**P25. Does he have a job or business from which he was temporarily absent all last week because of illness, vacation, or other reasons?**  
 Yes...  No...

**P26. When did he last work at all, even for a few days?**  
 (Check one box)  
 Working now...  1949 or earlier...   
 In 1960...   
 In 1959...  Never worked...   
 1955 to 1958...   
 1950 to 1954...

**P27. Occupation (Answer 1, 2, or 3)**  
 1. This person last worked in 1949 or earlier...   
 This person has never worked...   
 OR  
 2. On active duty in the Armed Forces now...   
 OR  
 3. Worked in 1950 or later...  Answer a to e, below.  
 Describe this person's job or business last week, if any, and write in name of employer. If this person had no job or business last week, give information for last job or business since 1950.  
 a. For whom did he work?  
 (Name of company, business, organization, or other employer)  
 b. What kind of business or industry was this?  
 Describe activity at location where employed.  
 (For example: County junior high school, auto assembly plant, TV and radio service, retail supermarket, road construction, farm)  
 c. Is this primarily: (Check one box)  
 Manufacturing...   
 Wholesale trade...   
 Retail trade...   
 Other (services, agriculture, government, construction, etc.)...   
 d. What kind of work was he doing?  
 (For example: 8th grade English teacher, paint sprayer, repairs TV sets, grocery checker, civil engineer, farmer, farm hand)  
 e. Was this person: (Check one box)  
 Employee of private company, business, or individual, for wages, salary, or commissions...   
 Government employee (Federal, State, county, or local)...   
 Self-employed in own business, professional practice, or farm...   
 Working without pay in a family business or farm...

If this person worked last week, answer questions P28 and P29.

**P28. What city and county did he work in last week?**  
 If he worked in more than one city or county, give place where he worked most last week.  
 a. City or town...  
 b. If city or town—Did he work inside the city limits? { Yes...  No...   
 c. County... State...

**P29. How did he get to work last week?**  
 (Check one box for principal means used last week)  
 Railroad...  Taxicab...  Walk only...   
 Subway or elevated...  Private auto or car pool...  Worked at home...   
 Bus or streetcar...  Other means—Write in: .....

# 1960 CENSUS OF POPULATION INQUIRIES—CON.

**P30.** Last year (1959), did this person work at all, even for a few days?  
 Yes...  No...

**P31.** How many weeks did he work in 1959, either full-time or part-time? Count paid vacation, paid sick leave, and military service as weeks worked.  
 (If exact figure not known, give best estimate.)  
 13 weeks or less...  40 to 47 weeks...   
 14 to 26 weeks...  48 to 49 weeks...   
 27 to 39 weeks...  50 to 52 weeks...

**P32.** How much did this person earn in 1959 in wages, salary, commissions, or tips from all jobs?  
 Before deductions for taxes, bonds, dues, or other items.  
 (Enter amount or check "None." If exact figure not known, give best estimate.)  
 \$ .....00 OR None...   
 (Dollars only)

**P33.** How much did he earn in 1959 in profits or fees from working in his own business, professional practice, partnership, or farm?  
 Net income after business expenses. (Enter amount or check "None." If exact figure not known, give best estimate. If business or farm lost money, write "Loss" after amount.)  
 \$ .....00 OR None...   
 (Dollars only)

**P34.** Last year (1959), did this person receive any income from:  
 Social security  
 Pensions  
 Veteran's payments  
 Rent (minus expenses)  
 Interest or dividends  
 Unemployment insurance  
 Welfare payments  
 Any other source not already entered  
 Yes...  No...   
 What is the amount he received from these sources in 1959? (If exact figure not known, give best estimate)  
 \$ .....00  
 (Dollars only)

**P35.** If this is a man—  
 Has he ever served in the Army, Navy, or other Armed Forces of the United States?  
 Yes...  No...  (Check one box on each line)  
 Was it during: Yes No  
 Korean War (June 1950 to Jan. 1953) .....    
 World War II (Sept. 1940 to July 1947) .....    
 World War I (April 1917 to Nov. 1918) .....    
 Any other time, including present service .....

## Questions asked in New York State only

Where was this person born?			If not born in U.S. or Puerto Rico— Is he a U.S. citizen?	
(P36)				
U.S.	Puerto Rico	Else-where	Yes	No

## Questions asked only of the U.S. population overseas

<p><b>10. WHEN DID THIS PERSON (LAST) LEAVE THE UNITED STATES?</b>  <i>Exclude vacations, home leave, or temporary visits in the United States.</i>                  • If this person (last) left the U.S. in 1960—  <b>DOES HE EXPECT TO BE ABROAD AT LEAST 3 MONTHS?</b></p>	Left the U.S. in (year) ..... OR Left before 1940 --- <input type="checkbox"/> OR Never lived in U.S. . . . <input type="checkbox"/> Expects to be abroad 3 months or more ..... <input type="checkbox"/> Expects to be abroad less than 3 months ..... <input type="checkbox"/>
<p><b>13. If this person has received a degree from a college, university, or technical institute --                  WHAT DEGREE(S) HAS HE RECEIVED, AND IN WHAT MAJOR FIELD(S) ?</b></p>	Degree: Major field: ..... ..... .....
<p><b>14. If this person has attended a technical institute without receiving a degree --                  HOW MANY YEARS DID HE ATTEND THE TECHNICAL INSTITUTE, AND WHAT FIELD DID HE STUDY?</b>  <i>Do NOT report school work covered by degrees reported in question 13.</i></p>	Technical institute work (without degree) No. of Field of study years ..... .....
<p><b>15. DOES THIS PERSON SPEAK ANY LOCAL LANGUAGE?</b>  <i>If he knows only a few words of the language, check "NO".                  Do NOT count English, unless it is the only local language.</i></p>	Speak local language? Yes - <input type="checkbox"/> → What language? No-- <input type="checkbox"/>

# 1960 CENSUS OF HOUSING INQUIRIES

Only data items collected for tabulation are shown here. For identification items, screening questions, and format of the questionnaires, see:

U.S. Bureau of the Census. U.S. Censuses of Population and Housing, 1960: Principal Data-Collection Forms and Procedures.  
 Washington, D.C., U.S. Govt. Print. Off., 1961.

Information entered by enumerator on machine-readable questionnaire on the basis of observation.

<b>H3. Type of housing unit</b> House, apt., flat <input checked="" type="checkbox"/> Trailer <input type="checkbox"/>		<b>H4. Access to unit</b> Direct from outside or common hall <input type="checkbox"/> Through another unit <input type="checkbox"/>		<b>H6. Condition</b> Sound <input type="checkbox"/> Deteriorating <input type="checkbox"/> Dilapidated <input type="checkbox"/>		<b>H7. Occupancy</b> Occupied <input checked="" type="checkbox"/> Vacant: Year-round <input type="checkbox"/> Migratory wkr <input type="checkbox"/> Seasonal <input type="checkbox"/>		If "VACANT" <b>H13. Vacancy status</b> For rent <input type="checkbox"/> For sale only <input type="checkbox"/> Rtd or sold not occ <input type="checkbox"/> For occasional use <input type="checkbox"/> Other vacant <input type="checkbox"/>	<b>H14. Description of property</b> 1 unit: <input checked="" type="checkbox"/> No business <input type="checkbox"/> With bus <input type="checkbox"/> 2+ units <input type="checkbox"/>
--	--	---	--	--	--	---	--	--	--

The responses supplied by householders to the inquiries below were transcribed by enumerators to machine-readable forms which were the official 1960 questionnaires.

<b>H5. Do you have a kitchen or cooking equipment:</b> (Check one) For use of the people in your household only (those you listed in Section A)?... <input type="checkbox"/> Shared with another household or no cooking equipment?..... <input type="checkbox"/>	
<b>H8. How many rooms are in your house or apartment?</b> (Count a kitchen as a room but do not count bathrooms) Number of rooms.....	
<b>H9. Is there hot and cold running water in this house or building?</b> (Check one) Hot and cold running water inside the house or building..... <input type="checkbox"/> Only cold running water inside..... <input type="checkbox"/> Running water on property but not inside building..... <input type="checkbox"/> No running water..... <input type="checkbox"/>	
<b>H10. Is there a flush toilet in this house or building?</b> (Check one) Yes, for the use of this household only..... <input type="checkbox"/> Yes, but shared with another household..... <input type="checkbox"/> No flush toilet for the use of this household..... <input type="checkbox"/>	
<b>H11. Is there a bathtub or shower in this house or building?</b> (Check one) Yes, for the use of this household only..... <input type="checkbox"/> Yes, but shared with another household..... <input type="checkbox"/> No bathtub or shower for the use of this household..... <input type="checkbox"/>	
<b>H12. Is the house, part of the house, or apartment in which you live:</b> (Check one) Owned or being bought by you or someone else in your household? .... <input type="checkbox"/> → Answer question H15 and fill Section E Rented for cash?..... <input type="checkbox"/> → Answer question H16 and fill Section E Occupied without payment of cash rent?..... <input type="checkbox"/> → Skip to Section E	
<b>HOME OWNERS AND BUYERS PLEASE ANSWER THIS QUESTION</b> <b>H15. About how much do you think this property would sell for on today's market?</b> (Check one) Under \$5,000..... <input type="checkbox"/> \$15,000 to \$17,400..... <input type="checkbox"/> \$5,000 to \$7,400..... <input type="checkbox"/> \$17,500 to \$19,900..... <input type="checkbox"/> \$7,500 to \$9,900..... <input type="checkbox"/> \$20,000 to \$24,900..... <input type="checkbox"/> \$10,000 to \$12,400..... <input type="checkbox"/> \$25,000 to \$34,000..... <input type="checkbox"/> \$12,500 to \$14,900..... <input type="checkbox"/> \$35,000 or more?..... <input type="checkbox"/>	<b>RENTERS PLEASE ANSWER THIS QUESTION</b> <b>H16. If you pay your rent by the month—</b> What is your monthly rent? \$.....00 (Nearest dollar) OR If you pay your rent by the week or some other period of time— What is your rent and what period does it cover? \$.....00 per ..... (Nearest dollar) (Week, year, etc.)

# 1960 CENSUS OF HOUSING INQUIRIES—CON.

<p><b>H17 and H18. Is this house:</b></p> <p>On a city lot (or is this an apartment building)? <input type="checkbox"/></p> <p style="text-align: center;"><b>OR</b></p> <p>On a place of less than 10 acres? <input type="checkbox"/> → Last year (1959), did sales of crops, livestock, and other farm products from this place amount to \$250 or more? <input type="checkbox"/></p> <p style="margin-left: 150px;">\$250 or more <input type="checkbox"/></p> <p style="margin-left: 150px;">Less than \$250 or none <input type="checkbox"/></p> <p style="text-align: center;"><b>OR</b></p> <p>On a place of 10 or more acres? <input type="checkbox"/> → Last year (1959), did sales of crops, livestock, and other farm products from this place amount to \$50 or more? <input type="checkbox"/></p> <p style="margin-left: 150px;">\$50 or more <input type="checkbox"/></p> <p style="margin-left: 150px;">Less than \$50 or none <input type="checkbox"/></p>	<p><b>H22. Here is a list of fuels. In the first column, check which one is used most for heating. In the second column, check the one used most for cooking. In the third column, check the fuel used most for heating water.</b></p> <p style="text-align: right;">(Check one in each column)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">A House heating fuel</th> <th style="width: 10%; text-align: center;">B Cooking fuel</th> <th style="width: 10%; text-align: center;">C Water heating fuel</th> </tr> </thead> <tbody> <tr> <td>Coal or coke</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Wood</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Utility gas from underground pipes serving the neighborhood</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Bottled, tank, or LP gas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Electricity</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Fuel oil, kerosene, etc.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other fuel</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No fuel used</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		A House heating fuel	B Cooking fuel	C Water heating fuel	Coal or coke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utility gas from underground pipes serving the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottled, tank, or LP gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel oil, kerosene, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No fuel used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p><b>H19. How many bedrooms are in your house or apartment?</b></p> <p>Count rooms whose main use is as bedrooms even if they are occasionally used for other purposes.</p> <p>If you live in a one-room apartment without a separate bedroom, check "No bedroom."</p> <p>No bedroom <input type="checkbox"/></p> <p>1 bedroom <input type="checkbox"/></p> <p>2 bedrooms <input type="checkbox"/></p> <p>3 bedrooms <input type="checkbox"/></p> <p>4 bedrooms or more <input type="checkbox"/></p>	<p><b>H23. Do you have a clothes washing machine?</b></p> <p>Do not count machines shared with any other household in this building.</p> <p>Machine with wringer or separate spinner <input type="checkbox"/></p> <p>Automatic or semi-automatic machine <input type="checkbox"/></p> <p>Washer-dryer combination (single unit) <input type="checkbox"/></p> <p>No washing machine <input type="checkbox"/></p>																																				
<p><b>H20. About when was this house originally built?</b></p> <p>In 1959 or 1960 <input type="checkbox"/></p> <p>1955 to 1958 <input type="checkbox"/></p> <p>1950 to 1954 <input type="checkbox"/></p> <p>1940 to 1949 <input type="checkbox"/></p> <p>1930 to 1939 <input type="checkbox"/></p> <p>1929 or earlier <input type="checkbox"/></p>	<p><b>H24. Do you have an electric or gas clothes dryer?</b></p> <p>Do not count dryers shared with any other household in this building.</p> <p>Electrically heated dryer <input type="checkbox"/></p> <p>Gas heated dryer <input type="checkbox"/></p> <p>No dryer <input type="checkbox"/></p>																																				
<p><b>H21. How is your house or apartment heated?</b></p> <p>Check ONLY the kind of heat you use the most.</p> <p>Heated by:</p> <p>Steam or hot water <input type="checkbox"/></p> <p>Warm air furnace with individual room registers <input type="checkbox"/></p> <p>Floor, wall, or pipeless furnace <input type="checkbox"/></p> <p>Built-in electric units <input type="checkbox"/></p> <p>Room heater(s) connected to chimney or flue <input type="checkbox"/></p> <p>Room heater(s) not connected to chimney or flue <input type="checkbox"/></p> <p>Other method—Write in: _____</p> <p>Not heated <input type="checkbox"/></p>	<p><b>H25. Do you have any television sets?</b></p> <p>Count only sets in working order. Count floor, table, and portable television sets as well as combinations.</p> <p>1 set <input type="checkbox"/></p> <p>2 sets or more <input type="checkbox"/></p> <p>No television sets <input type="checkbox"/></p>																																				
<p><b>H26. Do you have any radios?</b></p> <p>Count only sets in working order. Count floor, table, and portable radios as well as radio combinations. Do not count automobile radios.</p> <p>1 radio <input type="checkbox"/></p> <p>2 radios or more <input type="checkbox"/></p> <p>No radios <input type="checkbox"/></p>	<p><b>H27. Do you have any air conditioning?</b></p> <p>Count only equipment which cools the air by refrigeration.</p> <p>Room unit—1 only <input type="checkbox"/></p> <p>Room units—2 or more <input type="checkbox"/></p> <p>Central air conditioning system <input type="checkbox"/></p> <p>No air conditioning <input type="checkbox"/></p>																																				
<p><b>H28. Do you have a home food freezer which is separate from your refrigerator?</b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>																																					

# 1960 CENSUS OF HOUSING INQUIRIES—CON.

**H30. How many bathrooms are in your house or apartment?**  
 A **complete** bathroom has **both** flush toilet and bathing facilities (bathtub or shower).  
 A **partial** bathroom has a flush toilet **or** bathing facilities, but not both.

No bathroom, or only a partial bathroom

1 complete bathroom

1 complete bathroom, plus partial bathroom(s)

2 or more complete bathrooms

---

**H31. Do you get water from:**

a public system (or private company)?

an individual well?

some other source?

---

**H32. Is this house connected to a public sewer?**

Yes, connected to a public sewer

No, has septic tank or cesspool

No, has other means of sewage disposal

---

**H33. Is this house built:**

with a basement?

on a concrete slab?

in another way?

---

**H34. Does this building have:**

3 stories or less?

4 stories or more—  
 with elevator?

walk-up?

---

**H35. Is there a telephone on which people who live here can be called?**

Yes  → What is the telephone number? .....

No

---

**H36. How many passenger automobiles are owned or regularly used by people who live here?**  
 Count company cars kept at home

No automobile

1 automobile

2 automobiles

3 automobiles or more

---

**H37. If you live in a trailer, is it:**

mobile (on wheels, or can easily be put on wheels)?

on a permanent foundation?

**ANSWER H40 IF YOU OWN OR ARE BUYING THIS HOME**

**H40. About how much do you think this property would sell for on today's market?**

Less than \$5,000

\$5,000 to \$7,400

\$7,500 to \$9,900

\$10,000 to \$12,400

\$12,500 to \$14,900

\$15,000 to \$17,400

\$17,500 to \$19,900

\$20,000 to \$24,400

\$25,000 to \$34,900

\$35,000 or more

Do **not** answer if your home is on a place of 10 or more acres.

**ANSWER QUESTIONS H41 TO H46 IF YOU PAY RENT FOR YOUR HOUSE, APARTMENT, OR FLAT**

**H41. If you pay your rent by the month—**  
 What is your monthly rent? \$ .....00  
(Nearest dollar)

**OR**  
 If you pay your rent by the week or some other period of time—  
 What is your rent and what period does it cover?  
 \$ .....00 per .....  
(Nearest dollar) (Week, year, etc.)

---

**H42. Does your rent include any land used for farming (or ranching)?**  
 Yes  No

---

**H43 and H44. In addition to rent, do you also pay for:**

**Electricity? (Check one box)**  
 Yes  → What is the average monthly cost for electricity? \$ .....00  
(See instructions below)  
 No

**Gas? (Check one box)**  
 Yes  → What is the average monthly cost for gas? \$ .....00  
(See instructions below)  
 No

**Water? (Check one box)**  
 Yes  → What is the average monthly cost for water? \$ .....00  
(See instructions below)  
 No

# 1960 CENSUS OF HOUSING INQUIRIES—CON.

H45 and H46. In addition to rent, do you also pay for oil, coal, kerosene, or wood?

Yes  → About how much do you pay for such fuel per year? \$ ..... .00  
 No  (See instructions below)

**HOW TO FIGURE COST OF UTILITIES AND FUEL**  
 Enter the cost to the nearest dollar

**Utilities**  
 If you don't know exactly how much you have spent and if you don't have records, put down the approximate costs.

**Fuels**  
 If you don't know how much fuels cost per year, one of the following methods may help you figure the approximate costs:

Fuel used	Method
Coal	Multiply number of tons used per year by the cost per ton.
Oil or kerosene	Multiply number of gallons used per year by the cost per gallon; OR multiply number of deliveries by average cost per delivery.
Wood	Multiply number of cords (or loads) used per year by cost per cord (or load).

**NOTE:** If you buy fuel in small quantities (such as kerosene by the can or coal by the bag), it may be easier to figure about how much you spend for fuel per week, and multiply by the number of weeks during which it is used.

**TO BE FILLED BY CENSUS TAKER**

E.D. No.	Page No. from PH-1 or PH-2
----------	----------------------------

H29. Number of units in structure

1, detached ...   
 1, attached ...   
 2 .....   
 3-4 .....   
 5-9 .....   
 10-19 .....   
 20-49 .....   
 50 or more ...

} If 5 or more—  
 Fill items H20, H21, H22A, and H22C in Questionnaire

H38. How many months has this unit been vacant?

Up to 1 month...   
 1 up to 2.....   
 2 up to 4.....   
 4 up to 6.....   
 6 or more.....

H39. If PH-1—  
 Descr. prop. (for owner occ.)

1 nb .....   
 1 wb .....   
 2 .....

# 1970 CENSUS OF POPULATION INQUIRIES

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U.S. Bureau of the Census. 1970 Census of Population and Housing: Data-Collection Forms and Procedures. PHC(R)-2. Washington, D.C., U.S. Govt. Print. Off., 1971.

<p><b>2. HOW IS EACH PERSON RELATED TO THE HEAD OF THIS HOUSEHOLD?</b></p> <p><i>Fill one circle.</i></p> <p><i>If "Other relative of head," also give exact relationship, for example, mother-in-law, brother, niece, grandson, etc.</i></p> <p><i>If "Other not related to head," also give exact relationship, for example, partner, maid, etc.</i></p>	<p><b>3. SEX</b></p> <p><input checked="" type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><i>Fill one circle</i></p>	<p><b>4. COLOR OR RACE</b></p> <p><i>Fill one circle.</i></p> <p><i>If "Indian (American)," also give tribe.</i></p> <p><i>If "Other," also give race.</i></p>
<p><input type="radio"/> Head of household</p> <p><input type="radio"/> Wife of head</p> <p><input type="radio"/> Son or daughter of head</p> <p><input type="radio"/> Other relative of head—<i>Print exact relationship</i> →</p> <p><input type="radio"/> Roomer, boarder, lodger</p> <p><input type="radio"/> Patient or inmate</p> <p><input type="radio"/> Other not related to head—<i>Print exact relationship</i> ↗</p>	<p>Male</p> <p><input type="radio"/></p> <p>Female</p> <p><input type="radio"/></p>	<p><input type="radio"/> White</p> <p><input type="radio"/> Negro or Black</p> <p><input type="radio"/> Indian (Amer.)</p> <p><input type="radio"/> Japanese</p> <p><input type="radio"/> Chinese</p> <p><input type="radio"/> Filipino</p> <p><input type="radio"/> Hawaiian</p> <p><input type="radio"/> Korean</p> <p><input type="radio"/> Other—<i>Print race</i> ↗</p> <p><i>Print tribe</i> →</p>

DATE OF BIRTH				8. WHAT IS EACH PERSON'S MARITAL STATUS?
5. Month and year of birth and age last birthday	6. Month of birth	7. Year of birth		
<i>Print</i>	<i>Fill one circle</i>	<i>Fill one circle for first three numbers</i>	<i>Fill one circle for last number</i>	<i>Fill one circle</i>
Month -----	<input type="radio"/> Jan.-Mar.	<input type="radio"/> 186- <input type="radio"/> 192- <input type="radio"/> 0	<input type="radio"/> 5	<input type="radio"/> Now married
Year -----	<input type="radio"/> Apr.-June	<input type="radio"/> 187- <input type="radio"/> 193- <input type="radio"/> 1	<input type="radio"/> 6	<input type="radio"/> Widowed
Age -----	<input type="radio"/> July-Sept.	<input type="radio"/> 188- <input type="radio"/> 194- <input type="radio"/> 2	<input type="radio"/> 7	<input type="radio"/> Divorced
	<input type="radio"/> Oct.-Dec.	<input type="radio"/> 189- <input type="radio"/> 195- <input type="radio"/> 3	<input type="radio"/> 8	<input type="radio"/> Separated
		<input type="radio"/> 190- <input type="radio"/> 196- <input type="radio"/> 4	<input type="radio"/> 9	<input type="radio"/> Never married
		<input type="radio"/> 191- <input type="radio"/> 197-		

**13a. Where was this person born?** *If born in hospital, give State or country where mother lived. If born outside U.S., see instruction sheet; distinguish Northern Ireland from Ireland (Eire).*

This State

OR

-----  
*(Name of State or foreign country; or Puerto Rico, Guam, etc.)*

**b. Is this person's origin or descent—** *(Fill one circle)*

Mexican

Puerto Rican

Cuban

Central or South American

Other Spanish

No, none of these

**14. What country was his father born in?**

United States

OR

-----  
*(Name of foreign country; or Puerto Rico, Guam, etc.)*

**15. What country was his mother born in?**

United States

OR

-----  
*(Name of foreign country; or Puerto Rico, Guam, etc.)*

**16. For persons born in a foreign country—**

**a. Is this person naturalized?**

Yes, naturalized

No, alien

Born abroad of American parents

**b. When did he come to the United States to stay?**

1965 to 70

1960 to 64

1955 to 59

1950 to 54

1945 to 49

1935 to 44

1925 to 34

1915 to 24

Before 1915

**17. What language, other than English, was spoken in this person's home when he was a child?** *Fill one circle.*

Spanish

French

German

Other—  
*Specify* -----

None, English only

**18. When did this person move into this house (or apartment)?** *Fill circle for date of last move.*

1969 or 70

1968

1967

1965 or 66

1960 to 64

1950 to 59

1949 or earlier

Always lived in this house or apartment

**19a. Did he live in this house on April 1, 1965?** *If in college or Armed Forces in April 1965, report place of residence there.*

Born April 1965 or later

Yes, this house

No, different house

*Skip to 20*

**b. Where did he live on April 1, 1965?**

(1) State, foreign country, U.S. possession, etc. -----

(2) County -----

(3) Inside the limits of a city, town, village, etc.?

Yes

No

(4) *If "Yes," name of city, town, village, etc.* -----

**20. Since February 1, 1970, has this person attended regular school or college at any time?** *Count nursery school, kindergarten, and schooling which leads to an elementary school certificate, high school diploma, or college degree.*

No

Yes, public

Yes, parochial

Yes, other private



# 1970 CENSUS OF POPULATION INQUIRIES —CON.

**32. When did he last work at all, even for a few days?**  
 In 1970 |  1964 to 1967 |  1959 or earlier | *Skip*  
 In 1969 |  1960 to 1963 |  Never worked | *to 36*  
 In 1968

---

**33. Industry**  
**a. For whom did he work? If now on active duty in the Armed Forces, print "AF" and skip to question 36.**  
 \_\_\_\_\_  
*(Name of company, business, organization, or other employer)*  
**b. What kind of business or industry was this?**  
*Describe activity at location where employed.*  
 \_\_\_\_\_  
*(For example: junior high school, retail supermarket, dairy farm, TV and radio service, auto assembly plant, road construction)*  
**c. Is this mainly— (Fill one circle)**  
 Manufacturing |  Retail trade  
 Wholesale trade |  Other (agriculture, construction, service, government, etc.)

---

**34. Occupation**  
**a. What kind of work was he doing?**  
 \_\_\_\_\_  
*(For example: TV repairman, sewing machine operator, spray painter, civil engineer, farm operator, farm hand, junior high English teacher)*  
**b. What were his most important activities or duties?**  
 \_\_\_\_\_  
*(For example: Types, keeps account books, files, sells cars, operates printing press, cleans buildings, finishes concrete)*  
**c. What was his job title?**  
 \_\_\_\_\_

---

**35. Was this person— (Fill one circle)**  
 Employee of private company, business, or individual, for wages, salary, or commissions...  
 Federal government employee  
 State government employee  
 Local government employee (city, county, etc.)  
 Self-employed in own business, professional practice, or farm—  
 Own business not incorporated  
 Own business incorporated  
 Working without pay in family business or farm

---

**36. In April 1965, what State did this person live in?**  
 This State  
 OR  
 \_\_\_\_\_  
*(Name of State or foreign country; or Puerto Rico, etc.)*

---

**37. In April 1965, was this person— (Fill three circles)**  
**a. Working at a job or business (full or part-time)?**  
 Yes |  No  
**b. In the Armed Forces?**  
 Yes |  No  
**c. Attending college?**  
 Yes |  No

**38. If "Yes" for "Working at a job or business" in question 37— Describe this person's chief activity or business in April 1965.**  
**a. What kind of business or industry was this?**  
 \_\_\_\_\_  
**b. What kind of work was he doing (occupation)?**  
 \_\_\_\_\_  
**c. Was he—**  
 An employee of a private company or government agency...  
 Self-employed or an unpaid family worker

---

**39a. Last year (1969), did this person work at all, even for a few days?**  
 Yes |  No— *Skip to 41*  
**b. How many weeks did he work in 1969, either full-time or part-time? Count paid vacation, paid sick leave, and military service.**  
 13 weeks or less |  40 to 47 weeks  
 14 to 26 weeks |  48 to 49 weeks  
 27 to 39 weeks |  50 to 52 weeks

---

**40. Earnings in 1969— Fill parts a, b, and c for everyone who worked any time in 1969 even if he had no income. (If exact amount is not known, give best estimate.)**  
**a. How much did this person earn in 1969 in wages, salary, commissions, bonuses, or tips from all jobs? (Before deductions for taxes, bonds, dues, or other items)**  
 \$ \_\_\_\_\_  
 (Dollars only) OR  None  
**b. How much did he earn in 1969 from his own nonfarm business, professional practice, or partnership? (Net after business expenses. If business lost money, write "Loss" above amount.)**  
 \$ \_\_\_\_\_  
 (Dollars only) OR  None  
**c. How much did he earn in 1969 from his own farm? (Net after operating expenses. Include earnings as a tenant farmer or sharecropper. If farm lost money, write "Loss" above amount.)**  
 \$ \_\_\_\_\_  
 (Dollars only) OR  None

---

**41. Income other than earnings in 1969— Fill parts a, b, and c. (If exact amount is not known, give best estimate.)**  
**a. How much did this person receive in 1969 from Social Security or Railroad Retirement?**  
 \$ \_\_\_\_\_  
 (Dollars only) OR  None  
**b. How much did he receive in 1969 from public assistance or welfare payments? Include aid for dependent children, old age assistance, general assistance, aid to the blind or totally disabled. Exclude separate payments for hospital or other medical care.**  
 \$ \_\_\_\_\_  
 (Dollars only) OR  None  
**c. How much did he receive in 1969 from all other sources? Include interest, dividends, veterans' payments, pensions, and other regular payments. (See instruction sheet.)**  
 \$ \_\_\_\_\_  
 (Dollars only) OR  None

## Americans Abroad

<b>7. IN WHAT COUNTRY IS THIS PERSON NOW LIVING?</b>	Name of country: _____
<b>8a. WHEN DID THIS PERSON LAST LEAVE THE UNITED STATES?</b> Exclude vacations, home leave, or temporary visits in the United States. If this person (last) left the U.S. in 1970 —	Left the U.S. in year _____ OR Left before 1945... <input type="checkbox"/> OR Never lived in U.S. <input type="checkbox"/>
<b>b. DOES HE EXPECT TO BE ABROAD AT LEAST 3 MONTHS?</b>	<input type="checkbox"/> Expects to be abroad 3 months or more <input type="checkbox"/> Expects to be abroad less than 3 months
<b>10. WHAT IS THIS PERSON'S "HOME" STATE?</b> For children, give same State as parents.	"Home" State: _____ (State of voting residence, legal residence, or home of record, etc.)
<b>17. DOES THIS PERSON SPEAK ANY LOCAL LANGUAGE?</b> If he knows only a few words of the language, check "No." Do NOT count English, unless it is the only local language.	Speak local language? <input type="checkbox"/> Yes — What language? _____ <input type="checkbox"/> No

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U.S. Govt. Print. Off., 1971.

**A. How many living quarters, occupied and vacant, are at this address?**

One  
 2 apartments or living quarters  
 3 apartments or living quarters  
 4 apartments or living quarters  
 5 apartments or living quarters  
 6 apartments or living quarters  
 7 apartments or living quarters  
 8 apartments or living quarters  
 9 apartments or living quarters  
 10 or more apartments or living quarters  
 This is a mobile home or trailer

**B. Type of unit or quarters**

Occupied

First form  
 Continuation

Vacant

Regular  
 Usual residence elsewhere

Group quarters

First form  
 Continuation

*For a vacant unit, also fill C, D, A, H2 to H8, and H10 to H12*

**C. Vacancy status**

Year round—

For rent  
 For sale only  
 Rented or sold, not occupied  
 Held for occasional use  
 Other vacant

Seasonal  
 Migratory

**D. Months vacant**

Less than 1 month  
 1 up to 2 months  
 2 up to 6 months  
 6 up to 12 months  
 1 year up to 2 years  
 2 years or more

**H1. Is there a telephone on which people in your living quarters can be called?**

Yes —→ What is the number? \_\_\_\_\_  
 No \_\_\_\_\_  
*Phone number*

**H2. Do you enter your living quarters—**

Directly from the outside or through a common or public hall?  
 Through someone else's living quarters?

**H3. Do you have complete kitchen facilities?**  
*Complete kitchen facilities are a sink with piped water, a range or cook stove, and a refrigerator.*

Yes, for this household only  
 Yes, but also used by another household  
 No complete kitchen facilities for this household

**H4. How many rooms do you have in your living quarters?**  
*Do not count bathrooms, porches, balconies, foyers, halls, or half-rooms.*

1 room  
 2 rooms  
 3 rooms  
 4 rooms  
 5 rooms

6 rooms  
 7 rooms  
 8 rooms  
 9 rooms or more

**H5. Is there hot and cold piped water in this building?**

Yes, hot and cold piped water in this building  
 No, only cold piped water in this building  
 No piped water in this building

**H6. Do you have a flush toilet?**

Yes, for this household only  
 Yes, but also used by another household  
 No flush toilet

**H7. Do you have a bathtub or shower?**

Yes, for this household only  
 Yes, but also used by another household  
 No bathtub or shower

**H8. Is there a basement in this building?**

Yes  
 No, built on a concrete slab  
 No, built in another way (*include mobile homes and trailers*)

**H9. Are your living quarters—**

Owned or being bought by you or by someone else in this household? *Do not include cooperatives and condominiums here.*  
 A cooperative or condominium which is owned or being bought by you or by someone else in this household?  
 Rented for cash rent?  
 Occupied without payment of cash rent?

# 1970 CENSUS OF HOUSING INQUIRIES—CON.

**H10a.** Is this building a one-family house?

- Yes, a one-family house
- No, a building for 2 or more families or a mobile home or trailer

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**b.** If "Yes"—Is this house on a place of 10 acres or more, or is any part of this property used as a commercial establishment or medical office?

- Yes, 10 acres or more
- Yes, commercial establishment or medical office
- No, none of the above

**H11.** If you live in a one-family house which you own or are buying—  
What is the value of this property; that is, how much do you think this property (house and lot) would sell for if it were for sale?

- Less than \$5,000
- \$5,000 to \$7,499
- \$7,500 to \$9,999
- \$10,000 to \$12,499
- \$12,500 to \$14,999
- \$15,000 to \$17,499
- \$17,500 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

If this house is on a place of 10 acres or more, or if any part of this property is used as a commercial establishment or medical office, do not answer this question.

**H12.** Answer this question if you pay rent for your living quarters.

**a.** If rent is paid by the month—  
What is the monthly rent?

Write amount here → \$ \_\_\_\_\_ .00 (Nearest dollar)

and  
Fill one circle →

- Less than \$30
- \$30 to \$39
- \$40 to \$49
- \$50 to \$59
- \$60 to \$69
- \$70 to \$79
- \$80 to \$89
- \$90 to \$99
- \$100 to \$119
- \$120 to \$149
- \$150 to \$199
- \$200 to \$249
- \$250 to \$299
- \$300 or more

**b.** If rent is not paid by the month—  
What is the rent, and what period of time does it cover?

\$ \_\_\_\_\_ .00 per \_\_\_\_\_  
(Nearest dollar) (Week, half-month, year, etc.)

**H13.** Answer question H13 if you pay rent for your living quarters.  
In addition to the rent entered in H12, do you also pay for—

**a. Electricity?**

- Yes, average monthly cost is → \$ \_\_\_\_\_ .00
- No, included in rent Average monthly cost
- No, electricity not used

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**b. Gas?**

- Yes, average monthly cost is → \$ \_\_\_\_\_ .00
- No, included in rent Average monthly cost
- No, gas not used

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**c. Water?**

- Yes, yearly cost is → \$ \_\_\_\_\_ .00
- No, included in rent or no charge Yearly cost

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**d. Oil, coal, kerosene, wood, etc.?**

- Yes, yearly cost is → \$ \_\_\_\_\_ .00
- No, included in rent Yearly cost
- No, these fuels not used

**H14.** How are your living quarters heated?  
Fill one circle for the kind of heat you use most.

- Steam or hot water system
- Central warm air furnace with ducts to the individual rooms, or central heat pump
- Built-in electric units (permanently installed in wall, ceiling, or baseboard)
- Floor, wall, or pipeless furnace
- Room heaters with flue or vent, burning gas, oil, or kerosene
- Room heaters without flue or vent, burning gas, oil, or kerosene (not portable)
- Fireplaces, stoves, or portable room heaters of any kind

In some other way—Describe → \_\_\_\_\_

- None, unit has no heating equipment

**H15.** About when was this building originally built? Mark when the building was first constructed, not when it was remodeled, added to, or converted.

- 1969 or 1970
- 1965 to 1968
- 1960 to 1964
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

**H16.** Which best describes this building?  
Include all apartments, flats, etc., even if vacant.

- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building for 2 families
- A building for 3 or 4 families
- A building for 5 to 9 families
- A building for 10 to 19 families
- A building for 20 to 49 families
- A building for 50 or more families
- A mobile home or trailer

Other—  
Describe \_\_\_\_\_

**H17.** Is this building—

- On a city or suburban lot?— Skip to H19
- On a place of less than 10 acres?
- On a place of 10 acres or more?

## 1970 CENSUS OF HOUSING INQUIRIES—CON.

**H18.** Last year, 1969, did sales of crops, livestock, and other farm products from this place amount to—

- Less than \$50 (or None)   \$2,500 to \$4,999  
 \$50 to \$249  \$5,000 to \$9,999  
 \$250 to \$2,499  \$10,000 or more

**H19.** Do you get water from—

- A public system (city water department, etc.) or private company?  
 An individual well?  
 Some other source (a spring, creek, river, cistern, etc.)?

**H20.** Is this building connected to a public sewer?

- Yes, connected to public sewer  
 No, connected to septic tank or cesspool  
 No, use other means

**H21.** How many bathrooms do you have?

*A complete bathroom is a room with flush toilet, bathtub or shower, and wash basin with piped water.*

*A half bathroom has at least a flush toilet or bathtub or shower, but does not have all the facilities for a complete bathroom.*

- No bathroom, or only a half bathroom  
  
 1 complete bathroom  
 1 complete bathroom, plus half bath(s)  
  
 2 complete bathrooms  
 2 complete bathrooms, plus half bath(s)  
  
 3 or more complete bathrooms

**H22.** Do you have air-conditioning?

- Yes, 1 individual room unit  
 Yes, 2 or more individual room units  
 Yes, a central air-conditioning system  
 No

**H23.** How many passenger automobiles are owned or regularly used by members of your household?

*Count company cars kept at home.*

- None  
 1 automobile  
 2 automobiles  
 3 automobiles or more

**H24a.** How many stories (floors) are in this building?

- 1 to 3 stories  
 4 to 6 stories  
 7 to 12 stories  
 13 stories or more

**b.** If 4 or more stories—

Is there a passenger elevator in this building?

- Yes  No

**H25a.** Which fuel is used most for cooking?

- Gas { From underground pipes serving the neighborhood.  Coal or coke   
       Bottled, tank, or LP .....  Wood .....   
 Electricity .....  Other fuel ..   
 Fuel oil, kerosene, etc. ....  No fuel used

**b.** Which fuel is used most for house heating?

- Gas { From underground pipes serving the neighborhood.  Coal or coke   
       Bottled, tank, or LP .....  Wood .....   
 Electricity .....  Other fuel ..   
 Fuel oil, kerosene, etc. ....  No fuel used

**c.** Which fuel is used most for water heating?

- Gas { From underground pipes serving the neighborhood.  Coal or coke   
       Bottled, tank, or LP .....  Wood .....   
 Electricity .....  Other fuel ..   
 Fuel oil, kerosene, etc. ....  No fuel used

**H26.** How many bedrooms do you have?

*Count rooms used mainly for sleeping even if used also for other purposes.*

- No bedroom  3 bedrooms  
 1 bedroom   4 bedrooms  
 2 bedrooms  5 bedrooms or more

**H27a.** Do you have a clothes washing machine?

- Yes, automatic or semi-automatic  
 Yes, wringer or separate spinner  
 No

**b.** Do you have a clothes dryer?

- Yes, electrically heated  
 Yes, gas heated  
 No

**c.** Do you have a dishwasher (built-in or portable)?

- Yes  No

**d.** Do you have a home food freezer which is separate from your refrigerator?

- Yes  No

**H28a.** Do you have a television set? *Count only sets in working order.*

- Yes, one set  
 Yes, two or more sets  
 No

**b.** If "Yes"—Is any set equipped to receive UHF broadcasts, that is, channels 14 to 83?

- Yes  No

**H29.** Do you have a battery-operated radio?

*Count car radios, transistors, and other battery-operated sets in working order or needing only a new battery for operation.*

- Yes, one or more  No

**H30.** Do you (or any member of your household) own a second home or other living quarters which you occupy sometime during the year?

- Yes  No

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