

THE 1950 CENSUSES - HOW THEY WERE TAKEN

PRINCIPAL DATA COLLECTION FORMS

DESCRIPTION OF FORMS

Form P1 - 1950 Census of Population and Housing Schedule
(page 4-7)

Size - 19" x 22", both sides

Color - white paper (25% rag with titanium dioxide added to increase opacity to 89%), green ink

Number printed - 10,000,000

Use - This schedule was the basic questionnaire used by the enumerator in collecting the information. The front includes space for population information for 30 persons with a separate line for each person enumerated. The reverse side, the Housing schedule, contains spaces for information for 12 dwelling units which housed the persons enumerated on the Population side of the form. Questions at the bottom of the schedule (21-33c) were asked for the 1 person in 5 whose name fell on the sample lines indicated in black. There were five printings to vary the sample lines. The person whose name fell on the last sample line was also asked the additional questions from 34 on.

Distribution - Included in Enumerator's portfolio.

Form P2 - Individual Census Report (page 8)

Size - 13 $\frac{3}{4}$ " x 9 $\frac{1}{2}$ ", both sides

Color - white paper, blue ink

Number printed - 14,700,000

Use - Form P2 was used to obtain Census data concerning a person when the enumerator was not able to obtain the information directly. It was used for obtaining information about lodgers, for enumerating transients staying in hotels, tourist camps, "Y's," flophouses, missions, etc., for persons in general hospitals and in selected types of institutions, and for persons residing in barrack type structures on military reservations. The form had a gummed flap so that it could be sealed after it was filled out and then left with a third party to be given to the enumerator. The information collected on this form was transferred to the P1 schedule.

Distribution - The form was left by the enumerator with neighbors, hotel clerks, or the heads of the various hotels and institutions mentioned above to be distributed to the persons concerned. Occasionally the form was completed by the use of records for certain classes of institutionalized or hospitalized persons.

Form P3 - Infant Card (page 9)

Size - 8" x 10 $\frac{1}{2}$ "

Color - buff card, green ink

Number printed - 3,000,000

Use - This form was used by the enumerator to obtain special information for infants born between January 1, and April 1, 1950. It was designed to be used in testing the completeness of the enumeration of infants and the completeness of birth registration, a project undertaken in cooperation with the National Office of Vital Statistics.

Distribution - Included in Enumerator's portfolio.

Form P4 - Crews of Vessels Report (page 10)

Size - 14" x 9 $\frac{1}{2}$ "

Color - yellow paper, green ink

Number printed - 1,000,000

Use - Form P4 was designed to obtain information on officers and crew members of American vessels who were living aboard ship, whether in harbor or at sea on April 1, 1950.

Distribution - Self-sealing forms were mailed directly to the captain of each government operated vessel and to the operator of each private line. The operator of the line shipped the forms to the captain of each vessel. The captain of each ship distributed the report to the crew members, each of whom filled out his own report. Upon completion, all reports for the vessel were packaged and sent to Washington.

Form P6 - Confidential Report on Income (page 11)

Size - 12" x 7 $\frac{1}{4}$ "

Color - white paper, blue ink

Number printed - 5,300,000

Use - Form P6 was furnished to persons whose names fell on sample lines, who did not wish to divulge their incomes to the enumerators. The respondent was given Form P6 to fill out, seal, and mail directly to Washington. The form was self-sealing and pre-addressed.

Distribution - Included in Enumerator's portfolio.

Form P5 - Overseas Census Report (page 12-13)

Size - 8" x 10 $\frac{1}{2}$ "

Color - white paper, green ink

Number printed - 1,300,000

Use - Form P5 was used for the enumeration of members of the Armed Forces and civilian employees stationed abroad, their families living with them outside continental United States, and civilian American citizens who were residing overseas on April 1, 1950.

Distribution - The forms were mailed to all military installations outside the territorial limits of the United States and its possessions and to foreign service offices abroad. Members of the Armed Forces, and civilian employees of the Department of Defense stationed abroad were enumerated by that Department. The Department of State handled the enumeration of all other government employees and other civilians residing abroad.

Form P8 - Indian Reservation Schedule (page 14)

Size - 16" x 10 $\frac{1}{2}$ "

Color - white paper, black ink

Number printed - 175,000

Use - This schedule, completed by the enumerator at the same time as and in addition to the regular P1, was filled for each household on a Federal Indian Reservation to provide the Bureau of Indian Affairs of the Interior Department with special information. Personnel from the Census field offices called upon the Reservation officials to make arrangements for the actual enumeration.

Distribution - Included in Enumerator's portfolio.

DATA COLLECTION FORMS

Form P50 - Letter: Survey of Residential Financing
(page 15)

Size - 8" x 10½"

Color - white paper, black ink

Number printed - 750,000

Use - This form requested the occupants of rental properties to give the name and address of the owner or rental agent of the property. This report was self-sealing and addressed to the local Census district supervisor.

Distribution - This form was mailed to residents of renter occupied houses or apartments which were selected to be covered in the sample.

Form P51 - Owner-Occupied: Survey of Residential Financing
(page 16-19)

Size - 8 page booklet - 5 3/4" x 9 1/8"

Color - yellow paper, brown ink

Number printed - 375,000

Use - This form was used to collect data on mortgaged properties containing 1 to 4 dwelling units, at least one of which was occupied by an owner.

Distribution - This form, accompanied by return envelopes addressed to the local district office, was mailed to the owners of approximately 56,000 properties. Follow-up letters were mailed to owners whose reports were not received after one week, and again after two weeks.

Form P52 - Owner-Occupied: Survey of Residential Financing
(not shown here since it is identical with the P51 except for color)

Size - 8 page booklet, 5 3/4" x 9 1/8"

Color - green paper, black ink

Number printed - 190,000

Use - This form was used for properties, reported as not mortgaged in the general enumeration which contained 1 to 4 dwelling units at least one of which was occupied by an owner. The form was used to find out how many of the properties reported as not mortgaged were later reported as mortgaged and to obtain information on the mortgaged properties.

Distribution - This form was mailed to the owners of approximately 30,500 properties with the same follow-up procedure as for Form P51.

Form P53 - Renter-Occupied: Survey of Residential Financing
(not shown here since the inquiries were similar to those on Form P51)

Size - 8 page booklet, 5 5/8" x 9 1/4"

Color - white paper, green ink

Number printed - 1,000,000

Use - Form P53 was used when the property contained 1 to 4 dwelling units none of which was occupied by an owner, or when the property contained 5 or more dwelling units. In either case, any or all of the dwelling units might have been vacant.

Distribution - This form was mailed to approximately 125,000 renters with the same follow-up procedure as for Forms P51 and P52.

Form P54 - Mortgagee: Survey of Residential Financing
(page 20-21)

Size - 4 page booklet, 6" x 9 5/8"

Color - white paper, black ink

Number printed - 450,000

Use - This form was used to collect information from the mortgagees listed on the completed Forms P51, P52 and P53.

Distribution - A list of the properties arranged by lenders was compiled from completed Forms P51, P52 and P53, and the lenders were sent a Form P54 for each property. Follow-ups were made by mail, phone, and where necessary, personal interview.

Form A1 - Agriculture Questionnaire (page 22-25)

Size - 22" x 19", both sides

Color - white paper, brown ink

Number printed - 8,496,000 regular questionnaires and 8,554,600 self-mailer questionnaires

Use - An A1 questionnaire was required for every farm, every place of 3 or more acres and for every place with certain specialized agriculture operations. The enumeration was conducted jointly with that for Population and Housing. To take account of differences in agriculture in the various parts of continental United States, 41 variations of this form were used. Each variation had five different printings to make provision for sample selection.

Distribution - The self-mailer forms, accompanied by an explanatory letter, were mailed to the farm operators in 37 states, with instructions to answer as many questions as possible before the enumerator would arrive to help complete the form. In other areas the enumerator conducted direct interviews for the entire schedule using the regular agriculture questionnaires included in his portfolio.

Form A2 - Special Agriculture Questionnaire (page 27)

Size - 11" x 8½"

Color - white paper, brown ink

Number printed - 1,275,000

Use - The Form A2 was a short form used by the enumerator in urban areas to determine whether a regular agriculture questionnaire A1 was required. If the latter form was required, the place was re-visited by an enumerator trained in the use of the long form.

Distribution - Included in Enumerator's portfolio.

Form A3 - Landlord-Tenant Operations Questionnaire
(page 28-29)

Size - 22" x 17", one side only

Color - white paper, brown ink

Number printed - 1,045,000

Use - This form was filled out by the enumerator for each landlord renting two or more farms to tenants in the 14 Southern States where a large proportion of the farms is operated by the tenants. The enumerator visited the landlord first and completed the A3 form before visiting each tenant to obtain the A1 questionnaire.

Distribution - Included in Enumerator's portfolio.

Form I-1 - Irrigation Questionnaire (Single-Farm)
(page 30-31)

Size - 22" x 17", one side only

Color - white paper, brown ink

Number printed - 385,000

Use - The enumerator filled out the I-1 at the same time that he filled out the Agriculture and Population and Housing questionnaires. The I-1 was designed for use for farms having their own irrigation supply works which are used to get irrigation water from a source of supply into the farm's irrigation ditches and pipeline when the irrigation works supplied water for an acre or more of farm land in most years.

Distribution - Included in Enumerator's portfolio.

Form I-2 - Irrigation Questionnaire (Multiple-Farm)
(page 32-35)

Size - 22" x 17", both sides

Color - white paper, brown ink

Number printed - 210,500 regular questionnaires and 4,500 self-mailer questionnaires.

Use - The I-2 was used for the enumeration of irrigation enterprises supplying water to several farms. Irrigation technicians, recruited from the Soil Conservation Service, were used as enumerators. The list of names of enterprises supplying water to ten or more farms was compiled from various sources.

Distribution - Questionnaires were mailed to the enterprises ten days before the projects were visited, so that the information would be available at the time of the

DISCRIPTION OF FORMS

enumerator's visit. The location of enterprises supplying water to 2 to 9 farms were obtained from the A1's and enumerated by technicians.

Form D1 - Drainage Questionnaire (County Drains) (page 36)

Size - 10½" x 16", one side only

Color - buff paper, brown ink

Number printed - 1,200

Use - The D1 questionnaire was used in those 9 states in which the drainage of agricultural lands was performed by local county governments or similar organizations.

Distribution - Special enumerators obtained the information from county records or county officials. No direct enumeration was used in obtaining the information for this questionnaire.

Form D2 - Drainage Questionnaire (Drainage Enterprises) (page 37)

Size - 17" x 14", one side only

Color - white paper, brown ink

Number printed - 25,000

Use - The D2 was used in 31 states in which the drainage of agricultural lands was performed by corporate or private enterprises.

Distribution - Special enumerators were trained and equipped for obtaining the information needed to complete this form.

Form A 11 - Special Questionnaire for Producers of Cut Flowers and Flowering or Foliage Plants (page 38-41)

Size - 7 page booklet, 10¼" x 7¾"

Color - green paper, black ink

Number printed - 260,000

Form A 12 - Special Questionnaire for Nurseries (not reproduced - detail is similar to that shown on Form A 11)

Size - 7 page booklet, 10 1/4" x 7 7/8"

Color - buff paper, black ink

Number printed - 135,000

Form A 13 - Special Questionnaire for Bulb Farms (not reproduced - detail is similar to that shown on Form A 11)

Size - 4 page booklet, 10 1/4" x 7 7/8"

Color - white paper, green ink

Number printed - 25,000

Form A 14 - Special Questionnaire for Flower Seed Farms (not reproduced - detail is similar to that shown on Form A 11)

Size - 4 page booklet, 10 1/4" x 7 7/8"

Color - pink paper, black ink

Number printed - 1,500

Use - These forms were used to obtain information on four specialized horticulture operations.

Distribution - The questionnaires were mailed to the respective farms on the basis of mailing lists, compiled initially on the basis of state inspection records and trade association membership, which were checked against the A1 agriculture questionnaires received for the operators of nurseries, greenhouses, and similar enterprises.

OTHER FORMS USED IN THE 1950 CENSUSES

In addition to the major forms listed above, the following forms were also used in the enumeration:

Experimental Areas

Four basic population and housing questionnaires were used in experimental tests of alternative enumeration procedures:

P10 - Population and Housing Schedule (line schedule)

P11 - Population and Housing Schedule (household)

P12A, P12B, P12C - Population and Housing Schedules

P13A, P13B, P13C - Population and Housing Schedules

The letter designations for the P12 and P13 indicate the different methods in which the form was used. The questions were designed to yield the same information as those on the P1 schedule (page 4-7).

Post - Enumeration Survey

A post-enumeration survey was designed to determine the completeness of the national count and the accuracy of the Census with respect to various characteristics.

PE-101 - Coverage Questionnaire

The PE-101 was designed to obtain information on household size, possible missed persons, and possible missed agricultural operations.

PE-102 - Housing Questionnaire

The PE-102 was designed to inquire about selected housing characteristics and was used to enumerate missed households.

PE-103 - Individual Questionnaire (long form)

The PE-103 was designed to check the data for "sample persons."

PE-104 - Individual Questionnaire (short form)

The PE-104 was designed to check information on "non-sample persons."

PE-105 - Agriculture Questionnaire

The PE-105 combined coverage and content checks for places having agricultural operations.

PE-106 - Supplementary Agriculture Questionnaire

PE-109 - Individual Census Report

Territories and Possessions

The forms listed below were variations of the regular enumeration forms and were adapted to serve the particular needs of the area being enumerated:

Alaska -
P82 - Population and Housing Schedule
P83 - Individual Census Report
P84 - Infant Card
A5 - Agriculture Questionnaire

Hawaii -
P87 - Population and Housing Schedule
P88 - Individual Census Report
P89 - Infant Card
A8 - Agriculture Questionnaire

Puerto Rico -
P93 - Population and Housing Schedule
P94 - Individual Census Report
P95 - Infant Card
A9a - Agriculture Questionnaire for Farms
A9b - Agriculture Questionnaire for Parcelas

Virgin Islands -
P97 - Population and Housing Schedule
P98 - Individual Census Report
P99 - Infant Card
A10 - Agriculture Questionnaire

American Samoa -
P80 - Population Schedule
P81 - Individual Census Report
A6 - Agriculture Questionnaire

Guam -
P85 - Population Schedule
P86 - Individual Census Report
A7 - Agriculture Questionnaire

Panama Canal

Zone -
P91 - Population Schedule
P92 - Individual Census Report

Small Overseas Island Possessions of the United States

(Canton, Midway, Johnston, Swan, and Wake) -

P100 - Population Schedule

P90 - Individual Census Report

DATA COLLECTION FORMS

Form P1 - Population and Housing Schedule - (Back)

SHEET NO.		FOR ALL DWELLING UNITS										
1	2	3	4	5	6	7	8	9	10	11	12	13
Serial number of dwelling unit	Block number	TYPE OF LIVING QUARTERS 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)	TYPE OF STRUCTURE 1 <input type="checkbox"/> Detached 2 <input type="checkbox"/> Semi-detached 3 <input type="checkbox"/> Attached	NUMBER OF DWELLING UNITS IN STRUCTURE _____ (Number)	BUSINESS UNIT IN STRUCTURE 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	CONDITION OF UNIT 1 <input type="checkbox"/> Not dilapidated 2 <input type="checkbox"/> Dilapidated	We have listed (number) persons who live here. Have we missed anyone away traveling? Babies? Lodgers? Other persons staying here who have no home anywhere else? (Add names on other side if necessary) Enter correct number of persons: _____ (Final count) X <input type="checkbox"/> Occupied entirely by nonresidents V <input type="checkbox"/> Vacant	How many rooms are in this unit, not counting bathrooms? _____ (Number)	PIPED WATER SUPPLY 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.)	TYPE OF TOILET 1 <input type="checkbox"/> Flush toilet inside this structure 2 <input type="checkbox"/> Flush toilet outside this structure 3 <input type="checkbox"/> Privy, out-house, or chemical toilet 4 <input type="checkbox"/> No toilet for this unit	TOILET EXCLUSIVE USE 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	INSTALLED BATHTUB OR SHOWER 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
Serial number of dwelling unit	Block number	TYPE OF LIVING QUARTERS 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)	TYPE OF STRUCTURE 1 <input type="checkbox"/> Detached 2 <input type="checkbox"/> Semi-detached 3 <input type="checkbox"/> Attached	NUMBER OF DWELLING UNITS IN STRUCTURE _____ (Number)	BUSINESS UNIT IN STRUCTURE 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	CONDITION OF UNIT 1 <input type="checkbox"/> Not dilapidated 2 <input type="checkbox"/> Dilapidated	We have listed (number) persons who live here. Have we missed anyone away traveling? Babies? Lodgers? Other persons staying here who have no home anywhere else? (Add names on other side if necessary) Enter correct number of persons: _____ (Final count) X <input type="checkbox"/> Occupied entirely by nonresidents V <input type="checkbox"/> Vacant	How many rooms are in this unit, not counting bathrooms? _____ (Number)	PIPED WATER SUPPLY 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.)	TYPE OF TOILET 1 <input type="checkbox"/> Flush toilet inside this structure 2 <input type="checkbox"/> Flush toilet outside this structure 3 <input type="checkbox"/> Privy, out-house, or chemical toilet 4 <input type="checkbox"/> No toilet for this unit	TOILET EXCLUSIVE USE 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	INSTALLED BATHTUB OR SHOWER 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
Serial number of dwelling unit	Block number	TYPE OF LIVING QUARTERS 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)	TYPE OF STRUCTURE 1 <input type="checkbox"/> Detached 2 <input type="checkbox"/> Semi-detached 3 <input type="checkbox"/> Attached	NUMBER OF DWELLING UNITS IN STRUCTURE _____ (Number)	BUSINESS UNIT IN STRUCTURE 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	CONDITION OF UNIT 1 <input type="checkbox"/> Not dilapidated 2 <input type="checkbox"/> Dilapidated	We have listed (number) persons who live here. Have we missed anyone away traveling? Babies? Lodgers? Other persons staying here who have no home anywhere else? (Add names on other side if necessary) Enter correct number of persons: _____ (Final count) X <input type="checkbox"/> Occupied entirely by nonresidents V <input type="checkbox"/> Vacant	How many rooms are in this unit, not counting bathrooms? _____ (Number)	PIPED WATER SUPPLY 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.)	TYPE OF TOILET 1 <input type="checkbox"/> Flush toilet inside this structure 2 <input type="checkbox"/> Flush toilet outside this structure 3 <input type="checkbox"/> Privy, out-house, or chemical toilet 4 <input type="checkbox"/> No toilet for this unit	TOILET EXCLUSIVE USE 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	INSTALLED BATHTUB OR SHOWER 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
Serial number of dwelling unit	Block number	TYPE OF LIVING QUARTERS 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)	TYPE OF STRUCTURE 1 <input type="checkbox"/> Detached 2 <input type="checkbox"/> Semi-detached 3 <input type="checkbox"/> Attached	NUMBER OF DWELLING UNITS IN STRUCTURE _____ (Number)	BUSINESS UNIT IN STRUCTURE 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	CONDITION OF UNIT 1 <input type="checkbox"/> Not dilapidated 2 <input type="checkbox"/> Dilapidated	We have listed (number) persons who live here. Have we missed anyone away traveling? Babies? Lodgers? Other persons staying here who have no home anywhere else? (Add names on other side if necessary) Enter correct number of persons: _____ (Final count) X <input type="checkbox"/> Occupied entirely by nonresidents V <input type="checkbox"/> Vacant	How many rooms are in this unit, not counting bathrooms? _____ (Number)	PIPED WATER SUPPLY 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.)	TYPE OF TOILET 1 <input type="checkbox"/> Flush toilet inside this structure 2 <input type="checkbox"/> Flush toilet outside this structure 3 <input type="checkbox"/> Privy, out-house, or chemical toilet 4 <input type="checkbox"/> No toilet for this unit	TOILET EXCLUSIVE USE 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	INSTALLED BATHTUB OR SHOWER 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
Serial number of dwelling unit	Block number	TYPE OF LIVING QUARTERS 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)	TYPE OF STRUCTURE 1 <input type="checkbox"/> Detached 2 <input type="checkbox"/> Semi-detached 3 <input type="checkbox"/> Attached	NUMBER OF DWELLING UNITS IN STRUCTURE _____ (Number)	BUSINESS UNIT IN STRUCTURE 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	CONDITION OF UNIT 1 <input type="checkbox"/> Not dilapidated 2 <input type="checkbox"/> Dilapidated	We have listed (number) persons who live here. Have we missed anyone away traveling? Babies? Lodgers? Other persons staying here who have no home anywhere else? (Add names on other side if necessary) Enter correct number of persons: _____ (Final count) X <input type="checkbox"/> Occupied entirely by nonresidents V <input type="checkbox"/> Vacant	How many rooms are in this unit, not counting bathrooms? _____ (Number)	PIPED WATER SUPPLY 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.)	TYPE OF TOILET 1 <input type="checkbox"/> Flush toilet inside this structure 2 <input type="checkbox"/> Flush toilet outside this structure 3 <input type="checkbox"/> Privy, out-house, or chemical toilet 4 <input type="checkbox"/> No toilet for this unit	TOILET EXCLUSIVE USE 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	INSTALLED BATHTUB OR SHOWER 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

HOUSING

Form P1 - Population and Housing Schedule - (Back)

		FOR ALL VACANT UNITS		FOR NONFARM VACANT UNITS ONLY		FOR NONFARM UNITS OCCUPIED BY OWNER			FOR NONFARM UNITS OCCUPIED BY RENTER				
13	14	15	16	17	18	19	20	21	22	23	24	25	26
INSTALLED BATHTUB OR SHOWER <input type="checkbox"/> For this unit's exclusive use <input type="checkbox"/> Shared with another unit <input type="checkbox"/> No bath-tub or shower for this unit	a. HEATING EQUIPMENT 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	a. HEATING FUEL USED MOST 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	OCCUPANCY Occupied— 1 <input type="checkbox"/> By owner 2 <input type="checkbox"/> By renter 3 <input type="checkbox"/> Rent free 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? \$ _____ (Monthly average) Gas? \$ _____ (Monthly average) Water? \$ _____ (Monthly average) Wood? Coal? Oil? \$ _____ (12 months total)	Is this unit rented— 1 <input type="checkbox"/> Un-furnished or 2 <input type="checkbox"/> Fur-nished	If rented furnished—What would it rent for monthly if unfurnished? \$ _____
	INSTALLED BATHTUB OR SHOWER <input type="checkbox"/> For this unit's exclusive use <input type="checkbox"/> Shared with another unit <input type="checkbox"/> No bath-tub or shower for this unit	b. Does this unit have electric lighting? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No v <input type="checkbox"/> Vacant	b. What type of refrigerator does this unit have? 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	OCCUPANCY Occupied— 1 <input type="checkbox"/> By owner 2 <input type="checkbox"/> By renter 3 <input type="checkbox"/> Rent free Vacant— 4 <input type="checkbox"/> For rent 5 <input type="checkbox"/> For sale only 6 <input type="checkbox"/> Not for rent or sale	Vacant 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? \$ _____ (Monthly average) Gas? \$ _____ (Monthly average) Water? \$ _____ (Monthly average) Wood? Coal? Oil? \$ _____ (12 months total)	Is this unit rented— 1 <input type="checkbox"/> Un-furnished or 2 <input type="checkbox"/> Fur-nished
INSTALLED BATHTUB OR SHOWER <input type="checkbox"/> For this unit's exclusive use <input type="checkbox"/> Shared with another unit <input type="checkbox"/> No bath-tub or shower for this unit		c. Is there a radio in this unit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No v <input type="checkbox"/> Vacant	c. Is there a television set in this unit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No v <input type="checkbox"/> Vacant	OCCUPANCY Occupied— 1 <input type="checkbox"/> By owner 2 <input type="checkbox"/> By renter 3 <input type="checkbox"/> Rent free Vacant— 4 <input type="checkbox"/> For rent 5 <input type="checkbox"/> For sale only 6 <input type="checkbox"/> Not for rent or sale	Vacant 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? \$ _____ (Monthly average) Gas? \$ _____ (Monthly average) Water? \$ _____ (Monthly average) Wood? Coal? Oil? \$ _____ (12 months total)	Is this unit rented— 1 <input type="checkbox"/> Un-furnished or 2 <input type="checkbox"/> Fur-nished
	INSTALLED BATHTUB OR SHOWER <input type="checkbox"/> For this unit's exclusive use <input type="checkbox"/> Shared with another unit <input type="checkbox"/> No bath-tub or shower for this unit	d. KITCHEN SINK 1 <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 v <input type="checkbox"/> Vacant	d. COOKING FUEL USED MOST 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	OCCUPANCY Occupied— 1 <input type="checkbox"/> By owner 2 <input type="checkbox"/> By renter 3 <input type="checkbox"/> Rent free Vacant— 4 <input type="checkbox"/> For rent 5 <input type="checkbox"/> For sale only 6 <input type="checkbox"/> Not for rent or sale	Vacant 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? \$ _____ (Monthly average) Gas? \$ _____ (Monthly average) Water? \$ _____ (Monthly average) Wood? Coal? Oil? \$ _____ (12 months total)	Is this unit rented— 1 <input type="checkbox"/> Un-furnished or 2 <input type="checkbox"/> Fur-nished
INSTALLED BATHTUB OR SHOWER <input type="checkbox"/> For this unit's exclusive use <input type="checkbox"/> Shared with another unit <input type="checkbox"/> No bath-tub or shower for this unit		e. When was this structure built? If built in 1940 or after, enter exact year: _____ If built before 1940, check one box: 01 <input type="checkbox"/> 1930-1939 02 <input type="checkbox"/> 1920-1929 03 <input type="checkbox"/> 1910 or before	OCCUPANCY Occupied— 1 <input type="checkbox"/> By owner 2 <input type="checkbox"/> By renter 3 <input type="checkbox"/> Rent free Vacant— 4 <input type="checkbox"/> For rent 5 <input type="checkbox"/> For sale only 6 <input type="checkbox"/> Not for rent or sale	Vacant 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? \$ _____ (Monthly average) Gas? \$ _____ (Monthly average) Water? \$ _____ (Monthly average) Wood? Coal? Oil? \$ _____ (12 months total)	Is this unit rented— 1 <input type="checkbox"/> Un-furnished or 2 <input type="checkbox"/> Fur-nished	If rented furnished—What would it rent for monthly if unfurnished? \$ _____
	INSTALLED BATHTUB OR SHOWER <input type="checkbox"/> For this unit's exclusive use <input type="checkbox"/> Shared with another unit <input type="checkbox"/> No bath-tub or shower for this unit	a. HEATING EQUIPMENT 5 <input type="checkbox"/> Not heated v <input type="checkbox"/> Vacant	a. HEATING FUEL USED MOST 7 <input type="checkbox"/> Other fuel 8 <input type="checkbox"/> Not heated v <input type="checkbox"/> Vacant	OCCUPANCY Occupied— 5 <input type="checkbox"/> For sale only 6 <input type="checkbox"/> Not for rent or sale v <input type="checkbox"/> Vacant	Vacant 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? \$ _____ (Monthly average) Gas? \$ _____ (Monthly average) Water? \$ _____ (Monthly average) Wood? Coal? Oil? \$ _____ (12 months total)	Is this unit rented— 1 <input type="checkbox"/> Un-furnished or 2 <input type="checkbox"/> Fur-nished
INSTALLED BATHTUB OR SHOWER <input type="checkbox"/> For this unit's exclusive use <input type="checkbox"/> Shared with another unit <input type="checkbox"/> No bath-tub or shower for this unit		b. Does this unit have electric lighting? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	b. What type of refrigerator does this unit have? 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	OCCUPANCY Occupied— 1 <input type="checkbox"/> By owner 2 <input type="checkbox"/> By renter 3 <input type="checkbox"/> Rent free Vacant— 4 <input type="checkbox"/> For rent 5 <input type="checkbox"/> For sale only 6 <input type="checkbox"/> Not for rent or sale	Vacant 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? \$ _____ (Monthly average) Gas? \$ _____ (Monthly average) Water? \$ _____ (Monthly average) Wood? Coal? Oil? \$ _____ (12 months total)	Is this unit rented— 1 <input type="checkbox"/> Un-furnished or 2 <input type="checkbox"/> Fur-nished

DATA COLLECTION FORMS

Form P1 - Population and Housing Schedule - (Front)

a. STATE	b. HOTEL, LARGE ROOMING HOUSE, INSTITUTION, MILITARY INSTALLATION, ETC.		CONFIDENTIAL FORM P1 U. S. 1950 CENSUS
b. COUNTY	Name	Name	
c. INCORPORATED PLACE OR TOWNSHIP	Type	Type	
d. E. D. NUMBER	Line Nos. _____ to _____, inclusive	Line Nos. _____ to _____, inclusive	

LINE NUMBER	FOR HEAD OF HOUSEHOLD						FOR ALL PERSONS									
	House (and apartment) number	Serial number of dwelling unit	Is this house on a farm (or ranch)?	Is this house on a place of three or more acres?	If No in item 4—	Agriculture Questionnaire Number	NAME	RELATIONSHIP	RACE	SEX	How old was he on his last birthday?	Is he now married, widowed, divorced, separated, or never married?	What State (or foreign country) was he born in?	LEAVE BLANK		
	(Yes or No)	(Yes or No)				(Last name first)	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.	White (W), Negro (Neg), American Indian (Ind), Japanese (Jap), Chinese (Ch), Filipino (Fil), Other race—spell out	Male (M), Female (F)	(If under one year of age, enter month of birth as April, May, Dec., etc.)	(Mar. W, D, Sep., Nov.)			A	B	
1																
2																
3																
4																
5																
6																
7																
8																
9																
30																

HOUSEHOLD CONTINUED ON NEXT SHEET

THE QUESTIONS BELOW ARE FOR PERSONS FOR ALL AGES											
SAMPLE LINE	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?	What county and State was he living in a year ago?			What country were his father and mother born in?		What is the highest grade of school that he has attended?	Did he finish this grade?	Has he attended school at time since February
	(If No in item 21—)	(If No in item 21—)	(If No in item 21—)	County	State or foreign country	LEAVE BLANK	Enter US or name of Territory, possession, or foreign country?	LEAVE BLANK	(Enter one grade—see codes below)		(For those 15 years of age Yes or No For those 18 and over, 1 or over)
	21	22	23	24a	24b	D	25	E	26	27	28
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	County: _____ or nearest place:	State: _____		Father: _____ Mother: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> 30 or over
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	County: _____ or nearest place:	State: _____		Father: _____ Mother: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> 30 or over

Item 17. SPECIAL CASES—State Yes also for persons who would have been looking for work except for—

(a) own temporary illness

(b) indefinite or more than 30-day layoff

(c) belief that no work was available

FOR DISTRICT OFFICE USE ONLY

Number of lines on this sheet	Number of completed lines on this sheet	Number of persons enumerated on this sheet
30		

Item 21. CODES FOR GRADE ATTENDED

None

Kindergarten

Elementary High

High (4 years)

Serjeant's Junior-Senior High

Junior high (3 years)

Senior high (3 years)

College or University

University (4 years)

Graduate or professional school (1 year or more)

Code

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1

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Items 26, 27, and 28. DEFINITION OF FAMILY HEAD

(1) Family head—

(a) head of household with related persons present in household

(b) person unrelated to household head but in persons related to him listed below him on the schedule, for example, lodger, with wife present in household

DATA COLLECTION FORMS

Form P2 - Individual Census Report

1 What is your name?
 (Last name) (First name) (Middle initial)

2 Where do you usually live?
 Here (Check this box if you usually live in this house or if you have no usual place of residence.)
 Some place else (Check this box if you usually live some place else. Enter the address of that place in the space provided below.)
 (a) Address of that place:
 (Number and street and apartment number)
 (City, town, or township)
 (County) (State)

(b) In addition to the above address describe fully your home location in the space provided below. (For example: On west side of Adams Road between Morris and Parker Streets; or, on east side of Plainville Road (RFD No. 3) 2 miles north of Clinton.)

(c) Give the name of one person who is living there now.
 (Enter name or write "no one.")

3 What is your relationship to the head of the household where you usually live?
 I am the head.
 I am not the head.
 If you are not the head, enter your relationship to the head of the household in which you usually live.
 If you have no usual place of residence, enter your relationship to the head of this household.
 (For example: Son, daughter, wife, son-in-law, lodger, lodger's wife, maid, hotel guest, patient, etc.)

4 What is your race? (Check one box or enter name of race.)
 White Negro or What race?

5 What is your sex? (Check one.)
 Male Female

6 How old were you on your last birthday?
 (For infants under one year of age, enter month of birth as April, May, Dec., etc.)

7 Where were you born?
 (State) or (Territory, possession, or foreign country)

8 Are you a citizen of the United States? (Check one.)
 Yes, I was born in the United States or its Territories or possessions.
 Yes, I was born in a foreign country, but became a citizen.
 Yes, I was born in a foreign country of American parents.
 No, I am not a citizen of the United States.

9 Were you living on a farm a year ago? (Check one.)
 Yes No

10 Where were you living a year ago? (If you are not at home now, answer this question as if you were.)
 In this same house.
 Not in this same house, but in this same county.
 Not in this same county—enter county and State below:
 (County) (State or foreign country)
 (If you do not know county, enter name of place or nearest place)

11 Where were your parents born? (Check the box or enter name of Territory, possession, or foreign country.)
 Father:
 Continental United States or (Territory, possession, or foreign country)
 Mother:
 Continental United States or (Territory, possession, or foreign country)

12 What is the highest grade of school you have attended? (Check one.)
 Kindergarten
 Elementary school 1 2 3 4 5 6 7 8
 High school 1 2 3 4
 College or professional school 1 2 3 4 5 or more
 I have never attended school

13 Did you finish this grade? (Check one.)
 Yes No

14 Have you attended school at any time since Feb. 1, 1937? (Check one.)
 Yes No

15 THE FOLLOWING QUESTIONS ARE FOR PERSONS 14 YEARS OLD AND OVER
15 What were you doing last week? (Check each box that applies to you.)
 (a) I worked at a job, or in my business or profession, or on a farm.
 (b) I was looking for work.
 (c) I had a job, profession, or business from which I was temporarily absent.
 (d) I did housework in my own home.
 (e) I am permanently unable to work.
 (f) None of the above applies to me.
16 If you worked last week, how many hours did you work?
 _____ hours
17 If you were looking for work last week, how many weeks have you been looking for work?
 _____ weeks
18 Last year (1949), did you do any work at all (even for a week or two), not counting work around the house?
 Yes—In how many weeks did you do any work?
 _____ (Include paid vacations)
 No
19 Answer (a), (b), and (c) below:
 If you have done any work since January 1, 1949, not counting work around the house—or if you are now looking for work—describe the job you held last week. If you did not work last week, describe your last job or business.
 (a) What kind of work did you do?
 Give an exact answer; for example: truck driver, locomotive fireman, able seaman, mechanical engineer, registered nurse, assemble clocks and watches, etc.
 (b) In what kind of business or industry did you do this work?
 Give an exact answer; for example: radio factory, wholesale radio company, retail radio store, radio repair shop, lawyer's office, oil tanker, etc.
 (c) Was this work: (Check one.)
 For a private employer for wages, salary, commission, or tips.
 For government (Federal, State, city, local, etc.).
 For profit or fees in your own business, farm, office, shop, etc.
 Without pay on your family's farm or business.
 (Please answer questions on page 3)

20 Last year (1949), did you earn any money by working as an employee for wages, salary, commission, or tips?
 Yes—About how much earned? (Enter amount before deductions for withholding tax, social security, bonds, etc.) \$ _____
 No

21 Last year (1949), did you earn any money income by working for yourself in your own business, professional practice, or farm?
 Yes—About how much earned? (Enter net amount after deducting business expenses but before deducting personal taxes or living expenses.) \$ _____
 No

22 Whether or not you worked last year (1949)—Did you receive any other money income from interest, dividends, veteran's allowances, pensions, rents, or any other income not counted in questions 20 and 21?
 Yes—About how much? \$ _____
 No

23 Are you now a member of the Armed Forces of the United States on active duty? (Check one.)
 Yes No

24 Did you ever serve in the Armed Forces of the United States during—(Answer (a), (b), and (c) below.)
 (a) World War II Yes No
 (b) World War I Yes No
 (c) Other war or peacetime service Yes No

25 Are you now married or not married? (Check one.)
 Married Divorced
 Widowed Separated
 Never married

26 Have you been married more than once? (Check one.)
 Yes No I have never been married

27 If you are now married, how many years since you were (last) married? _____ (Years)
 If you are now widowed, how many years since you were widowed? _____ (Years)
 If you are now divorced, how many years since you were divorced? _____ (Years)
 If you are now separated, how many years since you were separated? _____ (Years)

The question below is for women who are married, widowed, divorced, or separated

28 How many children have you ever borne, not counting stillbirths? (If none, check the box.)
 _____ Children or None

29 Leave the sealed form for the Census taker or give it to the person from whom you obtained it for return to the Census taker.

DO NOT USE—TO BE FILLED BY CENSUS TAKER
 (State) (City or town)
 (County) (Street and number)
 (E. D. No.)
 (a) If a hotel, rooming house, institution, military installation, vessel, etc., give
 1. _____ (Name) and
 2. _____ (Type)
 3. Room number (where applicable): _____
 (b) Serial No. of dwelling unit _____

Form P2

BUDGET BUREAU NO. 41-4960
 APPROVAL EXPIRES DECEMBER 31, 1950.

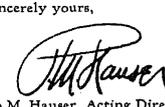


CENSUS REPORT—CONFIDENTIAL—This inquiry is authorized by Act of Congress (46 Stat. 21, 12 U. S. C. 201-218) which requires that you file a report. Your report is recorded confidential treatment. Your Census report cannot be used for purposes of taxation, investigation, or regulation.

U. S. DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

INDIVIDUAL CENSUS REPORT
 1950 CENSUS OF THE UNITED STATES

The Census taker was not able to obtain from you personally the information required by this Census. Please fill out the questions on this form as soon as you can. It should take only a few minutes of your time. Seal the completed form with the gummed flap so that your answers may be kept confidential. Leave the sealed form for the Census taker or give it to the person from whom you obtained it for return to the Census taker. Be sure to fill out this form even though this is not where you usually live. The Census taker will be glad to supply you with additional forms if you need them for members of your family who are here with you.

Sincerely yours,

 Philip M. Hauser, Acting Director
 Bureau of the Census

U. S. Department of Commerce
 Bureau of the Census

Form P3 - Infant Card

CONFIDENTIAL This inquiry is authorized by Act of Congress (46 Stat. 21; 13 U. S. C. 201-218) which requires that a report be made. The information furnished is accorded confidential treatment. The Census report cannot be used for purposes of taxation, investigation, or regulation.

BUDGET BUREAU NO. 41-4861.
APPROVAL EXPIRES Dec. 31, 1950.

FORM P3 U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

INFANT CARD

1950 CENSUS OF POPULATION AND HOUSING
(For every child born in January, February, or March 1950)

1. Is residence on a farm? (Copy from Population schedule item 4 for "head of household.")
 Yes No

2. NAME OF INFANT (Please print)
 (Last) _____ (First) _____ (Initial) _____

3. RACE OF INFANT (Copy from schedule item 9.)
 White Negro American Indian Other

4. SEX OF INFANT (Copy from schedule item 10.)
 Male Female

5. Is father enumerated in this household?
 Yes No

IF "YES" in item 5, copy the answers to items 6, 7, 8, and 9, from the Population schedule. If "NO" in item 5, skip to item 10.

6. NAME OF FATHER (Please print)
 (Copy from schedule item 7.)
 (Last) _____ (First) _____ (Initial) _____

7. AGE OF FATHER ON LAST BIRTHDAY (Copy from schedule item 11.)

8. OCCUPATION OF FATHER (Copy from schedule item 20a; if that item is blank, enter "None.")

9. INDUSTRY OF FATHER (Copy from schedule item 20b; if that item is blank, enter "None.")

State _____ County _____
 E. D. No. _____ Sheet No. _____ Line No. _____
 Enumerated by _____
 Date _____

10. DATE OF BIRTH _____, 1950
 (Month) _____ (Day) _____

11. POST OFFICE ADDRESS OF INFANT'S USUAL PLACE OF RESIDENCE
 House Number _____
 and Street _____
 or RFD No. _____

City or Town _____ State _____

12. INFANT'S PLACE OF BIRTH (ACTUAL PLACE—NOT USUAL RESIDENCE)
 City _____
 (If outside city limits, write "RURAL.")

County _____ State _____

13. NAME OF HOSPITAL
 If "NONE" above, type of attendant at birth:
 Doctor Midwife Other (Specify) _____

14. MAIDEN NAME OF MOTHER (Please print)
 (Last) _____ (First) _____ (Initial) _____

15. AGE OF MOTHER ON LAST BIRTHDAY (Copy from schedule item 11, or ask question.)

16. EDUCATION OF MOTHER (Copy from schedule items 26 and 27 or ask questions.)
 a. What is the highest grade of school that she has attended?
 b. Did she finish this grade? Yes No

17. ORDER OF BIRTH
 Is this the 1st, 2d, etc., child the mother has ever borne? (Do not count stillbirths but count all live births, including children now deceased.)

ASK THESE ITEMS

U. S. GOVERNMENT PRINTING OFFICE 16-59099-1

DATA COLLECTION FORMS

Form P4 - Crew of Vessels Report

<p style="text-align: center; font-weight: bold;">ALL OFFICERS AND CREW MEMBERS MUST ANSWER QUESTIONS 1-9</p> <p>1 What is your name? _____ <small>(Last name) (First name) (Middle initial)</small></p> <p>2 What is your race? (Check one box or enter name of race.) <input type="checkbox"/> White <input type="checkbox"/> Negro or What race? _____</p> <p>3 What is your sex? (Check one.) <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>4 How old were you on your last birthday? _____ <small>(Years old)</small></p> <p>5 Are you now married or not married? (Check one.) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never married</p> <p>6 Where were you born? _____ <small>(State) or (Territory, possession, or foreign country)</small></p> <p>7 Are you a citizen of the United States? (Check one.) <input type="checkbox"/> Yes, I was born in the United States or its Territories or possessions. <input type="checkbox"/> Yes, I was born in a foreign country, but became a citizen. <input type="checkbox"/> Yes, I was born in a foreign country of American parents. <input type="checkbox"/> No, I am not a citizen of the United States.</p> <p>8 Are you now a member of the Armed Forces of the United States on active duty? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <small>(Give Serial Number)</small></p> <p>9 If you are on active duty in the Armed Forces, what is your branch of service? <input type="checkbox"/> Not on active duty <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other _____ <small>(Specify)</small></p>	<p style="text-align: center; font-weight: bold;">QUESTIONS 10-23 MUST BE ANSWERED IF THIS VESSEL WAS IN A UNITED STATES PORT (INCLUDING PORTS IN U. S. TERRITORIES AND POSSESSIONS) ON APRIL 1, 1950</p> <p>10 Were you living on a farm a year ago? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11 Where were you living a year ago? <input type="checkbox"/> On a vessel <input type="checkbox"/> Ashore—give: _____ <small>(County) (State, Territory, possession, or foreign country)</small> <small>(If you do not know county, enter name of place or nearest place)</small></p> <p>12 Where were your parents born? (Check the box or enter name of Territory, possession, or foreign country.) Father: <input type="checkbox"/> Continental United States or _____ <small>(Territory, possession, or foreign country)</small> Mother: <input type="checkbox"/> Continental United States or _____ <small>(Territory, possession, or foreign country)</small></p> <p>13 What is the highest grade of school you have attended? (Check one box.) Elementary school <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 High school <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 College or professional school <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more <input type="checkbox"/> I have never attended school <input type="checkbox"/></p> <p>14 Did you finish this grade? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15 How many hours did you work during the week from Sunday, March 26, through Saturday, April 1? _____ <small>(Hours)</small></p> <p>16 What kind of work did you do? Give your occupation or describe the exact kind of work; for example: Able seaman, messman, water tender, second mate, chief engineer, radio operator, other, stewardess. _____</p>	<p>17 Last year (1949), did you do any work at all, even for a week or two (including paid vacation)? <input type="checkbox"/> Yes—In how many weeks did you do any work? _____ <small>(Weeks)</small> <input type="checkbox"/> No</p> <p>18 Last year (1949), did you earn any money by working as an employee for wages, salary, commission, or tips? <input type="checkbox"/> Yes—About how much earned? <small>(Enter amount before deductions for withholding tax, social security, bonds, etc. Members of armed forces should report base pay, other pay, and allowances.)</small> _____ <input type="checkbox"/> No</p> <p>19 Last year (1949), did you earn any money income by working for yourself in your own business, professional practice, or farm? <input type="checkbox"/> Yes—About how much earned? <small>(Enter net amount after deducting business expenses but before deducting personal taxes or living expenses.)</small> _____ <input type="checkbox"/> No</p> <p>20 Whether or not you worked last year (1949)—Did you receive any other money income from interest, dividends, veteran's allowances, pensions, rents, or any other income not counted in questions 18 and 19? <input type="checkbox"/> Yes—About how much? _____ <input type="checkbox"/> No</p> <p>21 Did you ever serve in the Armed Forces of the United States (excluding service in the Merchant Marine) during—(Answer (a), (b), and (c) below.) (a) World War II <input type="checkbox"/> Yes <input type="checkbox"/> No (b) World War I <input type="checkbox"/> Yes <input type="checkbox"/> No (c) Other war or peacetime service <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22 Have you been married more than once? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have never been married</p> <p>23 If you are now married, how many years since you were (last) married? _____ <small>(Years)</small> If you are now widowed, how many years since you were widowed? _____ <small>(Years)</small> If you are now divorced, how many years since you were divorced? _____ <small>(Years)</small> If you are now separated, how many years since you were separated? _____ <small>(Years)</small></p> <p style="text-align: center; font-weight: bold;">HAVE YOU ANSWERED ALL QUESTIONS THAT APPLY TO YOU?</p>
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GUMMED FLAP

<p style="text-align: center; font-weight: bold;">IDENTIFICATION—TO BE FILLED BY MASTER OF VESSEL</p> <p>1. Name of vessel _____</p> <p>2. Operator of vessel _____ <small>(If U. S. Government vessel, enter "Navy," "Coast Guard," etc.)</small></p> <p>3. Was this vessel berthed in a U. S. Port (including U. S. Territories and possessions) on April 1, 1950? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <small>(Name of Port—City and State)</small> <small>(Number or name of pier)</small></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; font-weight: bold;">DO NOT USE—FOR CENSUS OFFICE USE</p> <p>_____</p> <p style="text-align: center;"><small>(State) (County)</small></p> <p>_____</p> <p style="text-align: center;"><small>(B. D. Number)</small></p> </div> <div style="text-align: center;"> <p style="font-weight: bold;">FORM P4</p> <p>BUDGET BUREAU NO. 41-4979 APPROVAL EXPIRES DEC. 31, 1950.</p> <p style="text-align: center;">U. S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS</p> <p style="text-align: center; font-weight: bold;">CREWS OF VESSELS REPORT</p> <p style="text-align: center;">1950 CENSUS OF POPULATION</p> <p>This form is provided so that officers and other crew members of American flag vessels and U. S. Government vessels (Navy, Coast Guard, etc.) may be included in the 1950 Census of the Population of the United States. Please answer all questions on this form that apply to you. It should take only a few minutes of your time. Seal the completed form with the gummed flap so that your answers may be kept confidential. Return the sealed form to the officer of the vessel from whom you obtained it for return to the Census Bureau.</p> <p>Be sure to fill out this form even if you have a place of residence on shore where you usually stay when you are not at sea.</p> <p style="text-align: right;">Sincerely yours, Philip M. Hauser, Acting Director Bureau of the Census</p> <p style="text-align: center; font-size: small;">This form may be reproduced if additional copies are needed</p> </div>
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Seal this form and return it to the officer of the vessel from whom you obtained it.

CREWS OF VESSELS

U. S. Department of Commerce
Bureau of the Census

POPULATION

Form P6 - Confidential Report on Income, 1949

GUMMED LIP

FOLD SIDES OVER AND THEN FOLD BOTTOM UP AND SEAL

INSTRUCTIONS

This form may be used by any person who prefers to send the report on his income directly to the Bureau of the Census in Washington, D. C., instead of reporting it to the Census enumerator. To help keep the cost of Census operations to a minimum, will you please fill out this form at your earliest convenience and drop it in a mail box. It is already addressed to the Director of the Census and requires no postage. Before mailing, seal the completed form with the gummed edge to insure privacy.

CONFIDENTIAL REPORT ON INCOME, 1949

This inquiry is authorized by Act of Congress (46 Stat. 21; 13 U. S. C. 201-218). This act requires that individual returns to the Bureau of the Census be held confidential. Only totals and summaries of Census returns will be published. Your Census reports cannot be used for purposes of taxation, regulation, or investigation.

If any amount was more than \$10,000 enter "Over \$10,000" for that item.

- 1a. Last year (1949) how much money did you earn by working as an employee for wages, salary, commission, or tips? (Enter amount before deductions for withholding tax, social security, bonds, etc., or check NONE) \$ _____ NONE
 - 1b. Last year (1949) how much money did you earn by working in your own business, professional practice, or farm? (Enter net amount after deducting business expenses but before deducting personal taxes or living expenses, or check NONE) \$ _____ NONE
 - 1c. Whether or not you worked last year (1949), how much money did you receive from interest, dividends, veteran's allowances, pensions, rents, or any other similar income not reported in questions 1a and 1b? (Enter the amount, or check NONE) \$ _____ NONE
- If you are the head of a family, the following questions should also be answered.
- 2a. Last year (1949) how much money did your relatives in this household earn by working as employees for wages, salary, commission, or tips? (Enter amount before deductions for withholding tax, social security, bonds, etc., or check NONE) \$ _____ NONE
 - 2b. Last year (1949) how much money did your relatives in this household earn by working for themselves in their own business, professional practice, or farm? (Enter net amount after deducting business expenses, but before deducting personal taxes or living expenses, or check NONE) \$ _____ NONE
 - 2c. Whether or not they worked last year (1949), how much money did your relatives in this household receive from interest, dividends, veteran's allowances, pensions, rents, or any other similar income not reported in questions 2a and 2b? (Enter the amount, or check NONE) \$ _____ NONE

State	ED	Sheet No.	Line No.
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Form P6
U. S. GOVERNMENT PRINTING OFFICE 616-00011-1
Budget Bureau No. 4-40115
Approval expires December 31, 1950.

DATA COLLECTION FORMS

Form P5 - Overseas Census Report - (Front)

This inquiry is authorized by law. Your Census report can be seen only by authorized personnel and cannot be used for purposes of taxation, investigation, or regulation.

Budget Bureau No. 41-4978
Approval expires Dec. 31, 1950

FORM
P5



**U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS**

**OVERSEAS CENSUS REPORT
1950 CENSUS OF THE UNITED STATES**

This form must be filled by each person who is:

1. A member of the Armed Forces, or
2. A civilian American citizen employed by the United States government

AND

who is residing overseas on April 1, 1950.

DO NOT FILL THIS FORM IF YOUR PLACE OF RESIDENCE ON APRIL 1, 1950, IS IN:

Continental United States	Puerto Rico	Guam
The Territory of Hawaii	The Panama Canal Zone	The Virgin Islands of
The Territory of Alaska	American Samoa	the United States

IMPORTANT: This form should be filled where you usually reside overseas. This is the place where you generally spend most your time. If you are temporarily absent from your place of usual residence overseas, either on vacation, on temporary duty at another place, or for any other reason, you should not fill this form where you happen to be visiting. When you return to your place of usual residence you will be given a form to fill there.

ANSWER THE FOLLOWING QUESTIONS

<p>1. DATE</p> <p>_____</p> <p style="text-align: center;">(Date form is filled)</p> <hr/> <p>2. LOCATION</p> <p>_____</p> <p style="text-align: center;">(Name of country or island)</p> <hr/> <p>3. SERVICE SERIAL NO.</p> <p>_____</p> <p style="text-align: center;">(For members of the Armed Forces only)</p> <hr/> <p>4. ARE ANY MEMBERS OF YOUR FAMILY LIVING WITH YOU OVERSEAS? (Check one box.)</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. CHECK THE BOX WHICH APPLIES TO YOU:</p> <p><input type="checkbox"/> Member of Armed Forces: Army</p> <p><input type="checkbox"/> Member of Armed Forces: Navy</p> <p><input type="checkbox"/> Member of Armed Forces: Air Force</p> <p><input type="checkbox"/> Member of Armed Forces: Marine Corps</p> <p><input type="checkbox"/> Member of Armed Forces: Coast Guard</p> <p><input type="checkbox"/> Civilian employee of _____</p> <p style="text-align: right;">(Specify agency)</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: right;">(Specify—such as tourist, employee of private firm, etc.)</p>
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DISTRIBUTION: Armed Forces Commanding Officers will distribute these forms to all personnel (civilian and military) assigned to their commands outside the areas listed above, but not to persons temporarily present at such stations. Members of the Armed Forces temporarily absent from the place where they are regularly assigned will be enumerated at that place when they return.

Civilian American citizens employed by United States government agencies overseas will be provided with this form by the employing agency.

Other American citizens overseas who wish to be included in this Census may apply to United States Missions or Consular Offices for copies of this form.

If additional copies of this form are needed, local distributing agencies may duplicate it.

ANSWER ALL QUESTIONS ON THE OTHER SIDE

POPULATION

Form P5 - Overseas Census Report - (Back)

(GUMMED FLAP)

INSTRUCTIONS
 1. Answer the following questions for yourself and for any members of your family living with you overseas on April 1, 1950.
 2. The wife of a person required to fill this form should not complete a separate report if she is living with her husband overseas. She should be listed on her husband's report.

Name (Enter last name, first name, and middle initial)	Relationship to you (Enter son, daughter, etc.)	Sex (Check one box)	Age at last birthday (Enter 1 for children under one year of age)	Marital status (Check one box)	Race (Check one box)	Place of birth (Enter name of State, Territory, or possession of the U. S., or foreign country)	Citizenship (Check one box)
Your name	LEAVE BLANK	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (Years old)	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other		1 <input type="checkbox"/> Citizen of the U. S. 2 <input type="checkbox"/> Not a citizen of the U. S.
Your wife's name	LEAVE BLANK	LEAVE BLANK	Age (Years old)	LEAVE BLANK	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other		1 <input type="checkbox"/> Citizen of the U. S. 2 <input type="checkbox"/> Not a citizen of the U. S.
Name of your son, daughter, or other relative living with you		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (Years old)	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other		1 <input type="checkbox"/> Citizen of the U. S. 2 <input type="checkbox"/> Not a citizen of the U. S.
Name of your son, daughter, or other relative living with you		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (Years old)	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other		1 <input type="checkbox"/> Citizen of the U. S. 2 <input type="checkbox"/> Not a citizen of the U. S.
Name of your son, daughter, or other relative living with you		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (Years old)	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other		1 <input type="checkbox"/> Citizen of the U. S. 2 <input type="checkbox"/> Not a citizen of the U. S.
Use extra form if needed for additional family members. <input type="checkbox"/> Check this box if extra form is used and attach extra form before sealing.							

DATA COLLECTION FORMS

Form P8 - Indian Reservation Schedule

TRANSCRIBE FROM P1 SCHEDULE		CONFIDENTIAL		This inquiry is authorized by Act of Congress (46 Stat. 21; 13 U.S.C. 20) requires that a report be made. The information furnished is accorded confidential treatment. The Census report cannot be used for purposes of taxation, investigation, or regulation.						
a. State		Form P8		U. S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS 1950 CENSUS OF POPULATION AND HOUSING INDIAN RESERVATION SCHEDULE						
b. County				REMARKS:						
c. Reservation										
d. E.D. Number										
e. Serial number of dwelling unit										
f. Agriculture Questionnaire Number _____ or <input type="checkbox"/> None										
TRANSCRIBE FROM P1 SCHEDULE		Is he known by any other name than.....?		To what tribe does he belong?		To what clan does he belong?				
Members of household	Sheet number	Line number	Name	(Enter "other" name below)						
	1	2	3	4	5	6	7			
1				<input type="checkbox"/> None Name _____	Name _____	<input type="checkbox"/> None Name _____	Name _____			
10				Name _____	Name _____	Name _____	Name _____			
HOUSEHOLD CONTINUED ON SECOND SHEET <input type="checkbox"/>										
Budget Bureau No. 41-5009 Approval Expires December 1, 1950										
Act of Congress (46 Stat. 21; 13 U.S.C. 201-218) which requires that the information furnished is accorded confidential treatment. The information furnished is accorded confidential treatment. The Census report cannot be used for purposes of taxation, investigation, or regulation.				g. Enumerator's signature _____ Date: _____, 1950						
U. S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS 1950 CENSUS OF POPULATION AND HOUSING INDIAN RESERVATION SCHEDULE				h. Checked by: _____ Date: _____, 1950						
				HOUSING DATA (OBSERVE AND RECORD)						
				j. Type of house construction (Check one)		k. Type of floor construction (Check one)				
				<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		<input type="checkbox"/> Earth <input type="checkbox"/> Wood <input type="checkbox"/> Stone or cement				
				Other _____ Specify _____		Other _____ Specify _____				
To what tribe does he belong?		To what clan does he belong?		LANGUAGES			In 1949 did he attend or participate in any native Indian ceremonies? (Check one box)			
5		6		Does he read English? 8a	Does he write English? 8b	Does he speak English? 8c		Does he read any other language? 9a	Does he write any other language? 9b	Does he speak any other language? 9c
Name _____		<input type="checkbox"/> None Name _____		<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither 10
Name _____		<input type="checkbox"/> None 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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither
SHEET _____ OF _____ SHEETS										

HOUSING

Form P50 - Survey of Residential Financing

Budget Bureau No. 41-5035.
Approval expires December 31, 1950.

Form P50

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON 25

DEAR FELLOW CITIZEN :

In the recent enumeration of the 1950 Census your house or apartment was reported as a rental unit. In connection with the 1950 Housing Census, the Bureau of the Census needs the name and address of the owner or rental agent of the house or apartment which you occupy, in order to secure further housing information from him. Please enter the name and address below and mail today.

Sincerely yours,



ROY V. PEEL,
Director, Bureau of the Census.

1. NAME AND ADDRESS OF OWNER (Answer if owner's name is known).

NAME -----
(First name) (Middle initial) (Last name)

ADDRESS OF OWNER -----
(Street address)

(City) (State)

2. NAME AND ADDRESS OF AGENT (To be answered only if you are making rental payments to an agent of the owner)

NAME -----

ADDRESS -----
(Street address)

(City) (State)

Mailing Instructions:

Fold with Census address outside.
Mail today—NO POSTAGE required.

Number -----

Seal
here

Seal
here

DATA COLLECTION FORMS

Form P51 Owner - Occupied: Survey of Residential Financing

Budget Bureau No. 41-5036. Approval expires Dec. 31, 1950.

FORM P51 OWNER-OCCUPIED
U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SURVEY OF RESIDENTIAL FINANCING
1950 CENSUS OF HOUSING

FOR OFFICE USE

4. Name	CU. No.
5. Street and Number	OM 1-4
6. City, Town, or Village	ONM 1-4
7. County	R 1-4
8. State	5+
	M
	W

1. Who is the owner of this property (at the above address)?
 (If you are purchasing this property consider yourself the owner)

Name
 Street and Number
 Post office address if different
 City State Telephone No.
 Other owner, if any:
 Name
 Street and Number
 City State Telephone No.

2. Does the owner live on this property?
 (Check one)
 1 Yes
 2 No
 If "No"—
 a. To whom do you pay your rent?
 Name
 Street and Number
 City State Telephone No.

If the owner does not live on this property, do not answer any of the remaining questions. Return this form immediately so that we may obtain information about the property from the owner.

The questions that follow are to be answered by the owner of this property or his agent.

3. Did any owner who lives on this property, or the wife or husband of any such owner, serve in the U. S. Armed Forces (including the Army, Navy, Marine Corps, Coast Guard, or Air Force) during: World War II?
 1 Yes
 2 No
World War I?
 1 Yes
 2 No

4. Do you have a mortgage, deed of trust, or contract to purchase this property?
 (Check one)
 1 Mortgage or deed of trust
 2 Contract to purchase (including land contract, contract for deed, contract for sale, etc.)
 3 Neither of the above. If neither, answer only questions 5, 23, 24, and 25.

5. Do you have any other debt on this property, such as tax lien, mechanics' lien, or improvement loan in connection with this property?
 1 Yes. What kind of debt?
 2 No.

The word "Mortgage," as used in the following questions, includes all forms of debt for which this property or building is given as security, such as mortgages, deeds of trust, and similar instruments including contracts to purchase.

6. How many mortgages do you have on this property?
 (Check one)
 1 Only one
 2 Both a first and a second
 3 More than two—How many?

HOUSING

Form P51 Owner - Occupied: Survey of Residential Financing

The questions below apply to both first and second mortgages. Use column 'A' for information on your first mortgage or contract to purchase and column 'B' for your second mortgage (if there is one).

	First Mortgage or Contract to Purchase (A)	Second Mortgage (B)
7. Is the present mortgage:	(Check one)	(Check one)
1. Insured by Federal Housing Administration (FHA)	1 <input type="checkbox"/>	XXX
2. Guaranteed or insured by Veterans Administration (VA)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Not insured or guaranteed by FHA or VA	3 <input type="checkbox"/>	3 <input type="checkbox"/>
8. In what year was the present mortgage made or assumed by you?	(Year) -----	(Year) -----
9. For how many years was the present mortgage to run from the time it was made or assumed by you? (If mortgage reads "on demand," so state)	----- years	----- years
10. What was the amount of the present mortgage when made or assumed by you?	\$ -----	\$ -----
11a. What is the present unpaid balance on this mortgage?	\$ -----	\$ -----
11b. As of what date was this balance computed?	(Month, day, year) -----	(Month, day, year) -----
12. What rate of interest are you paying on your mortgage at the present time? (Do not include FHA insurance premium)	----- %	----- %
13. Are you required to make regular payments on this mortgage for:	(Check one)	(Check one)
1. Interest and principal at the same time in a constant total amount	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Interest or principal at the same time in a decreasing or increasing total amount	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Interest and principal at different times	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Interest only	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Principal only	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Not required to make regular interest or principal payments	6 <input type="checkbox"/>	6 <input type="checkbox"/>

If box 6 is checked, you need not answer questions 14-19 about this mortgage.
If box 6 is checked, you need not answer questions 14-19 about this mortgage.

	First Mortgage or Contract to Purchase (A)	Second Mortgage (B)
14. Which of the following are included in your required mortgage payments?	(Check all that apply)	(Not required for second mortgage)
1. Real estate taxes	1 <input type="checkbox"/>	
2. Fire and hazard insurance premiums	2 <input type="checkbox"/>	
3. FHA mortgage insurance premiums	3 <input type="checkbox"/>	
4. Life insurance premiums	4 <input type="checkbox"/>	
5. Ground rent	5 <input type="checkbox"/>	
6. Mortgage service charge	8 <input type="checkbox"/>	
7. Others (specify) -----	9 <input type="checkbox"/>	
8. No items other than interest or principal	0 <input type="checkbox"/>	
15. How often are you required to make regular payments for INTEREST?	(Check one)	(Check one)
1. Weekly	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Monthly	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Quarterly	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Semiannually	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Annually	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Some other regular interval (specify) -----	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. No regular payments required for interest	7 <input type="checkbox"/>	7 <input type="checkbox"/>
16. How often are you required to make regular payments for PRINCIPAL?	(Check one)	(Check one)
1. Weekly	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Monthly	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Quarterly	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Semiannually	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Annually	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Some other regular interval (specify) -----	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. No regular payments required for principal	7 <input type="checkbox"/>	7 <input type="checkbox"/>

DATA COLLECTION FORMS

Form P51 Owner - Occupied: Survey of Residential Financing

20. To whom do you make your mortgage payments?
 First mortgage or contract to purchase

Name
 Street and Number
 City State

Second mortgage

Name
 Street and Number
 City State

21. For each residential structure located on this mortgaged property, list all addresses and the number of dwelling units (family living quarters).

Structure Number	All street addresses for each structure (street and number)	Office use		Number of Dwelling Units
		S	U	
1.
2.
3.
4.

22. How much of the floor space of all structures on this property is used for business purposes, such as a store, commercial establishment, or rented office space?

1 None
 2 Less than half
 3 Half or more

23. In what year was this structure built?
 If built in 1940 or after, enter the exact year:
 (Year)
 If built before 1940, check one box:
 01 1930-1939
 02 1920-1929
 03 1919 or before

24. In what year did you buy, build, or otherwise acquire this building?
 (Year)

	First Mortgage or Contract to Purchase (A)	Second Mortgage (B)
IF INTEREST AND PRINCIPAL ARE PAID AT THE SAME TIME:		
17a. What is the amount of your regular required payment?	\$ \$ { \$ or <input type="checkbox"/> None	\$ \$ { \$ or <input type="checkbox"/> None
IF INTEREST AND PRINCIPAL ARE NOT PAID AT THE SAME TIME:		
17b. What is the amount of your regular required payment?	1. For principal. 2. For interest (most recent payment) ..	1. 2.
18. Will the regular required payments on the present mortgage pay off the loan completely by date of maturity?	1. Yes 2. No	1 <input type="checkbox"/> 2 <input type="checkbox"/>
19. Are your mortgage payments up to date or past due?	1. Ahead in scheduled payments 2. Up to date in payments (or less than 30 days past due) 3. Payments past due by 30 days or more . . . If payments are past due: a. How many payments are past due? . b. Are legal foreclosure proceedings now in process? 1. Yes 2. No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> (Number) 3 <input type="checkbox"/> 4 <input type="checkbox"/> (Number) 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Form P51 Owner - Occupied: Survey of Residential Financing

30. What was the purchase price of this property when you acquired it? (If structure was built by you, what were total land and construction costs?)
\$

31. How much do you think this mortgaged property would sell for at current market prices?
\$

32. What was the amount of taxes on this mortgaged property (land and buildings) payable during the year 1949?
(Do not include taxes-in arrears from previous years)

a. Real estate taxes
\$

If 1949 taxes did not include this building, check here

b. Special assessments for public improvements (include only amount required to be paid during the year 1949 for such public improvements as sidewalks, pavement, sewers, etc.)
\$ or None

Name of person giving information:
..... (First name) (Middle initial) (Last name)

Notes and explanations:
.....
.....
.....
.....
.....

For office use:

25. Was this a new building when you acquired it, or had it been occupied previously?
1 New building
2 Occupied previously

26. When you acquired this building, did you place or assume a mortgage on the property?
1 Placed a mortgage on the property
2 Assumed a mortgage from former owner
3 Acquired it free of mortgage

27. Is your present mortgage:
(Check one—Answer only for first mortgage.)
1 The same mortgage you placed or assumed when building was acquired (Go to question 30; do not answer questions 28 and 29)
2 A refinancing or renewal of that mortgage (Go to question 28; do not answer question 29)
3 A mortgage placed later than time building was acquired (Go to question 29; do not answer question 28)

**ANSWER QUESTION 28 IF BOX 2 OF QUESTION 27 IS CHECKED
IF PRESENT MORTGAGE IS A REFINANCED OR RENEWED MORTGAGE:**

28a. What was the chief purpose of the last refinancing?
(Check one)
1 Increase the amount of the loan in order to make improvements or repairs on this property
2 Increase the amount of the loan for reasons other than making improvements or repairs on this property
3 Secure better terms (lower the interest rate, extend payment period, etc.)
4 Renew or extend a loan that has fallen due, without increasing the amount
5 Other reasons. Explain

28b. Was the last refinancing with the same lender?
(Check one)
1 Same lender as before refinancing
2 Different lender

ANSWER QUESTION 29 IF BOX 3 OF QUESTION 27 IS CHECKED

29. If your present mortgage was placed later than time building was acquired, what was its chief purpose?
(Check one)
1 Make improvements or repairs on this property
2 Invest in other properties
3 Invest in business other than real estate
4 Other purposes. Explain

Form P54 - Mortgage: Survey of Residential Financing

Budget Bureau No. 41-5088. Approval expires Dec. 31, 1950.

FORM P54 MORTGAGEE
U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SURVEY OF RESIDENTIAL FINANCING
1950 CENSUS OF HOUSING

CONFIDENTIAL: This inquiry is authorized by Act of Congress (46 Stat. 21; 13 U. S. C. 201-218) which requires that a report be made. The information furnished is accorded confidential treatment. The Census report cannot be used for purposes of taxation, investigation, or regulation.

a. Name of Mortgagee or Agent _____ b. Ctl. No. _____

c. Street and Number _____ M _____

d. City, Town, or Village _____ e. County _____ f. State _____

1. The questions on this report relate to the mortgage, deed of trust, or sales contract on the property at the following address:

Street and Number _____

City and State _____

Name of Owner _____

2. Do you hold or service a mortgage, deed of trust, or sales contract on the property at the above address?

1. Hold a mortgage, deed of trust, or sales contract

2. Service a mortgage

3. Neither hold nor service a mortgage

3. If you do not hold or service a mortgage, deed of trust, or sales contract on this property, please give the name and address of the mortgage holder (if known) and return this form immediately.

Name _____

Street and Number _____

City and State _____

4. What type of indebtedness do you own or service on this property?

1. A first mortgage or deed of trust

2. A second mortgage or second deed of trust

3. Both a first and a second mortgage (or deed of trust)

4. A sales contract (including land contract, contract for deed, etc.)

5. Other indebtedness. Explain _____

The word "mortgage," as used in the following questions, includes all forms of debt for which this property or buildings is given as security, such as mortgages, deeds of trust, and similar instruments, including sales contracts.

The questions below apply to both first and second mortgages. If you hold or service the first mortgage, use column "A." If you hold or service the second mortgage, use column "B."

	First Mortgage or Sales Contract (A)	Second Mortgage (B)
5. Is the present mortgage:		
1. Insured by Federal Housing Administration (FHA)	1. <input type="checkbox"/>	x x x x x
2. Guaranteed or insured by Veterans Administration (VA)	2. <input type="checkbox"/>	2. <input type="checkbox"/>
3. Not insured or guaranteed by FHA or VA	3. <input type="checkbox"/>	3. <input type="checkbox"/>
6. In what year was this mortgage first made or assumed by the present property owner?	(Year) _____	(Year) _____
7. What was the term in years of this mortgage when first made or assumed by the present property owner? (If mortgage reads "on demand" so state.)	_____ years	_____ years
8. What was the amount of this mortgage when first made or assumed by the present property owner?	\$ _____	\$ _____
9a. What is the present unpaid balance on this mortgage?	\$ _____	\$ _____
9b. As of what date was this balance computed?	(Date) _____	(Date) _____
10. What is the rate of interest being paid on this mortgage at the present time? (Do not include FHA insurance premium.)	_____ %	_____ %
11. Are regular payments required on this mortgage for:	(Check one)	(Check one)
1. Interest and principal at the same time in a constant total amount	1. <input type="checkbox"/>	1. <input type="checkbox"/>
2. Interest and principal at the same time in a decreasing or increasing total amount	2. <input type="checkbox"/>	2. <input type="checkbox"/>
3. Interest and principal at different times	3. <input type="checkbox"/>	3. <input type="checkbox"/>
4. Interest only	4. <input type="checkbox"/>	4. <input type="checkbox"/>
5. Principal only	5. <input type="checkbox"/>	5. <input type="checkbox"/>
6. Not required to make regular interest or principal payments	6. <input type="checkbox"/>	6. <input type="checkbox"/>

If box 6 is checked, you need not answer questions 12-17 about this mortgage.

If box 6 is checked, you need not answer questions 12-17 about this mortgage.

Form P54 - Mortgage: Survey of Residential Financing

<p>16. Will the regular required payments on this mortgage pay off the loan completely by date of maturity?</p> <p>1. Yes <input type="checkbox"/></p> <p>2. No <input type="checkbox"/></p>	<p>First Mortgage or Sales Contract (Check one)</p> <p>1. <input type="checkbox"/></p> <p>2. <input type="checkbox"/></p>	<p>Second Mortgage (B) (Check one)</p> <p>1. <input type="checkbox"/></p> <p>2. <input type="checkbox"/></p>
<p>17. What is the current status of the mortgage payments?</p> <p>1. Ahead in scheduled payments <input type="checkbox"/></p> <p>2. Up-to-date in payments (or less than 30 days past due) <input type="checkbox"/></p> <p>3. Delinquent by 30 days or more <input type="checkbox"/></p> <p>If delinquent:</p> <p>a. How many payments are past due? _____</p> <p>b. Are legal foreclosure proceedings now in process?</p> <p>1. Yes <input type="checkbox"/></p> <p>2. No <input type="checkbox"/></p>	<p>(Number) _____</p> <p>3. <input type="checkbox"/></p> <p>4. <input type="checkbox"/></p>	<p>(Number) _____</p> <p>3. <input type="checkbox"/></p> <p>4. <input type="checkbox"/></p>
<p>18. Which one of the following is the holder of this mortgage (mortgagee)?</p> <p>1. <input type="checkbox"/> Commercial bank or trust company</p> <p>2. <input type="checkbox"/> Mutual savings bank</p> <p>3. <input type="checkbox"/> Savings and loan association (include building and loan association, cooperative bank in New England, homestead association in Louisiana)</p> <p>4. <input type="checkbox"/> Life insurance company</p> <p>5. <input type="checkbox"/> Mortgage company</p> <p>6. <input type="checkbox"/> Federal National Mortgage Association (FNMA)</p> <p>7. <input type="checkbox"/> Individual or individual's estate</p> <p>8. <input type="checkbox"/> Other (State type of mortgage) _____</p>		
<p>19. Did the holder of this mortgage purchase it from someone else or originate it?</p> <p>1. <input type="checkbox"/> Purchased this mortgage</p> <p>2. <input type="checkbox"/> Originated it</p>		
<p>Name of person giving information</p> <p>_____ (First name) _____ (Middle initial) _____ (Last name)</p>		
<p>Notes and explanations:</p>		

<p>12. Which of the following are included in the regular required payments?</p> <p>1. Real estate taxes <input type="checkbox"/></p> <p>2. Fire and hazard insurance premiums <input type="checkbox"/></p> <p>3. F.H.A. mortgage insurance premiums <input type="checkbox"/></p> <p>4. Life insurance premiums <input type="checkbox"/></p> <p>5. Ground rent <input type="checkbox"/></p> <p>6. Employees' compensation ins. premium <input type="checkbox"/></p> <p>7. Reserve for equipment replacements <input type="checkbox"/></p> <p>8. Mortgage service charge <input type="checkbox"/></p> <p>9. Other (Specify) <input type="checkbox"/></p>	<p>First Mortgage or Sales Contract (Check all that apply)</p> <p>1. <input type="checkbox"/></p> <p>2. <input type="checkbox"/></p> <p>3. <input type="checkbox"/></p> <p>4. <input type="checkbox"/></p> <p>5. <input type="checkbox"/></p> <p>6. <input type="checkbox"/></p> <p>7. <input type="checkbox"/></p> <p>8. <input type="checkbox"/></p> <p>9. <input type="checkbox"/></p>	<p>Second Mortgage (B) (Not required for second mortgage)</p>
<p>13. How often are regular payments required for interest?</p> <p>1. Weekly <input type="checkbox"/></p> <p>2. Monthly <input type="checkbox"/></p> <p>3. Quarterly <input type="checkbox"/></p> <p>4. Semiannually <input type="checkbox"/></p> <p>5. Annually <input type="checkbox"/></p> <p>6. Some other regular interval (Specify) _____</p> <p>7. No regular payments required for interest <input type="checkbox"/></p>	<p>(Check one)</p> <p>1. <input type="checkbox"/></p> <p>2. <input type="checkbox"/></p> <p>3. <input type="checkbox"/></p> <p>4. <input type="checkbox"/></p> <p>5. <input type="checkbox"/></p> <p>6. <input type="checkbox"/></p> <p>7. <input type="checkbox"/></p>	<p>(Check one)</p> <p>1. <input type="checkbox"/></p> <p>2. <input type="checkbox"/></p> <p>3. <input type="checkbox"/></p> <p>4. <input type="checkbox"/></p> <p>5. <input type="checkbox"/></p> <p>6. <input type="checkbox"/></p> <p>7. <input type="checkbox"/></p>
<p>14. How often are regular payments required for principal?</p> <p>1. Weekly <input type="checkbox"/></p> <p>2. Monthly <input type="checkbox"/></p> <p>3. Quarterly <input type="checkbox"/></p> <p>4. Semiannually <input type="checkbox"/></p> <p>5. Annually <input type="checkbox"/></p> <p>6. Some other regular interval (Specify) _____</p> <p>7. No regular payments required for principal</p>	<p>(Check one)</p> <p>1. <input type="checkbox"/></p> <p>2. <input type="checkbox"/></p> <p>3. <input type="checkbox"/></p> <p>4. <input type="checkbox"/></p> <p>5. <input type="checkbox"/></p> <p>6. <input type="checkbox"/></p> <p>7. <input type="checkbox"/></p>	<p>(Check one)</p> <p>1. <input type="checkbox"/></p> <p>2. <input type="checkbox"/></p> <p>3. <input type="checkbox"/></p> <p>4. <input type="checkbox"/></p> <p>5. <input type="checkbox"/></p> <p>6. <input type="checkbox"/></p> <p>7. <input type="checkbox"/></p>
<p>IF INTEREST AND PRINCIPAL ARE PAID AT THE SAME TIME:</p> <p>15a. What is the amount of the regular required payment?</p> <p>1. Total regular payment \$ _____</p> <p>a. For interest and principal \$ _____</p> <p>b. For all other items \$ _____ or <input type="checkbox"/> None</p>		
<p>IF INTEREST AND PRINCIPAL ARE NOT PAID AT THE SAME TIME:</p> <p>15b. What was the amount of the regular required payment?</p> <p>1. For principal \$ _____</p> <p>2. For interest (most recent payment) \$ _____</p>		

DATA COLLECTION FORMS

Form A1 - Agriculture Questionnaire - (Front)

This inquiry is authorized by Act of Congress (46 Stat. 21; 13 USC 201-218) which requires that you file a report. Your report is accorded confidential treatment, subject to the provisions of...

Form A1 U.S. DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS WASHINGTON AGRICULTURE QUESTIONNAIRE Seventeenth Decennial Census of the United States: 1950 OKLAHOMA Agriculture Questionnaire Number (To be filled by Census Enumerator)

Section III.—CROPS HARVESTED IN 1949 Include all crops harvested last year on land in this place (question 15), whether harvested by you or by someone else. Be sure to include landlord's share. Do not report crops you grew on land now farmed or rented by others; these crops will be reported on someone else's questionnaire. Do not include crops which were a complete failure or which were not harvested because of labor shortage, low prices, or destruction from any cause.

FOR OFFICE USE ONLY No. Color-Tenure Size Class Type Irrigation

The Census Enumerator will pick up and review your questionnaire with you. If you do not know how to answer a particular question, place a question mark beside that question and the Census Enumerator will help you when he calls.

Section I.—PERSON IN CHARGE, APRIL 1, 1950; AND AGRICULTURAL OPERATIONS (If a member of the family or anyone else fills this questionnaire for the person in charge, please be sure that all the information is given FOR THE PERSON IN CHARGE.)

Section II.—OWNERSHIP, RENTAL AGREEMENT, AND LOCATION OF LAND, APRIL 1, 1950 (If you own more than one tract of land, INCLUDE ALL LAND OWNED in this or an adjoining county. Include not only cropland but also pasture land, woodland, wasteland, etc.)

Table with columns: Name and address of landlord, How many acres are rented from each landlord? (acres), Does the landlord live on a farm? (Yes/No), Not known (Yes/No)

LAND MANAGED FOR OTHERS: (18) How many acres do you operate for others as a hired manager? (19) How many acres are RENTED TO others, including land worked on shares?

15. Acres in This Place.—To obtain this acreage, add acres owned (question 8) and acres rented from others (question 9); then subtract the acres rented to others (question 14) (If a hired manager, subtract acres in question 18 from acres in question 15.)

LOCATION OF LAND: 16. Is all the land in this place (question 15) located in this county? If "No," (a) How many acres are in this county? (b) Give names of other counties and acres located in each:

RESIDENCE: 17. Do you live on this place? If "No," give location of all land in this place—acres are in (Township) (County) (State) acres are in (Township) (County) (State)

CORN: 18. How much CORN was harvested for all purposes last year? (Do not include sweet corn, popcorn, "Egyptian corn," kaffir, or milo maize.) If no corn was harvested, check and skip to question [24]. 19. How much CORN was harvested for GRAIN? 20. How much CORN was cut for SILAGE? 21. How much CORN was hogged or grazed, or cut for green feed, blanching or stampered? 22. How much of last year's CORN crop was or will be SOLD?

SORGHUMS: (Milo, begari, atlas, sorghum cane, kaffir, "Egyptian corn," sweet sorghum, etc.) Report sweet sorghum for silage in question [24]. [24] How much SORGHUM was harvested for all purposes except silage last year? If "None," check and skip to SMALL GRAINS, question [30]. 25. How much SORGHUM was harvested for GRAIN or for SEED? 26. How much SORGHUM was cut for SILAGE? 27. How much SORGHUM or cane was hogged or grazed, or cut for dry forage or hay? 28. What was the value of last year's SORGHUM crop which was or will be SOLD?

SMALL GRAINS: WHICH OF THE FOLLOWING SMALL GRAIN CROPS WERE HARVESTED LAST YEAR— For each crop harvested, answer these three questions: (1) How many acres were harvested? (2) How much was harvested? (3) How much was sold or will be sold? [30] GRAINS grown together and threshed as a MIXTURE: 31. WHEAT threshed? 32. OATS threshed? 33. OATS cut when ripe or nearly ripe for feeding unthreshed? 34. BARLEY threshed? 35. RYE threshed? 36. F L A X S E E D threshed? 37. OTHER GRAIN threshed—broom, spelt? 38. What was the total value of all small grain crops, including grain straw, SOLD or to be sold?

SOYBEANS, COWPEAS, PEANUTS, AND MUNGBEANS: (If grown with corn or other crops, report acreage of mixture in second column; if grown alone, report acreage in first column.) 39. How many SOYBEANS were grown for all purposes last year? If "None," check and skip to question [53]. 40. How many SOYBEANS were harvested for BEANS? 41. How many SOYBEANS were cut for HAY? 42. How many SOYBEANS were hogged or grazed, or cut for silage? 43. How many SOYBEANS were plowed under for green manure, not grazed or otherwise harvested? 44. How many COWPEAS were grown for all purposes last year? If "None," check and skip to question [59]. 45. How many COWPEAS were harvested for DRY PEAS? 46. How many COWPEAS were cut for HAY? 47. How many COWPEAS were hogged or grazed, or cut for silage? 48. How many COWPEAS were plowed under for green manure, not grazed or otherwise harvested? 49. How many PEANUTS were grown for all purposes last year? If "None," check and skip to question [63]. 50. How many PEANUTS were harvested for picking or thrashing? 51. How many PEANUT vines or tops were saved for HAY or FORAGE? 52. What was the value of last year's soybeans, cowpeas, peanuts, and mungbeans which were or will be SOLD?

Table with columns: Acres grown alone, Acres grown with other crops, Quantity harvested, Sold or will be sold (Bu., Tons, Lb.)

OKLAHOMA

AGRICULTURE

Form A1 - Agriculture Questionnaire - (Front)

Your Census report will be used for statistical purposes only and cannot be used for purposes of taxation, investigation, or regulation.

Bureau of the Budget No. 41-942, Approved April 12, 1942

Form A1 - Agriculture Questionnaire - (Front). Includes sections for HAY CROPS, TREE FRUITS, NUTS, AND GRAPES, POTATOES, COTTON, AND OTHER CROPS, VEGETABLES FOR HOME USE, and LAND USE IN 1949. Contains various tables and checkboxes for reporting agricultural data.

OKLAHOMA

DATA COLLECTION FORMS

Form A1 - Agriculture Questionnaire - (Back)

Section VI.—IRRIGATION IN 1949

[222] Of the total land in this place (reported in question 206), how many acres were IRRIGATED last year? None (Acres) (Do not count land occupied by buildings or roads, or other land not actually irrigated.)

If "None," check and skip to question [230].

223. Of the land from which crops were harvested (reported in question 209), how many acres were IRRIGATED? None (Acres)

224. Of the land used only for pasture or grazing (reported in questions 210, 213, and 216)—

(a) How many acres were IRRIGATED wild grass pasture? None (Acres)

(b) How many acres were IRRIGATED tame grass pasture? None (Acres)

(c) How many acres were IRRIGATED tame grass pasture? None (Acres)

225. Of the cropland not harvested and not pastured (reported in questions 211 and 212), how many acres were IRRIGATED? None (Acres)

Add the acres in questions 223, 224, and 225 and enter the total here (Acres) (For use in question 223 same as in question 209)

226. Was all land in harvested crops irrigated last year? No Yes

If "No"—

(a) What are the names of crops that had the entire acreage irrigated? (If all orchard was irrigated, report "Orchard" as one crop.)

1. _____ 2. _____ 3. _____

(b) What are the names of crops that had only part of the acreage irrigated? (If any orchard was irrigated, report "Orchard" as one crop.)

1. _____ 2. _____ 3. _____

227. Does this place obtain irrigation water by means of its own individual supply ditches or pipe lines, or its own individual wells, pumps, diversion dams, or reservoirs? No Yes

If "Yes"—

(c) How many acres were irrigated last year with water obtained by these means? None Acres (To enumerate: If "Yes," fill out Irrigation Questionnaire I-1.)

228. (a) What is the name of each supply ditch or pipe line (or its owner) not operated by that place individually, that delivered irrigation water on this place last year? None

Name _____ Acres _____

(b) How many acres were irrigated by sprinklers last year? None (Acres)

Section VII.—FOREST PRODUCTS IN 1949

[230] How much was received last year from the sale of standing timber? None sold \$ _____/00 (Dollars only)

231. Were any forest products cut last year? (We want a report of the firewood, fence posts, sawlogs, etc. cut for home use or for sale.) No Yes

If "No," check and skip to question [243].

232. How much FIREWOOD was cut last year on this place? None Cords (4'x4'x8')

233. How many FENCE POSTS were cut last year on this place? None Number

234. How many SAWLOGS and VENEER LOGS were cut last year on this place? None Board feet

237. How much was received last year from the sale of firewood, fence posts, logs, lumber, pulpwood, and piling and poles? None sold \$ _____/00 (Dollars only)

238. How much was received last year from the sale of bark, bolts, Christmas trees, hemlock, mine timber, and other miscellaneous forest products? None sold \$ _____/00 (Dollars only)

Section VIII.—PASTURE RECEIPTS IN 1949

[245] How much was received last year from the sale of pasture or grazing privileges? None \$ _____/00 (Dollars only)

Section IX.—LIVESTOCK ON THIS PLACE, APRIL 1, 1950, AND LIVESTOCK PRODUCTION IN 1949

Include all animals on this place owned by you and by others. Also, any animals belonging to this place but grazing on open range.

MULES AND HORSES, APRIL 1, 1950:

246. Are any mules, horses, or ponies on this place? No. If "No," check and skip to question [248]. Yes

246. How many are MULES and MULE COLTS of all ages? (Number)

247. How many are HORSES and COLTS of all ages, including ponies? (Number)

CATTLE AND CALVES, APRIL 1, 1950:

[248] How many cattle and calves of all ages are on this place? None (Number)

If "None," check and skip to question [257].

OF THE TOTAL CATTLE AND CALVES ON THIS PLACE—

249. How many are COWS? Include heifers that have calved. (Number)

250. How many are CALVES born since Jan. 1, this year? (Number)

251. How many are heifers and heifer calves born before Jan. 1, this year? (Number)

252. How many are bulls, bull calves, steers, and steer calves born before Jan. 1, this year? (Number)

(The total of the numbers for questions 249 to 252 must equal the number for question 248.)

COWS MILKED YESTERDAY:

253. How many COWS and HEIFERS were MILKED YESTERDAY? None (Number)

254. How many MILK COWS were on this place yesterday? Include dry milk cows and milk heifers that have calved. None (Number)

255. How many gallons of MILK were produced yesterday? (Gallons)

256. How many pounds of BUTTER were CHURNED last week? None (Pounds)

HOGS AND PIGS, APRIL 1, 1950:

[257] How many hogs and pigs of all ages, including sows and boars, are on this place? None (Number)

If "None," check and skip to question [260].

258. How many are less than 4 months old? (Number)

259. How many are 4 months old and over? (Number)

(The total of the numbers for questions 258 and 259 must equal the number for question 257.)

SHEEP AND LAMBS, APRIL 1, 1950:

[260] How many ewes, rams, wethers, and lambs of all ages are on this place? None (Number)

If "None," check and skip to question [272].

261. Of the total, how many are LAMBS born since Oct. 1, last year? (Number)

262. Of the total sheep and lambs born before Oct. 1, last year, how many are—

(a) EWES? (Number)

(c) RAMS and WETHERS? (Number)

(The total of the numbers for questions 261 to 262 (c) must equal the number for question 260.)

GOATS; RABBITS; AND FUR ANIMALS IN CAPTIVITY:

[272] Are any of the following on this place or were any kept last year—

(a) GOATS? No Yes

(b) DOMESTIC RABBITS? No Yes

(c) FUR ANIMALS in captivity? No Yes

If "No" in (a), (b), and (c), check and skip to question [274].

273. What was the value of mohair clipped and what was the value of goats and kids, goat milk, rabbits (alive or dressed), fur animals, and pelts SOLD in 1949? None \$ _____/00 (Dollars only)

SOWS AND GILTS FARROWING:

[274] How many sows and gilts have farrowed since December 1, last year? None (Number)

275. How many sows and gilts are expected to farrow between now and June 1, this year? None (Number)

ANIMALS SOLD ALIVE IN 1949:

Which of the Following Animals Were Sold Alive Last Year (1949)— (Report as sold animals received by or sold for your landlord. Report all sales for last year whether or not made from this place.)

For each kind, answer these two questions—	(1) How many were sold?	(2) What was the value of sales in 1949?
276. HOGS and PIGS sold (last year, 1949)? <input type="checkbox"/> None	(Number)	\$ _____/00 (Dollars only)
277. CALVES sold (last year, 1949)? <input type="checkbox"/> None	(Number)	\$ _____/00 (Dollars only)
278. CATTLE, not counting calves, sold (last year, 1949)? <input type="checkbox"/> None	(Number)	\$ _____/00 (Dollars only)
279. SHEEP and LAMBS sold (last year, 1949)? <input type="checkbox"/> None	(Number)	\$ _____/00 (Dollars only)
280. HORSES and MULES sold (last year, 1949)? <input type="checkbox"/> None	(Number)	\$ _____/00 (Dollars only)

FARM BUTCHERING IN 1949:

281. Were any hogs, calves, cattle, sheep, or lambs butchered last year on your place or for you? No. If "No," check and skip to question [287]. Yes

282. How many HOGS and PIGS were butchered last year? (Number)

283. How many CALVES were butchered last year? (Number)

284. How many CATTLE, not counting calves, were butchered last year? (Number)

286. How much was received from the sale of meat, lard, hides, and other products from animals butchered last year (1949)? None sold (Dollars only)

(Report as received by or sold for your landlord.)

DAIRY PRODUCTS SOLD IN 1949:

[287] Was any milk, cream, butter, or cheese sold last year (1949)? No. If "No," check and skip to question [291]. Yes

1. Lb. of MILK OR 2. Lb. of BUTTER OR 3. Gallons of MILK	Value of sales in 1949
288. How much WHOLE MILK was sold last year? <input type="checkbox"/> None	\$ _____/00 (Dollars only)
289. How much CREAM was sold last year? <input type="checkbox"/> None	\$ _____/00 (Dollars only)
290. How much was received from the sale of BUTTER, BUTTERMILK, SKIM MILK, and CHEESE last year? Do not include whole milk and cream. <input type="checkbox"/> None	\$ _____/00 (Dollars only)

WOOL SHORN IN 1949:

[291] How many sheep and lambs were shorn last year (1949)? None (Number)

If "None," check and skip to question [294].

292. How many pounds of wool were shorn last year (1949)? (Pounds)

293. What was the value of the wool shorn last year (1949)? None \$ _____/00 (Dollars only)

POULTRY, APRIL 1, 1950, AND PRODUCTION IN 1949:

[294] Are any chickens, turkeys, or other poultry on this place or were any kept last year? No. If "No," check and skip to question [302]. Yes

295. How many CHICKENS, 4 months old and over, are on this place? None Number on hand

296. How many CHICKENS, including old hens and roosters, pullets, cockerels, and broilers, were SOLD last year? None Number 1949 \$ _____/00 (Dollars only)

(Do not include baby chicks and day-old chicks.)

297. How many dozens of chicken EGGS were SOLD last year? None Dozens 1949 \$ _____/00 (Dollars only)

298. How many TURKEYS were RAISED last year? None Number raised

299. How many TURKEYS, 4 months old and over, are on this place? None Number on hand

300. How many DUCKS, GESE, and other poultry (not counting chickens and turkeys) were RAISED last year? None raised (Give name) Number raised

301. How much was received from the sale of TURKEY EGGS, and DUCKS, GESE, and THEIR EGGS last year? None sold 1949 \$ _____/00 (Do not include chickens and chicken eggs.) Value of sales in (Dollars only)

OKLAHOMA

AGRICULTURE

Form A1 - Agriculture Questionnaire - (Back)

Office Use Only

No. BEEES AND HONEY IN 1949:
 [302] Were any bees owned by you last year? No. If "No," check and skip to question [306].
 303. How many hives of BEEES did you own last year? Number _____
 304. How many pounds of HONEY were produced last year by your bees? _____ Pounds
 305. What was the value of last year's honey and wax SOLD or to be sold, and bees SOLD? None sold 1949 \$ _____/00 (Dollars only)

Color-Tenure Section X—FACILITIES AND EQUIPMENT, APRIL 1, 1950
 Include equipment and facilities that are temporarily out of order. **3**
 [306] Is there a TELEPHONE on this place? No Yes
 307. Do you have a MILKING MACHINE? No Yes
 308. Does this place have ELECTRICITY?
 (x) No. If "No," check and skip to question [310].
 1. Yes, from a power line. What was the amount of your last monthly electric bill? _____ (Dollars) (Cents)
 2. Yes, from a home plant.
 309. DO YOU HAVE—
 (a) Electric water pump? No Yes (d) Electric washing machine? No Yes
 (b) Electric hot water heater? No Yes (e) Electric chick brooder? No Yes
 (c) Home freezer? No Yes (f) Electric power feed grinder? No Yes
 (For quick freezing and storing foods. For full details see reference.)

Site [310] HOW MANY OF THE FOLLOWING ARE ON THIS PLACE—
 Include all equipment kept on this place owned by you or by others.

Type	Number	Year of newest model
(a) Grain combines? (For harvesting and threshing grain or seeds in one operation.)		
(b) Corn pickers?		
(c) Pick-up hay balers?		
(d) Upright mowers?		
(e) Pit or trench mowers?		
(f) Motortrucks? (Include pick-ups.)		
(g) Wheel tractors other than garden? (If home made enter RM under year of newest model.)		
(h) Garden tractors? x x x x		
(i) Crawler tractors? (Track laying, caterpillar.)		
(j) Automobiles? (Include all automobiles belonging to you, hired operators, or others living on this place.)		

Class Section XI.—FARM LABOR LAST WEEK
 311. About how many hours last week did you (the person in charge of this place) do farm work or chores on this place? (Check one)
 1. None
 2. 1 to 14 hours
 3. 15 to 34 hours
 4. 35 to 54 hours
 5. 55 hours or more
 312. How many OTHER MEMBERS OF YOUR FAMILY worked on this place 15 hours or more during last week at farm work or chores, WITHOUT RECEIVING CASH WAGES? None (Persons)
 313. How many HIRED PERSONS worked any time last week on this place at farm work or chores? None (Persons)
 If "None," check and skip to question [316].
 314. How many of these hired persons working last week do you expect to employ for—
 (a) 150 days or more during the year? _____ (Persons)
 (b) Less than 150 days during the year? _____ (Persons)
 (The total of the numbers for questions 314 (a) and (b) must equal the number for question 313.)
 315. What is the present rate of pay and hours of work of these hired persons (question 313)? (Enter information below.)

(a)	(b)	(c)	(d)
How many of these hired persons were paid on a—	What was the agreed cash rate of pay? (If more than one person, give average)	How many hours per person are these workers expected to work to earn this pay?	What, other than cash wages, did these workers receive? (Check which)
Monthly basis? (Persons)	\$ (Per month)	hours per month	<input type="checkbox"/> House <input type="checkbox"/> Other <input type="checkbox"/> Board and room <input type="checkbox"/> None
(1)			
Weekly basis? (Persons)	\$ (Per week)	hours per week	<input type="checkbox"/> House <input type="checkbox"/> Other <input type="checkbox"/> Board and room <input type="checkbox"/> None
(2)			
Daily basis? (Persons)	\$ (Per day)	hours per day	<input type="checkbox"/> House <input type="checkbox"/> Other <input type="checkbox"/> Board and room <input type="checkbox"/> None
(3)			
Hourly basis? (Persons)	\$ (Dollars and cents per hour)	XXXXXXXXXXXXXX	<input type="checkbox"/> House <input type="checkbox"/> Other <input type="checkbox"/> Board and room <input type="checkbox"/> None
(4)			
Piecework basis? (Persons)	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	<input type="checkbox"/> House <input type="checkbox"/> Other <input type="checkbox"/> Board and room <input type="checkbox"/> None
(5)			

Irrigation Section XII.—EXPENDITURES IN 1949
 If you are renting land from others, include all expenses paid by you and by your landlord.
 [316] How much was spent last year for MACHINE HIRE? (Includes tractor hire, threshing, combining, silo filling, baling, ginning, plowing, and spraying.) None \$ _____/00 (Dollars only)
 317. How much was spent last year for HIRED LABOR? (Do not include housewife's custom work, or contract construction work. Include cash payments only.) None \$ _____/90 (Dollars only)
 318. How much was spent last year for FEED for livestock and poultry? None \$ _____/00 (Dollars only)
 (Includes cost of grain, hay, mill feeds, concentrates, and roughages; also, amounts paid for grinding and mixing feed.)
 319. How much was spent last year for PURCHASE OF LIVESTOCK AND POULTRY (including baby chicks)? None \$ _____/00 (Dollars only)
 320. How much was spent last year for GASOLINE and other petroleum FUEL and OIL for the farm business? None \$ _____/00 (Dollars only)
 321. How much was spent last year for SEEDS, BULBS, PLANTS, and TREES? None \$ _____/00 (Dollars only)
 322. How much was spent last year for TRACTOR REPAIRS, including cost of repairing, parts, tires, tubes, and batteries? None \$ _____/00 (Dollars only)
 323. How much was spent last year for FARM MACHINERY REPAIRS other than for tractors, motortrucks, and automobiles? None \$ _____/00 (Dollars only)

Section XIII.—MISCELLANEOUS INFORMATION, APRIL 1, 1950

Trading Center:
 324. What is the distance to the trading center to which you go most frequently? Less than 1 mile OR Miles _____ (Whole miles)
 (a) Of this distance, how much is over dirt or unimproved roads? None OR Miles and tenths of a mile _____/10

Kind of Road:
 325. On what kind of road is this place located? 1. Hard surface 2. Gravel, shell, or shale 3. Dirt or unimproved (Check one)

Value, Debt, and Taxes:
 (When reporting the value of the land, give the approximate amount for which the land and buildings on it would sell. Do not report assessed values. Give a dollar value per acre or total value.)
 LAND OWNED BY YOU:
 326. Enter here answer for question 8 None (Acre) If "None," skip to question [329].
 (a) How much would this land and the buildings on it sell for? \$ _____ (Per acre) OR \$ _____ (Total value, dollars only)
 327. Is there any MORTGAGE DEBT on the land and buildings owned by you? No Yes. How much? \$ _____ (Dollars only)
 328. What was the total amount of property taxes paid (or payable) in 1949 on all property owned by you? \$ _____/00 None required (Include only taxes on real estate and personal property.)
 (c) Of this total, what was the amount of taxes on the land and buildings? \$ _____/00 Not shown separately on tax bill (Dollars only)

Land Rented from Others:
 [329] Enter here answer for question 9 None (Acre) If "None," skip to question [331].
 (a) How much would this land and the buildings on it sell for? \$ _____ (Per acre) OR \$ _____ (Total value, dollars only)
 330. If you pay any cash as rent, what is the amount for the year? \$ _____/00 (Dollars only)

Land Managed for Others:
 [331] Enter here answer for question 13 None (Acre) If "None," skip to question [332].
 (a) How much would this land and the buildings on it sell for? \$ _____ (Per acre) OR \$ _____ (Total value, dollars only)

Land Rented to Others:
 [332] Enter here answer for question 14 None (Acre) If "None," skip to question [333].
 (a) How much would this land and the buildings on it sell for? \$ _____ (Per acre) OR \$ _____ (Total value, dollars only)

Remarks:
 [333] Who furnished the information given in this report? (Check which)
 Operator; Wife or other member of operator's family; Landlord; Hired laborer; Neighbor; Other (Give name under REMARKS)
 334. On what date was this questionnaire filed? _____/_____/1950 (Give month and day)

Enumerator's Record—To be filled by Census Enumerator.
 STATE Oklahoma COUNTY _____ E. D. No. _____
 TOWNSHIP _____
 Is this place in the agriculture sample? No Yes
 Have you reviewed each section of this questionnaire? No Yes
 Certified by _____ (Enumerator) Date _____ (Month) (Day) 1950
 Checked by _____ (Crew Leader) Date _____ (Month) (Day) 1950

OKLAHOMA

DATA COLLECTION FORMS

The A1 schedule appeared in 41 variations. A master table showing the details of the variations is being prepared and will be published in Volume II - General Report, of the 1950 United States Census of Agriculture.

DATA COLLECTION FORMS

Form A3 - Landlord - Tenant Operations Questionnaire

This inquiry is authorized by Act of Congress (46 Stat. 21; 13 USC 201-218) which requires that a report be made. The information furnished is accorded confidential treatment, subject to the provisions of the Act.

FORM A3	U. S. DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS WASHINGTON LANDLORD-TENANT OPERATIONS QUESTIONNAIRE Seventeenth Decennial Census of the United States: 1950	FOR WHOM SHOULD THIS QUESTIONNAIRE BE FILLED? (1) For every person who does some farming himself either alone or with the help of his family or wage hands, and also rents farm land to others or has land worked on shares by others, OR (2) For every person who does no farming himself, but rents farm land to two or more persons or has farm land worked on shares by two or more persons. If the land on which there are tenants, croppers, or renters is under the control of a hired manager, this questionnaire should be filled in the name of the hired manager.
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Section I.—PERSON IN CHARGE OF OVER-ALL OPERATION, APRIL 1, 1950 1. What is your name? _____ (If a partnership, give names of all partners) 2. What is your address? _____ (Route or street number) (Post Office) (State) 3. What is your race? (Check one) <input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> Other; What race? _____ 4. Do you operate this land as a hired manager? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes"—All following questions should be answered for the employer and refer only to the over-all operation which the hired manager manages. Name of employer _____ Address of employer _____ (Route or street number) (Post Office) (State)	Section II.—LAND OWNED OR RENTED, APRIL 1, 1950 OWNED LAND: 5. How many acres of land do you OWN? _____ <input type="checkbox"/> None _____ (If you own more than one tract of land, INCLUDE ALL LAND OWNED in this or an adjoining county. Include not only cropland but also pasture land, woodland, wasteland, etc.) If no land is owned, check the square for "None" above. (A1 8) LAND RENTED FROM OTHERS: 6. How many acres of land do you RENT FROM others, including any worked on shares? _____ <input type="checkbox"/> None _____ (Include any separate fields, meadows, pasture land, woodland, wasteland, etc.) If "None," check the square for "None" above. (A1 9) TOTAL LAND OWNED AND RENTED FROM OTHERS: 7. Total land owned and rented from others.—Add acres in questions 5 and 6 and enter total here _____ (A1 8) (Also, transfer this total to Section III, line A, col. 2.)
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Section III.—TENANTS, INCLUDING CROPPERS AND RENTERS																
Names of tenants, including croppers and renters, on land shown in question 7 above. List all names and required information whether all tenants are in your E. D. or outside your E. D. List these names in the following order: Cash tenants Share tenants Croppers	(A1 15) What is the total acreage assigned to each for this year (1950)? (Include all land—cropland, pasture land, woodland, house lots, gardens, etc.) (Acres)	(A1 200) From how many acres of this land (col. 2) were crops harvested (including hay cut) last year? (Acres)	(A1 98) How much COTTON was harvested last year on this land (col. 2)?			(A1 99 or 45) How much TOBACCO or RICE was harvested last year on this land (col. 2)? (Underline which)			(A1 60) How many PEANUTS were harvested for picking or threshing last year on this land (col. 2)?			(A1 19) How much CORN was harvested for grain last year on this land (col. 2)?		(A1 20 to 22) What other CROPS were harvested last year on this land (Do not report any crop with less than 1/2 bushel)		
	(1)	(2)	(3)	Acres	Bales	Value of cotton and seed (Dollars)	Acres (Report acres and tenths of an acre)	Pounds, or 162-lb. barrels, or bushels (Underline which)	Value of sales (Dollars)	Acres	Pounds of nuts	Value of sales (Dollars)	Acres	Bushels (70 lb. ear corn or 56 lb. shelled = 1 bu.)	Give name of crop	Acres
A. Total for land owned and rented from others																
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																
11.																
19.																
20.																
21.																
22.																
23.																
24.																
25.*																
B. Total for all tenants, including croppers and renters																
C. Home farm (Subtract totals in line B from totals given in line A above)																

DATA COLLECTION FORMS

Form I-1 - Irrigation Questionnaire - (Left)

This inquiry is authorized by Act of Congress (46 Stat. 21; 13 USC 201-218) which requires that a report be made. The information furnished is accorded confidential treatment.

Form I-1	U. S. DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS WASHINGTON IRRIGATION QUESTIONNAIRE Questionnaire for Single-Farm Irrigation Supply Works (Include ranches as farms) Seventeenth Decennial Census of the United States: 1950	All of the remaining questions relate only to the works reported in Section II or to the water delivered or to the land irrigated by these works. Section III.—SOURCE OF WATER OBTAINED IN 1949 THROUGH WORKS REPORTED IN SECTION II 12. Where did the water obtained through these works last year come from? (Check each source from which water was obtained and GIVE NAMES OF STREAMS AND LAKES. If water was obtained from partnership ditches, ditch companies, or other irrigation enterprises, check the sources from which those enterprises obtained the water.) <input type="checkbox"/> Natural stream (not canals or ditches): 8 Name of stream _____ <input type="checkbox"/> Natural lake (not constructed reservoirs or artificial lakes): Name of lake _____ <input type="checkbox"/> Spring. <input type="checkbox"/> Flowing well (consider wells pumped any time last year as pumped wells). <input type="checkbox"/> Pumped well. <input type="checkbox"/> Drainage water (drainage, seepage, or return flow water from ditches or other drainage channels, but not drainage water that has returned to a stream or other natural source). 9 <input type="checkbox"/> Sewage. 10 <input type="checkbox"/> Any other source _____ (Describe)	For Office Use Only No. B X Area Type enterprise 1 Drainage basin Type water Complete system Acreage group																												
	Definition.—SINGLE-FARM IRRIGATION SUPPLY WORKS are the irrigation works and equipment that are operated by a single farm to obtain its own irrigation water. Such works may also supply water to one or more neighboring farms. Supply works include ditches or pipe lines outside the farm boundaries, and any wells, pumps, diversion dams, or reservoirs that are used to get a supply of irrigation water FROM a source of supply INTO the farm's distribution ditches or pipe lines. The supply works DO NOT INCLUDE the ditches or pipe lines on the farm used to distribute and apply the water. THIS QUESTIONNAIRE IS TO BE USED in the 17 Western States and Arkansas, Louisiana, and Florida to report irrigation works that supply water for 1 acre or more of farm land in most years and that ARE OPERATED BY A SINGLE FARM.																														
	Section I.—OPERATOR OF THESE IRRIGATION SUPPLY WORKS, 1950 (Enter name and address from questions 1 and 2 of the Agriculture Questionnaire.) 1. Name _____ 2. Address _____ (Route or street number) _____ (Post Office) _____ (State)	Section III.—SOURCE OF WATER OBTAINED IN 1949 THROUGH WORKS REPORTED IN SECTION II (continued) 13. What part of the water obtained through these works was PUMPED either by this farm or by anyone from whom the water was obtained? (Check one) <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None 14. What part of the water obtained through these works was STORED IN A RESERVOIR (artificial lake or enlarged natural lake) either by this farm or by anyone from whom the water was obtained? (Check one) <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None 15. What part of the water obtained through these works was obtained from irrigation enterprises such as partnership ditches, ditch companies, or irrigation districts? (Check one) <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None (Do not consider water delivered by an irrigation enterprise directly into the farm's distribution system as water obtained through these works.) (If answer to question 15 is "All" or "Part")— (a) What is the name of each enterprise (or its owner)? Name of enterprise _____ Name of enterprise _____																													
	Section II.—IRRIGATION SUPPLY WORKS AND EQUIPMENT OPERATED BY THIS FARM, 1950 3. How many miles of IRRIGATION SUPPLY DITCHES are operated by this farm individually? <input type="checkbox"/> None Miles _____ : 10 (Include ditches and open flumes used to get water to the farm. Do not include ditches and laterals on the farm.) 4. How many miles of SUPPLY PIPE LINES are used for irrigation? <input type="checkbox"/> None Miles _____ : 10 (Include pipe lines of all sizes used to get water to the farm. Do not include pipe lines on the farm.) 5. How many STORAGE RESERVOIRS (artificial lakes) are used for irrigation? <input type="checkbox"/> None Number _____ (Do not count "overnight ponds" as storage reservoirs.) (If reservoirs are reported in question 5)— (a) Give the following information for each reservoir: 1 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Name of reservoir</th> <th style="width: 20%;">Capacity (acre-feet)*</th> <th style="width: 30%;">Material of which reservoir dam is made</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td>2</td></tr> <tr><td> </td><td> </td><td> </td><td>3</td></tr> <tr><td> </td><td> </td><td> </td><td>4</td></tr> <tr><td> </td><td> </td><td> </td><td>5</td></tr> <tr><td> </td><td> </td><td> </td><td>6</td></tr> <tr><td> </td><td> </td><td> </td><td>7</td></tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">*One acre-foot is the quantity of water sufficient to cover 1 acre to depth of 1 foot, or 43,560 cubic feet.</p>	Name of reservoir	Capacity (acre-feet)*	Material of which reservoir dam is made					2				3				4				5				6				7	Office Use Only A X	
Name of reservoir	Capacity (acre-feet)*	Material of which reservoir dam is made																													
			2																												
			3																												
			4																												
			5																												
			6																												
			7																												
	6. How many DIVERSION DAMS are used? <input type="checkbox"/> None Number _____ (Report a diversion dam for each place where water is diverted from a natural stream or spring by this farm individually.) (If diversion dams are reported in question 6)— (a) How many are made of— Earth and rock? Number _____ Timber? Number _____ Concrete? Number _____ Other or mixed materials? _____ (Describe) Number _____ 7. How many FLOWING WELLS are used for irrigation? <input type="checkbox"/> None Number _____ (Report wells pumped any time last year as pumped wells in question 8.) 8. How many PUMPED WELLS are used for irrigation? <input type="checkbox"/> None Number _____ (If pumped wells are reported in question 8)— (a) What was the average pumping lift of these wells last year? Feet _____ (Report vertical distance from average water level in well when pump is operated to highest point to which water is pumped.) 9. How many IRRIGATION PUMPS of all kinds are used? <input type="checkbox"/> None Number _____ (Include irrigation pumps of all kinds.) 10. How many ELECTRIC MOTORS are used for irrigation? <input type="checkbox"/> None Number _____ 11. How many OTHER MOTORS OR ENGINES are used for irrigation? <input type="checkbox"/> None Number _____	Section IV.—NEW CAPITAL INVESTMENT 16. How much was spent between January 1, 1940, and December 31, 1940, for original purchase, new construction, enlargement, or new improvements of these irrigation works, or for acquiring water rights? <input type="checkbox"/> None \$ _____ /00 (Do not include amount spent for repairs, replacement of old or worn-out equipment, or for the drainage system within the farm boundaries.) Section V.—FARMS AND ACREAGE IRRIGATED, 1949 12 (Enter answer for question 17 from the Agriculture Questionnaire, question 227 (a).) 17. Acres irrigated in this farm by these works last year. <input type="checkbox"/> None Acres _____ 18. Did this farm supply irrigation water to any other farms last year? <input type="checkbox"/> No. If "No," check and skip to question [19]. 13 <input type="checkbox"/> Yes. If "Yes," give the following information: 14 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name of operator of each farm.</th> <th style="width: 40%;">Acres irrigated on each farm with the water supplied.</th> </tr> </thead> <tbody> <tr> <td>Name _____</td> <td>Acres 15</td> </tr> <tr> <td>Name _____</td> <td>Acres _____</td> </tr> <tr> <td>Name _____</td> <td>Acres _____</td> </tr> <tr> <td>Name _____</td> <td>Acres _____</td> </tr> </tbody> </table> <p>[19] How much of the land irrigated last year with water from these works has been artificially drained? <input type="checkbox"/> None Acres _____</p> <p>20. How much of the land irrigated last year with water from these works is in need of drainage? <input type="checkbox"/> None Acres _____ (If any of the land reported in question 19 needs additional drainage, include that land also in the answer to question 20.)</p>	Name of operator of each farm.	Acres irrigated on each farm with the water supplied.	Name _____	Acres 15	Name _____	Acres _____	Name _____	Acres _____	Name _____	Acres _____	X X X X C																		
Name of operator of each farm.	Acres irrigated on each farm with the water supplied.																														
Name _____	Acres 15																														
Name _____	Acres _____																														
Name _____	Acres _____																														
Name _____	Acres _____																														

IRRIGATION

Form I-1 - Irrigation Questionnaire - (Right)

Initial treatment, subject to the provisions of law. The Census report cannot be used for purposes of taxation, investigation, or regulation.

Bureau of the Budget No. 41-4651.
Approval expires December 31, 1956.

<p>Office Use Only</p> <p>Area</p> <p>Type enterprise</p> <p style="text-align: center;">1</p> <p>Drainage basin</p> <p>Type water</p> <p>Complete system</p> <p>Acres irrigated</p>	<p style="text-align: center;">Section VI.—COST OF IRRIGATION WATER, 1949</p> <p>(If electric motors are reported in question 10)—</p> <p>21. What was the total cost of electricity for pumping for irrigation last year? <input type="checkbox"/> None \$ _____/00 (Dollars only)</p> <p>(If other motors or engines are reported in question 11)—</p> <p>22. What was the cost of fuel and oil for pumping for irrigation last year? <input type="checkbox"/> None \$ _____/00 (Dollars only)</p> <p>23. What was the total cost of repairs, maintenance, and replacements for irrigation pumps, motors, ditches, or other irrigation works last year? <input type="checkbox"/> None \$ _____/00 (Dollars only)</p> <p style="text-align: right;">16</p> <p style="text-align: right;">17</p> <p style="text-align: right;">18</p> <p>(If water is reported in question 15 (a) as obtained through these works from another irrigation enterprise)—</p> <p>24. How much did this farm pay for the water obtained through these works from the <input type="checkbox"/> None \$ _____/00 (enterprise reported in question 15a)? (Include all types of payments, such as assessments, water tolls, construction, bonds and interest, operation and maintenance, etc.)</p> <p style="text-align: right;">19</p> <p style="text-align: center;">Section VII.—SEASON OF IRRIGATION, 1949</p> <p>25. What were the first and last months of last year in which water obtained through these works was used for irrigation? First month _____ (Month) Last month _____ (Month)</p> <p style="text-align: center;">Section VIII.—LOCATION OF LAND AND WORKS, 1950</p> <p>(If the land irrigated by these works (reported in questions 17 and 18) is less than 300 acres, skip questions 26 and 27.)</p> <p>26. Where is the land that was irrigated by these works located? <input type="checkbox"/> None outside this E. D. <input type="checkbox"/> All or part outside this E. D.</p> <p>(a) If all or part is located outside this E. D., give number of acres of such land by township and range numbers and by county. If located in more than one township, list each township and give the acreage in each. If township and range location is not available, give the best possible description of the location that you can.</p> <p>_____ acres in Township _____; Range _____; County _____</p> <p>_____ acres in Township _____; Range _____; County _____</p> <p>Other description of location _____</p> <p>27. Where are the irrigation works located? <input type="checkbox"/> None outside this E. D. <input type="checkbox"/> All or part outside this E. D.</p> <p>(a) If all or part are located outside this E. D., list the kind of works (well, ditch, etc.) by township and range numbers, and by county, or give the best possible description of their location.</p> <p>KIND OF WORKS:</p> <p>_____ in Township _____; Range _____; County _____</p> <p>_____ in Township _____; Range _____; County _____</p> <p>Other description of location _____</p> <p>REMARKS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">ENUMERATOR'S RECORD</p> <p>State _____ County _____ E. D. No. _____</p> <p style="text-align: center;">Agriculture Questionnaire No. _____</p> <p>Certified by _____ Date _____, 1950 (Enumerator) (Month) (Day)</p> <p>Checked by _____ Date _____, 1950 (Crew Leader) (Month) (Day)</p>
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<p>Office Use Only</p> <p style="text-align: center;">B</p> <p style="text-align: center;">C</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p>	<p style="text-align: center;">EXPLANATIONS AND INSTRUCTIONS</p> <p>This questionnaire is to be used in the following States:</p> <table style="width: 100%; border: none;"> <tr> <td>Arizona</td> <td>Idaho</td> <td>Nevada</td> <td>South Dakota</td> </tr> <tr> <td>Arkansas</td> <td>Kansas</td> <td>New Mexico</td> <td>Texas</td> </tr> <tr> <td>California</td> <td>Louisiana</td> <td>North Dakota</td> <td>Utah</td> </tr> <tr> <td>Colorado</td> <td>Montana</td> <td>Oklahoma</td> <td>Washington</td> </tr> <tr> <td>Florida</td> <td>Nebraska</td> <td>Oregon</td> <td>Wyoming</td> </tr> </table> <p>WHEN TO TAKE THIS QUESTIONNAIRE.—This questionnaire is to be filled for each farm in the above States for which the answer to question 227 in the Agriculture Questionnaire is "Yes," with the following three exceptions—</p> <ol style="list-style-type: none"> (1) If the acreage irrigated by the farm's own irrigation supply works in most years is less than 1 acre, or, (2) If the farm's own irrigation supply works consist ONLY of a supply ditch or pipe line that is less than 1 mile in length and also is used to get water to the farm from a partnership ditch, ditch company, or other irrigation enterprise, or, (3) If the farm's own irrigation supply works consist ONLY of a small reservoir or "overnight pond" that merely regulates the daily delivery of water to the farm from an irrigation enterprise. <p>But DO fill this questionnaire for ANY irrigation works including any length of ditch or pipe line, that are operated by this farm individually to obtain water from a stream, well, or other original source to irrigate 1 acre or more of land in most years.</p> <p>If the answer to question 227 in the Agriculture Questionnaire is "Yes," make sufficient inquiry to determine whether the above exceptions apply before filling out this questionnaire.</p> <p>Report in a single I-1 Questionnaire all individually operated irrigation supply works used to obtain irrigation water for any land reported in a single Agriculture Questionnaire. For example, if water is pumped from a well on one part of the farm and other water is obtained by gravity on another part, both sets of irrigation works should be reported in one I-1 Questionnaire for the farm.</p> <p style="text-align: center;">Section II.—IRRIGATION SUPPLY WORKS AND EQUIPMENT, 1950</p> <p>Report irrigation works and equipment as of January 1, 1950.</p> <p>Do not include ditches, pumps, or other works used primarily for drainage, but do include works, such as pumps, that are used primarily to utilize drainage water for irrigation. Include works or equipment maintained chiefly for irrigation use, even if not used for irrigation last year; in such cases make a note under REMARKS as to which works or equipment were not used in 1949, and why.</p> <p>A DIVERSION DAM (question 6) is an obstruction placed in a natural stream to divert the water into a ditch or to form a pool of water for pumping. Report as a diversion dam any means of diverting water by gravity from any natural channel even if the means consist only of making an opening in the bank of the channel with a shovel. Do not report headgates or diversion boxes in canals or ditches as diversion dams. Also do not report STORAGE dams (dams used to form reservoirs) as diversion dams.</p> <p style="text-align: center;">Section III.—SOURCE OF WATER, 1949</p> <p>The water supply may come from two or more sources—for example, part from a stream and part from a well. If the supply was from more than one source, check each of these sources in question 12. If stored water was obtained from a reservoir (artificial lake or enlarged natural lake) report as the source the principal STREAM from which the stored water came. Check "Natural stream" for storm water from any natural run-off channel, even though water flows in the channel only during or after storms. If the stream or channel has no name, report "No name."</p> <p>Stored water (question 14) is water that must be held in a reservoir to make the water available for use when needed. Stored water does not include natural flow water that merely flows through a reservoir nor water released from a reservoir to replace natural flow water.</p> <p>The information on works reported in Section II and the information on sources of water reported in Section III must be consistent. For example, if water from a stream is reported in question 12 of Section III, either a diversion dam or pump to get the water out of the stream should be reported in Section II, or question 15 should show water obtained from another enterprise that has a diversion dam or pump to get the water out of the stream.</p> <p style="text-align: center;">Section IV.—CAPITAL INVESTMENT</p> <p>Do not include purchase cost of works or equipment used more for other purposes than for irrigation—for example, do not include a tractor used for pumping irrigation water if it was used more for other farm work.</p> <p>If diversion dams, pumps, or other works or equipment are merely replaced with new ones of similar type, do not report the cost as new capital investment. But if items are replaced with new ones of materially different or improved type, report the additional cost over and above the cost of merely making a replacement of similar type. For example, if a brush diversion dam is replaced with a new brush diversion dam, do not report the cost as new investment. But if it is replaced with a concrete dam, report as new investment the part of the cost in excess of the cost of a brush dam.</p> <p>Include the estimated value at prevailing wage rates of any work done by the farm operator since January 1, 1940, in new construction or enlargement and improvement of irrigation supply works. Do not include costs for the farm distribution system within the farm boundaries.</p> <p style="text-align: center;">Section V.—FARMS AND ACREAGE IRRIGATED, 1949</p> <p>In question 18, only the acreage actually irrigated last year with water supplied by these irrigation works should be reported as "acres irrigated." Do not report land in roads, ditches, or other uses to which water was not applied.</p> <p style="text-align: center;">Section VI.—COST OF IRRIGATION WATER, 1949</p> <p>Report all costs of water OBTAINED THROUGH THESE WORKS last year, including water delivered to other farms.</p> <p>In question 23, include the estimated value at prevailing wage rates of any work done by the farm operator in the maintenance or repairs of these works. DO NOT INCLUDE costs of distributing and applying the water to the land, nor of maintaining the farm distribution system. If an unusually large expenditure was made for repairs or replacements, explain what it was for under "REMARKS."</p>	Arizona	Idaho	Nevada	South Dakota	Arkansas	Kansas	New Mexico	Texas	California	Louisiana	North Dakota	Utah	Colorado	Montana	Oklahoma	Washington	Florida	Nebraska	Oregon	Wyoming
Arizona	Idaho	Nevada	South Dakota																		
Arkansas	Kansas	New Mexico	Texas																		
California	Louisiana	North Dakota	Utah																		
Colorado	Montana	Oklahoma	Washington																		
Florida	Nebraska	Oregon	Wyoming																		

DATA COLLECTION FORMS

Form I-2 - Irrigation Questionnaire - (Front)

This inquiry is authorized by Act of Congress (46 Stat. 21; 13 USC 201-218) which requires that a report be made. The information furnished is accorded confidence.

<p style="text-align: center;">FORM I-2</p> <p style="text-align: center;">U. S. DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS WASHINGTON</p> <p style="text-align: center;">IRRIGATION QUESTIONNAIRE</p> <p style="text-align: center;">Questionnaire for Multiple-Farm Irrigation Enterprises (Include ranches as farms)</p> <p style="text-align: center;">Seventeenth Decennial Census of the United States: 1950</p>	<p>15. Are any of the irrigation works owned jointly with any other irrigation enterprises? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If "Yes," answer the following questions:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">(a) Which of the works (reservoir, canal, etc.) are jointly owned?</td> <td style="width: 33%; padding: 5px;">(b) What percent of each of the works is owned by THIS enterprise?</td> <td style="width: 33%; padding: 5px;">(c) For each of the works, what are the names of the other enterprises that have an ownership interest?</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table> <p>16. Are any of the works of this enterprise used for other purposes, such as drainage, hydroelectric power, flood control, etc., in addition to irrigation? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If "Yes," answer the following questions:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">(a) Which of the works (reservoir, canal, etc.) are used for other purposes?</td> <td style="width: 33%; padding: 5px;">(b) What are the other uses (drainage, power, etc.) of each of the works?</td> <td style="width: 33%; padding: 5px;">(c) What percent of the use of each of the works is chargeable to irrigation?</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	(a) Which of the works (reservoir, canal, etc.) are jointly owned?	(b) What percent of each of the works is owned by THIS enterprise?	(c) For each of the works, what are the names of the other enterprises that have an ownership interest?				(a) Which of the works (reservoir, canal, etc.) are used for other purposes?	(b) What are the other uses (drainage, power, etc.) of each of the works?	(c) What percent of the use of each of the works is chargeable to irrigation?				<p>FOR OFFICE USE ONLY</p> <p>No. _____</p> <p>Area _____</p> <p>Type enterprise _____</p> <p>Drainage basin _____</p> <p>Type water _____</p> <p>Complete system _____</p> <p>Acres group _____</p>												
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<p style="text-align: center;">Section I.—NAME AND TYPE OF ENTERPRISE, 1950</p> <p>1. Name of irrigation enterprise _____</p> <p>2. Other names by which this enterprise is commonly known: _____</p> <p>3. Persons supplying information: Title or relationship to enterprise</p> <p>Name _____</p> <p>Address _____ (Street or route number) (Post Office) (State)</p> <p>Name _____</p> <p>Address _____ (Street or route number) (Post Office) (State)</p> <p>4. Which of the following types does this enterprise represent? (Check one)</p> <p>Cooperative <input type="checkbox"/> Unincorporated <input type="checkbox"/> U. S. Bureau of Reclamation or mutual <input type="checkbox"/> Incorporated <input type="checkbox"/> U. S. Office of Indian Affairs</p> <p><input type="checkbox"/> District (irrigation or other) <input type="checkbox"/> State</p> <p><input type="checkbox"/> Commercial <input type="checkbox"/> City</p>	<p style="text-align: center;">Section III.—SOURCE OF WATER, 1949</p> <p>17. Where did the water obtained by this enterprise last year come from? (Check EACH SOURCE from which water was obtained, and GIVE NAMES OF STREAMS AND LAKES. If water was obtained from other irrigation enterprises, check the sources from which those enterprises obtained the water.)</p> <p><input type="checkbox"/> Natural stream (not canals or ditches)— \$ _____</p> <p>Name of stream _____</p> <p><input type="checkbox"/> Natural lake (not constructed reservoirs or artificial lakes)—</p> <p>Name of lake _____</p> <p><input type="checkbox"/> Spring 9 _____</p> <p><input type="checkbox"/> Flowing well (consider wells pumped any time last year as pumped wells) 10 _____</p> <p><input type="checkbox"/> Purged well</p> <p><input type="checkbox"/> Drainage water (drainage, seepage, or return flow water from ditches or other drainage channels, but not drainage water that has returned to a stream or other natural source)</p> <p><input type="checkbox"/> Sewage</p> <p><input type="checkbox"/> Any other source _____ (Describe)</p> <p>18. What part of the water obtained by this enterprise was PUMPED either by this enterprise or by other enterprises from which the water was obtained? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None</p> <p>19. What part of the water was STORED IN A RESERVOIR (artificial lake or enlarged natural lake) either by this enterprise or by other enterprises from which the water was obtained? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None</p> <p>20. What part of the water was obtained from other irrigation enterprises? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None</p> <p>If all or part of the water came from other enterprises:</p> <p>(a) What is the name of each enterprise (or its owner)?</p> <p>Name of enterprise _____</p> <p>Name of enterprise _____</p>	<p style="text-align: center;">Section II.—IRRIGATION WORKS AND EQUIPMENT, 1950</p> <p style="font-size: x-small;">(Include all irrigation works and equipment operated by this enterprise. Do not include laterals, ditches, or other works that receive water from this enterprise but are operated by other organizations, groups of farmers, or individual farmers.)</p> <p>5. How many miles of CANALS and DITCHES are operated? None Miles _____ 10</p> <p>6. How many miles of PIPE LINES are operated? None Miles _____ 10</p> <p>7. How many feet of TUNNELS are operated? None Feet _____</p> <p>8. How many STORAGE RESERVOIRS are operated? None Number _____</p> <p>(a) Give the following information for each reservoir: 1 _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of reservoir</th> <th style="width: 20%;">Capacity (acre-feet)</th> <th style="width: 40%;">Material of which reservoir dam is made</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table> <p>9. How many DIVERSION DAMS are operated? None Number _____ 7</p> <p>(Do not count dams used to form reservoirs.)</p> <p>If diversion dams are operated—</p> <p>How many are made of—</p> <p>(a) Earth or rock? _____</p> <p>(b) Timber? _____</p> <p>(c) Concrete or masonry? _____</p> <p>(d) Other or mixed materials? _____ (Describe)</p> <p>10. How many FLOWING WELLS are used? None Number _____</p> <p>(Report wells pumped any time last year as pumped wells in question 11.)</p> <p>11. How many PUMPED WELLS are used? None Number _____</p> <p>If pumped wells are used—</p> <p>(a) What was the average PUMPING LIFT of these pumped wells last year? _____ Feet.</p> <p>(Report vertical distance from water level in well when pump is operating to highest point to which water is pumped.)</p> <p>12. How many IRRIGATION PUMPS of all kinds are used? None Number _____</p> <p>13. How many ELECTRIC MOTORS are used for pumping? None Number _____</p> <p>14. How many OTHER MOTORS OR ENGINES are used for pumping? None Number _____</p>	Name of reservoir	Capacity (acre-feet)	Material of which reservoir dam is made																					
Name of reservoir	Capacity (acre-feet)	Material of which reservoir dam is made																								
<p style="text-align: center;">Section IV.—NEW CAPITAL INVESTMENT; FINANCING</p> <p>21. How much was spent by this enterprise between Jan. 1, 1949, and Dec. 31, 1949, for original purchase, new construction, enlargement, or new improvements of irrigation works, or for acquiring water rights? None \$ _____/00</p> <p>(Do not include repairs or replacements, nor payments for works constructed prior to 1949.) (Dollars only)</p> <p>22. What was the total indebtedness of this enterprise in outstanding bonds, notes, or balances payable on construction or purchase cost as of Jan. 1, 1950? None \$ _____/00</p> <p>(Dollars only)</p> <p>If this enterprise has indebtedness:</p> <p>(a) How much was this enterprise in arrears in payment of principal or interest on indebtedness as of January 1, 1950? None \$ _____/00</p> <p>(Dollars only)</p> <p>23. How much were water users in arrears for payments to this enterprise as of January 1, 1950? None \$ _____/00</p> <p>(Dollars only)</p>	<p style="text-align: center;">Office Use Only</p> <p>A _____</p>																									

IRRIGATION

Form I-2 - Irrigation Questionnaire - (Front)

Confidential treatment, subject to the provisions of law. The Census report cannot be used for purposes of taxation, investigation, or regulation. Bureau of the Budget No. 41-4062. Approval expires December 31, 1950.

OFFICE ONLY

No. _____

Area _____

Type enterprise _____

Drainage basin _____

Type water _____

Complete system _____

Acres group _____

Section V.—FARMS AND ACREAGE IRRIGATED, 1949

(Report as farms any places of 3 acres or more, and places of less than 3 acres that produced \$150 worth or more of farm products for sale last year. Include ranches as farms.)

24. How many farms received any water from this enterprise last year? Number of farms _____

25. How many of these farms (reported in question 24) received the water from this enterprise through separately operated laterals or other irrigation enterprises? Number _____

(Discard separately operated laterals less than one mile in length outside the boundaries of the farms that are served, AND that have no operation or other to report them.)

If water was delivered through such enterprises:

(a) What is the name of each separately operated lateral or other enterprise (or name of owner) and how many farms received water from each?

Name _____ Number of farms _____

Name _____ Number of farms _____

Name _____ Number of farms _____

(Continue under REMARKS if necessary. If continued, check here:)

26. How many farms received water direct from this enterprise? Number of farms _____

(The sum of the farms in questions 25 and 26 should equal the number of farms in question 24.)

27. What was the total net acreage irrigated by this enterprise last year in the farms (reported in question 26) that received water DIRECT FROM THIS ENTERPRISE? Acres _____

(Net acreage means land actually irrigated, not including land in roads, farmsteads, etc., nor land sometimes irrigated, but not irrigated last year. Do not count land twice even though two crops were harvested from the same land.)

28. How much of the land irrigated direct last year (reported in question 27) has been artificially drained? Acres _____

29. How much of the land irrigated direct last year (reported in question 27) is in need of drainage? Acres _____

(If any of the land reported in question 29 needs additional drainage, include that land also in the answer to question 28.)

36. How many acre-feet of water were OBTAINED in each of the following ways last year?

(If acre-feet cannot be estimated satisfactorily, what is the estimated percent of the total supply of water obtained in each way?)

	Acre-feet; OR	Percent of total supply
(a) By diversion or pumping from surface water sources BY THIS ENTERPRISE (Include water from flowing wells.)	_____ or _____%	_____
(b) By pumping from ground water sources BY THIS ENTERPRISE	_____ or _____%	_____
(c) From other enterprises (listed in question 26a)	_____ or _____%	_____
(d) Total supply of water	_____ or 100%	_____

37. How many acre-feet of water were USED in each of the following ways?

(If acre-feet cannot be estimated satisfactorily, what is the estimated percent of the total supply of water used in each way?)

	Acre-feet; OR	Percent of total supply
(a) Conveyance loss—seepage, evaporation, etc.	_____ or _____%	_____
(b) Direct to farms for irrigation (as reported in question 35)	_____ or _____%	_____
(c) To other irrigation enterprises (listed in question 26a)	_____ or _____%	_____
(d) Other use (Describe)	_____ or _____%	_____
(e) Total supply of water (Acre-feet in 37e should be the same as in 36d.)	_____ or 100%	_____

Section VIII.—LOCATION OF LAND AND WORKS, 1950

38. Are either the irrigation works of this enterprise or the land irrigated direct (reported in question 27) located in more than one county? No Yes

(a) If "Yes," give the location by counties of each of the items indicated below.

Question No.	Write name of county →	County	County	County	County
5.	Canals, ditches miles				
6.	Pipe lines miles				
7.	Tunnels feet				
8.	Reservoirs (by name)				
9.	Diversion dams number				
10.	Flowing wells number				
11.	Pumped wells number				
12.	Pumps number				
13.	Electric motors number				
14.	Other motors number				
21.	New capital dollars				
26.	Farms irr. direct number				
27.	Acres irr. direct acres				
28.	Acres drained acres				
29.	Needing drainage acres				

REMARKS: _____

Section VI.—COST OF WATER TO FARMS, 1949

30. How much was paid to this enterprise last year by the farms (reported in question 26) that received water DIRECT FROM THIS ENTERPRISE? (Include all types of payments such as assessments per acre or per share of stock, water tolls, construction payments, bond and interest payments, and "O and M" payments.)

REPORT EITHER: 16

Total payments None \$ _____/00 17

(Dollars only)

OR 18

Payment PER ACRE ACTUALLY IRRIGATED \$ _____/_____

(Dollars and cents)

31. How much did these farms (that received water DIRECT) pay direct to any other enterprises for that water?

REPORT EITHER: 19

Total payments None \$ _____/00 19

(Dollars only)

OR

Payment PER ACRE ACTUALLY IRRIGATED \$ _____/_____

(Dollars and cents)

32. How much of these payments (see questions 30 and 31) was for purposes such as construction or purchase cost, bonds, and interest, or sinking fund? Do not include payments for operation or maintenance.

REPORT EITHER: 20

Total payments other than for operation and maintenance None \$ _____/00 20

(Dollars only)

OR

Payment other than for operation and maintenance PER ACRE ACTUALLY IRRIGATED \$ _____/_____

(Dollars and cents)

Section VII.—QUANTITIES OF WATER, 1949

33. What were the first and last months in which water was supplied for irrigation last year? 21

(Month) _____ (Month) _____

34. What part of the water was measured to the individual farms? 22

() All () Part () None

35. What was the total quantity of water delivered last year to farms (reported in question 26) that received water DIRECT?

_____ acre-feet, or, _____ million gallons

or _____ cu. ft. per sec. for _____ hours 21

or _____ gal. per min. for _____ hours 22

or _____ miner's inches for _____ hours

ENUMERATOR'S RECORD

(To be filled by Census Enumerator)

Are either the works or land irrigated direct, within a county, located in more than one drainage basin? No Yes

If "Yes," give drainage basin location of items on back of questionnaire.

State _____ County _____ Drainage basin _____ Irrigation Questionnaire No. _____

Certified by _____ (Enumerator) Date _____ (Month) (Day) 1950

Checked by _____ (Irrigation Technician) Date _____ (Month) (Day) 1950

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DATA COLLECTION FORMS

Form A 11 - Special Questionnaire for Producers of Cut Flowers and Flowering or Foliage Plants

<p>Form A 11</p>	<p>1. Name of establishment _____</p> <p>2. Address _____ Street or R.D. Number _____ Post Office _____ _____ County _____ State _____</p> <p>3. Name of Owner, Corporation President, or Manager _____</p> <p>4. Main office _____ Street or R.D. Number _____ Post Office _____ _____ County _____ State _____</p> <p>5. Kind of business: (a) Did this establishment grow and sell \$1,000 or more of nursery stock in 1949?..... <input type="checkbox"/> No <input type="checkbox"/> Yes (If the answer is "Yes" it is necessary for you to fill in a questionnaire for nurseries. If Form No. A12 for nurseries is not enclosed, write to the Bureau of the Census, Washington 25, D.C., requesting a copy.)</p>	<p style="text-align: center;">UNITED STATES DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS WASHINGTON 25</p> <p style="text-align: center;">SEVENTEENTH DECADE CENSUS OF THE UNITED STATES: 1950 SPECIAL QUESTIONNAIRE FOR PRODUCERS OF CUT FLOWERS AND FLOWERING OR FOLIAGE PLANTS (Including propagated mushrooms and vegetables under glass)</p> <p style="text-align: center;">I. OPERATOR, APRIL 1, 1950</p>
<p>This inquiry is authorized by Act of Congress (46 Stat. 21; 13 USC 201-218) which requires that you file a report. Your report is accorded confidential treatment, subject to the provisions of law. Your Census report will be used for statistical purposes only and cannot be used for purposes of taxation, investigation, or regulation.</p>		<p style="text-align: right;">BUDGET BUREAU NO. 41-5024 APPROVAL EXPIRES DECEMBER 31, 1951</p>
<p>(b) Did this establishment grow and sell \$1,000 or more of bulbs in 1949?..... <input type="checkbox"/> No <input type="checkbox"/> Yes (If the answer is "Yes" it is necessary for you to fill in a questionnaire for bulb farms. If Form No. A13 for bulb farms is not enclosed, write to the Bureau of the Census, Washington 25, D.C., requesting a copy.)</p>		<p>(c) Did this establishment grow and sell \$1,000 or more of flower seed in 1949?..... <input type="checkbox"/> No <input type="checkbox"/> Yes (If the answer is "Yes" it is necessary for you to fill in a questionnaire for flower seed farms. If Form No. A14 for flower seed farms is not enclosed, write to the Bureau of the Census, Washington 25, D.C., requesting a copy.)</p>
<p>(d) Did this establishment grow and sell \$1,000 or more of cut flowers and flowering or foliage plants grown under glass or cloth or in the open (including propagated mushrooms and vegetables under glass) in 1949?..... <input type="checkbox"/> No <input type="checkbox"/> Yes (If the answer is "Yes" it is necessary for you to fill in the following parts of this questionnaire. If the answer is "No" sign your name on page 7 and mail this form in the enclosed envelope to the Bureau of the Census, Washington 25, D.C.)</p>		<p>(If you are a wholesaler, broker, or retail florist, and did not grow and sell \$1,000 or more of the Horticultural Specialty products listed under 5(a), 5(b), 5(c), or 5(d), check "No" for each of these questions, sign your name on page 7 and return this questionnaire to the Bureau of the Census, Washington 25, D.C.)</p> <p>The following questions relate only to the production and sale of cut flowers and flowering or foliage plants (including propagated mushrooms and vegetables under glass). If you grew and sold \$1,000 or more of nursery stock, bulbs or flower seed [as indicated by having answered "Yes" to questions 5(a), 5(b), 5(c), or 5(d)], the figures in Parts II, IV, V, and VI for sales, employment, expenditures, and value, land, structures and equipment should be divided or prorated among the various kinds of business so that separate totals may be obtained for each kind of business.</p>

HORTICULTURE

Form A 11 - Special Questionnaire for Producers of Cut Flowers and Flowering or Foliage Plants

I. OPERATOR, APRIL 1, 1950 (Continued)	II. SALES IN 1949 (If book figures are not available give best approximations)
<p>6. Is this business owned by (check one)</p> <p>(a) <input type="checkbox"/> An individual proprietor? (b) <input type="checkbox"/> A partnership? (c) <input type="checkbox"/> A corporation?</p> <p>7. In what year was this business originally established?..... Year _____</p> <p>8. Does this business operate branches or subsidiaries?..... <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>9. If the answer to question 8 is "Yes" give names and addresses of branches or subsidiaries.</p> <p>(a) Name _____</p> <p>Address _____ Street or R.D. Number _____ Post Office _____ County _____ State _____</p> <p>(b) Name _____</p> <p>Address _____ Street or R.D. Number _____ Post Office _____ County _____ State _____</p> <p>(c) Name _____</p> <p>Address _____ Street or R.D. Number _____ Post Office _____ County _____ State _____</p> <p>(If branches or subsidiaries are located in another State, a separate return must be submitted for each State to cover all the branches or subsidiaries maintained in that State.)</p> <p>10. For what period does this report apply?</p> <p>_____ Month 19 _____ to _____ Month 19 _____</p> <p>(If book figures are not available for the answer to any question, please give best approximations. If your records are not kept on calendar-year basis you may report for the fiscal year that includes at least one-half of the calendar year 1949.)</p>	<p style="text-align: center;">SALES</p> <p>11. What was the total value of all sales of this business in 1949 (including any sales tax and the selling value of products sold on a commission basis but excluding returns and allowances)?..... \$ _____</p> <p>12. What was the total value of all wholesale sales made by this business in 1949?..... <input type="checkbox"/> None \$ _____</p> <p>(If the answer to question 12 is "None," check "None" above and skip to question 15.)</p> <p>13. What was the total value of all wholesale sales made by this business through commission merchants, wholesale merchants, or other wholesale selling establishments in 1949?..... \$ _____</p> <p>14. What was the total value of all wholesale sales not made through commission merchants, wholesale merchants, or other wholesale selling establishments but made directly to retail selling establishments by this business in 1949?..... \$ _____</p> <p>(The total for questions 13 and 14 must equal the amount reported for question 12.)</p> <p>15. What was the total value of all retail sales made by this business in 1949?..... <input type="checkbox"/> None \$ _____</p> <p>(If the answer to question 15 is "None," check "None" above and skip to question 16.)</p> <p>(The total for questions 12 and 15 must equal the amount reported for question 11.)</p>

III. CROP SALES (If book figures are not available give best approximations)						
(A) Plants, Rooted Cuttings, etc. Sold for Growing On			(B) Cut Flowers Grown Under Glass			
Kind of Plant, Cutting, etc.	Number sold in 1949	Value of sales in 1949 at wholesale prices	Kind of Flower	Bench or bed area in 1949 (square feet)	Sales in 1949 Number Unit (Give unit such as bunches, dozens, etc.)	Value of sales in 1949 at wholesale prices
16. Azalea.....	_____	\$ _____	26. Carnation.....	_____	_____	\$ _____
17. Cernation.....	_____	\$ _____	27. Chrysanthemum (standard).....	_____	_____	\$ _____
18. Chrysanthemum.....	_____	\$ _____	28. Chrysanthemum (pompon).....	_____	_____	\$ _____
19. Foliage or green plants.....	_____	\$ _____	29. Gardenia.....	_____	_____	\$ _____
20. Geranium.....	_____	\$ _____	30. Lily.....	_____	_____	\$ _____
21. Hydrangea.....	_____	\$ _____	31. Bulb crops (other than Lily).....	_____	_____	\$ _____
22. Poinsettia.....	_____	\$ _____	32. Orchid (Cattleya).....	_____	_____	\$ _____
23. Rose.....	_____	\$ _____	33. Orchid (other than Cattleya).....	_____	_____	\$ _____
24. Bedding and vegetable plants.....	_____	\$ _____	34. Rose.....	_____	_____	\$ _____
25. All other (give name)	_____	\$ _____	35. All other (give name)	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	\$ _____

