



UNITED STATES CENSUS

Answers to the census questions are **CONFIDENTIAL**. The law (Title 13, United States Code) requires that each respondent answer the questions to the best of his knowledge.

The answers will be used only for statistical purposes and cannot, by law, be disclosed to any person outside the Census Bureau for any reason whatsoever.

	a1.	a2.	a3.	a4.	a5.

LIST IN QUESTION 1

Family members living here, including babies still in the hospital

Relatives living here

Lodgers or boarders living here

Servants or hired hands living here

Other persons living here

College students who stay here while attending college, even if their parents live elsewhere

Persons who usually live here but are temporarily away (including children in boarding school below the college level)

Persons with a home elsewhere but who stay here most of the week while working

DO NOT LIST IN QUESTION 1

Any person away from here in the Armed Forces

Any college student who stays somewhere else while attending college

Any person who usually stays somewhere else most of the week while working there

Any person away from here in an institution such as a home for the aged or mental hospital

Any person staying or visiting here who has a usual home elsewhere

ANSWER THESE QUESTIONS FOR EACH PERSON IN YOUR HOUSEHOLD

DO NOT MARK THIS COLUMN	Line No.	1. WHAT IS THE NAME OF EACH PERSON who was living here on Wednesday, April 1, 1970 or who was staying or visiting here and had no other home? <i>Print names in this order</i> Head of the household Wife of head Unmarried children, oldest first Married children and their families Other relatives of the head Persons not related to the head	2. HOW IS EACH PERSON RELATED TO THE HEAD OF THIS HOUSEHOLD? <i>Fill one circle.</i> If "Other relative of head," also give exact relationship, for example, mother-in-law, brother, niece, grandson, etc. If "Other not related to head," also give exact relationship, for example, partner, maid, etc.	3. SEX Fill one circle Male Female	4. COLOR OR RACE Fill one circle. If "Indian (American)," also give tribe. If "Other," also give race.	DATE OF BIRTH				8. WHAT IS EACH PERSON'S MARITAL STATUS? Fill one circle				
						5. Month and year of birth and age last birthday Print	6. Month of birth Fill one circle	7. Year of birth Fill one circle for first three numbers Fill one circle for last number						
<input type="checkbox"/>	1	Last name First name Middle initial	<input type="checkbox"/> Head of household <input type="checkbox"/> Wife of head <input type="checkbox"/> Son or daughter of head <input type="checkbox"/> Other relative of head— <i>Print exact relationship</i>	<input type="checkbox"/> Roomer, boarder, lodger <input type="checkbox"/> Patient or inmate <input type="checkbox"/> Other not related to head— <i>Print exact relationship</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Negro or Black <input type="checkbox"/> Indian (Amer.) <i>Print tribe</i>	<input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Korean <input type="checkbox"/> Other— <i>Print race</i>	Month _____ Year _____ Age _____	<input type="checkbox"/> Jan.-Mar. <input type="checkbox"/> Apr.-June <input type="checkbox"/> July-Sept. <input type="checkbox"/> Oct.-Dec.	<input type="checkbox"/> 186- <input type="checkbox"/> 187- <input type="checkbox"/> 188- <input type="checkbox"/> 189- <input type="checkbox"/> 190- <input type="checkbox"/> 191-	<input type="checkbox"/> 192- <input type="checkbox"/> 193- <input type="checkbox"/> 194- <input type="checkbox"/> 195- <input type="checkbox"/> 196- <input type="checkbox"/> 197-	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
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9. If you used all 7 lines —Are there any other persons in this household? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Did you leave anyone out of Question 1 because you were not sure if he should be listed—for example, a new baby still in the hospital, or a lodger who also has another home? <input type="checkbox"/> Yes <input type="checkbox"/> No			11. Did you list anyone in Question 1 who is away from home now—for example, on a vacation or in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			12. Did anyone stay here on Tuesday, March 31, who is not already listed? <input type="checkbox"/> Yes <input type="checkbox"/> No						

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ANSWER THESE HOUSING QUESTIONS

A. How many living quarters, occupied and vacant, are at this address?

- One
- 2 apartments or living quarters
- 3 apartments or living quarters
- 4 apartments or living quarters
- 5 apartments or living quarters
- 6 apartments or living quarters
- 7 apartments or living quarters
- 8 apartments or living quarters
- 9 apartments or living quarters
- 10 or more apartments or living quarters
- This is a mobile home or trailer

Answer these questions for your living quarters

H1. Is there a telephone on which people in your living quarters can be called?

- Yes → What is the number? _____
 - No
- Phone number*

H2. Do you enter your living quarters—

- Directly from the outside or through a common or public hall?
- Through someone else's living quarters?

H3. Do you have complete kitchen facilities?

Complete kitchen facilities are a sink with piped water, a range or cook stove, and a refrigerator.

- Yes, for this household only
- Yes, but also used by another household
- No complete kitchen facilities for this household

H4. How many rooms do you have in your living quarters?

Do not count bathrooms, porches, balconies, foyers, halls, or half-rooms.

- 1 room
- 2 rooms
- 3 rooms
- 4 rooms
- 5 rooms
- 6 rooms
- 7 rooms
- 8 rooms
- 9 rooms or more

H5. Is there hot and cold piped water in this building?

- Yes, hot and cold piped water in this building
- No, only cold piped water in this building
- No piped water in this building

H6. Do you have a flush toilet?

- Yes, for this household only
- Yes, but also used by another household
- No flush toilet

H7. Do you have a bathtub or shower?

- Yes, for this household only
- Yes, but also used by another household
- No bathtub or shower

H8. Is there a basement in this building?

- Yes
- No, built on a concrete slab
- No, built in another way (include mobile homes and trailers)

H9. Are your living quarters—

- Owned or being bought by you or by someone else in this household? *Do not include cooperatives and condominiums here.*
- A cooperative or condominium which is owned or being bought by you or by someone else in this household?
- Rented for cash rent?
- Occupied without payment of cash rent?

H10a. Is this building a one-family house?

- Yes, a one-family house
- No, a building for 2 or more families or a mobile home or trailer

b. If "Yes"—Is this house on a place of 10 acres or more, or is any part of this property used as a commercial establishment or medical office?

- Yes, 10 acres or more
- Yes, commercial establishment or medical office
- No, none of the above

H11. If you live in a one-family house which you own or are buying—

What is the value of this property; that is, how much do you think this property (house and lot) would sell for if it were for sale?

- Less than \$5,000
- \$5,000 to \$7,499
- \$7,500 to \$9,999
- \$10,000 to \$12,499
- \$12,500 to \$14,999
- \$15,000 to \$17,499
- \$17,500 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

If this house is on a place of 10 acres or more, or if any part of this property is used as a commercial establishment or medical office, do not answer this question.

H12. Answer this question if you pay rent for your living quarters.

a. If rent is paid by the month—

What is the monthly rent?

Write amount here → \$ _____ .00 (Nearest dollar)

and

Fill one circle

- Less than \$30
- \$30 to \$39
- \$40 to \$49
- \$50 to \$59
- \$60 to \$69
- \$70 to \$79
- \$80 to \$89
- \$90 to \$99
- \$100 to \$119
- \$120 to \$149
- \$150 to \$199
- \$200 to \$249
- \$250 to \$299
- \$300 or more

b. If rent is not paid by the month—

What is the rent, and what period of time does it cover?

\$ _____ .00 per _____ (Nearest dollar) (Week, half-month, year, etc.)

FOR CENSUS ENUMERATOR'S USE ONLY

a4. Block number	a5. Serial number
0 0 0 0	0 0 0 0
1 0 0 0	1 0 0 0
2 0 0 0	2 0 0 0
3 0 0 0	3 0 0 0
4 0 0 0	4 0 0 0
5 0 0 0	5 0 0 0
6 0 0 0	6 0 0 0
7 0 0 0	7 0 0 0
8 0 0 0	8 0 0 0
9 0 0 0	9 0 0 0

B. Type of unit or quarters

Occupied

- First form
- Continuation

Vacant

- Regular
- Usual residence elsewhere

Group quarters

- First form
- Continuation

For a vacant unit, also fill C, D, A, H2 to H8, H10 to H17, and H19 to H22 (or H24 and H26)

C. Vacancy status

Year round—

- For rent
- For sale only
- Rented or sold, not occupied
- Held for occasional use
- Other vacant

- Seasonal
- Migratory

D. Months vacant

- Less than 1 month
- 1 up to 2 months
- 2 up to 6 months
- 6 up to 12 months
- 1 year up to 2 years
- 2 years or more

C/O

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PLEASE CONTINUE WITH THE QUESTIONS ON PAGE 5 

FOR OFFICE USE ONLY										
Q2		Q4		H12						
①	②	①	②							
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H13. Answer question H13 if you pay rent for your living quarters.

In addition to the rent entered in H12, do you also pay for—

a. Electricity?

- Yes, average monthly cost is → \$ _____ .00
Average monthly cost
- No, included in rent
- No, electricity not used

b. Gas?

- Yes, average monthly cost is → \$ _____ .00
Average monthly cost
- No, included in rent
- No, gas not used

c. Water?

- Yes, yearly cost is → \$ _____ .00
Yearly cost
- No, included in rent or no charge

d. Oil, coal, kerosene, wood, etc.?

- Yes, yearly cost is → \$ _____ .00
Yearly cost
- No, included in rent
- No, these fuels not used

H14. How are your living quarters heated?Fill one circle for the kind of heat you use most.

- Steam or hot water system
- Central warm air furnace with ducts to the individual rooms, or central heat pump
- Built-in electric units (*permanently installed in wall, ceiling, or baseboard*)
- Floor, wall, or pipeless furnace
- Room heaters with flue or vent, burning gas, oil, or kerosene
- Room heaters without flue or vent, burning gas, oil, or kerosene (*not portable*)
- Fireplaces, stoves, or portable room heaters of any kind

In some other way—Describe → _____

- None, unit has no heating equipment

H15. About when was this building originally built? Mark when the building was first constructed, not when it was remodeled, added to, or converted.

- 1969 or 1970 1950 to 1959
- 1965 to 1968 1940 to 1949
- 1960 to 1964 1939 or earlier

H16. Which best describes this building?

Include all apartments, flats, etc., even if vacant.

- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building for 2 families
- A building for 3 or 4 families
- A building for 5 to 9 families
- A building for 10 to 19 families
- A building for 20 to 49 families
- A building for 50 or more families
- A mobile home or trailer

Other—

Describe _____

H17. Is this building—

- On a city or suburban lot?— Skip to H24
- On a place of less than 10 acres?
- On a place of 10 acres or more?

H18. Last year, 1969, did sales of crops, livestock, and other farm products from this place amount to—

- Less than \$50 (or None) \$2,500 to \$4,999
- \$50 to \$249 \$5,000 to \$9,999
- \$250 to \$2,499 \$10,000 or more

H24a. How many stories (floors) are in this building?

- 1 to 3 stories
- 4 to 6 stories
- 7 to 12 stories
- 13 stories or more

b. If 4 or more stories—

Is there a passenger elevator in this building?

- Yes No

H25a. Which fuel is used most for cooking?

- Gas { From underground pipes serving the neighborhood. Coal or coke
- { Bottled, tank, or LP Wood
- Electricity..... Other fuel ..
- Fuel oil, kerosene, etc. No fuel used

b. Which fuel is used most for house heating?

- Gas { From underground pipes serving the neighborhood. Coal or coke
- { Bottled, tank, or LP Wood
- Electricity..... Other fuel ..
- Fuel oil, kerosene, etc. No fuel used

c. Which fuel is used most for water heating?

- Gas { From underground pipes serving the neighborhood. Coal or coke
- { Bottled, tank, or LP Wood
- Electricity..... Other fuel ..
- Fuel oil, kerosene, etc. No fuel used

H26. How many bedrooms do you have?

Count rooms used mainly for sleeping even if used also for other purposes.

- No bedroom 3 bedrooms
- 1 bedroom 4 bedrooms
- 2 bedrooms 5 bedrooms or more

H27a. Do you have a clothes washing machine?

- Yes, automatic or semi-automatic
- Yes, wringer or separate spinner
- No

b. Do you have a clothes dryer?

- Yes, electrically heated
- Yes, gas heated
- No

c. Do you have a dishwasher (*built-in or portable*)?

- Yes No

d. Do you have a home food freezer which is separate from your refrigerator?

- Yes No

H28a. Do you have a television set? Count only sets in working order.

- Yes, one set
- Yes, two or more sets
- No

b. If "Yes"— Is any set equipped to receive UHF broadcasts, that is, channels 14 to 83?

- Yes No

H29. Do you have a battery-operated radio?

Count car radios, transistors, and other battery-operated sets in working order or needing only a new battery for operation.

- Yes, one or more No

H30. Do you (or any member of your household) own a second home or other living quarters which you occupy sometime during the year?

- Yes No

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32. When did he last work at all, even for a few days?

In 1970 1964 to 1967 1959 or earlier } *Skip to 36*
 In 1969 1960 to 1963 Never worked }
 In 1968

33-35. Current or most recent job activity

Describe clearly this person's chief job activity or business last week, if any. If he had more than one job, describe the one at which he worked the most hours.

If this person had no job or business last week, give information for last job or business since 1960.

33. Industry

a. For whom did he work? *If now on active duty in the Armed Forces, print "AF" and skip to question 36.*

(Name of company, business, organization, or other employer)

b. What kind of business or industry was this?

Describe activity at location where employed.

(For example: junior high school, retail supermarket, dairy farm, TV and radio service, auto assembly plant, road construction)

c. Is this mainly— *(Fill one circle)*

Manufacturing Retail trade
 Wholesale trade Other *(agriculture, construction, service, government, etc.)*

34. Occupation

a. What kind of work was he doing?

(For example: TV repairman, sewing machine operator, spray painter, civil engineer, farm operator, farm hand, junior high English teacher)

b. What were his most important activities or duties?

(For example: Types, keeps account books, files, sells cars, operates printing press, cleans buildings, finishes concrete)

c. What was his job title?

35. Was this person— *(Fill one circle)*

Employee of private company, business, or individual, for wages, salary, or commissions...

Federal government employee

State government employee.....

Local government employee (city, county, etc.)...

Self-employed in own business, professional practice, or farm—

 Own business not incorporated

 Own business incorporated

Working without pay in family business or farm

36. In April 1965, what State did this person live in?

This State

OR

(Name of State or foreign country; or Puerto Rico, etc.)

37. In April 1965, was this person— *(Fill three circles)*

a. Working at a job or business *(full or part-time)?*

Yes No

b. In the Armed Forces?

Yes No

c. Attending college?

Yes No

38. If "Yes" for "Working at a job or business" in question 37— Describe this person's chief activity or business in April 1965.

a. What kind of business or industry was this?

b. What kind of work was he doing (occupation)?

c. Was he—

Employee of a private company or government agency...

Self-employed or an unpaid family worker

39a. Last year (1969), did this person work at all, even for a few days?

Yes No— *Skip to 41*

b. How many weeks did he work in 1969, either full-time or part-time? *Count paid vacation, paid sick leave, and military service.*

13 weeks or less 40 to 47 weeks
 14 to 26 weeks 48 to 49 weeks
 27 to 39 weeks 50 to 52 weeks

40. Earnings in 1969— *Fill parts a, b, and c for everyone who worked any time in 1969 even if he had no income. (If exact amount is not known, give best estimate.)*

a. How much did this person earn in 1969 in wages, salary, commissions, bonuses, or tips from all jobs?

(Before deductions for taxes, bonds, dues, or other items.)

\$ _____ .00
(Dollars only)
 OR None

b. How much did he earn in 1969 from his own nonfarm business, professional practice, or partnership?

(Net after business expenses. If business lost money, write "Loss" above amount.)

\$ _____ .00
(Dollars only)
 OR None

c. How much did he earn in 1969 from his own farm?

(Net after operating expenses. Include earnings as a tenant farmer or sharecropper. If farm lost money, write "Loss" above amount.)

\$ _____ .00
(Dollars only)
 OR None

41. Income other than earnings in 1969— *Fill parts a, b, and c. (If exact amount is not known, give best estimate.)*

a. How much did this person receive in 1969 from Social Security or Railroad Retirement?

\$ _____ .00
(Dollars only)
 OR None

b. How much did he receive in 1969 from public assistance or welfare payments?

Include aid for dependent children, old age assistance, general assistance, aid to the blind or totally disabled. Exclude separate payments for hospital or other medical care.

\$ _____ .00
(Dollars only)
 OR None

c. How much did he receive in 1969 from all other sources?

Include interest, dividends, veterans' payments, pensions, and other regular payments. (See instruction sheet.)

\$ _____ .00
(Dollars only)
 OR None

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32. When did he last work at all, even for a few days?

In 1970 1964 to 1967 1959 or earlier } *Skip to 36*
 In 1969 1960 to 1963 Never worked }
 In 1968

33-35. Current or most recent job activity

Describe clearly this person's chief job activity or business last week, if any. If he had more than one job, describe the one at which he worked the most hours.

If this person had no job or business last week, give information for last job or business since 1960.

33. Industry

a. For whom did he work? *If now on active duty in the Armed Forces, print "AF" and skip to question 36.*

(Name of company, business, organization, or other employer)

b. What kind of business or industry was this?
Describe activity at location where employed.

(For example: junior high school, retail supermarket, dairy farm, TV and radio service, auto assembly plant, road construction)

c. Is this mainly— *(Fill one circle)*

Manufacturing Retail trade
 Wholesale trade Other *(agriculture, construction, service, government, etc.)*

34. Occupation

a. What kind of work was he doing?

(For example: TV repairman, sewing machine operator, spray painter, civil engineer, farm operator, farm hand, junior high English teacher)

b. What were his most important activities or duties?

(For example: Types, keeps account books, files, sells cars, operates printing press, cleans buildings, finishes concrete)

c. What was his job title?

35. Was this person— *(Fill one circle)*

Employee of private company, business, or individual, for wages, salary, or commissions...

Federal government employee

State government employee.....

Local government employee (city, county, etc.)...

Self-employed in own business, professional practice, or farm—

 Own business not incorporated

 Own business incorporated

Working without pay in family business or farm

36. In April 1965, what State did this person live in?

This State

OR

(Name of State or foreign country; or Puerto Rico, etc.)

37. In April 1965, was this person— *(Fill three circles)*

a. Working at a job or business *(full or part-time)?*

Yes No

b. In the Armed Forces?

Yes No

c. Attending college?

Yes No

38. If "Yes" for "Working at a job or business" in question 37— Describe this person's chief activity or business in April 1965.

a. What kind of business or industry was this?

b. What kind of work was he doing (occupation)?

c. Was he—

An employee of a private company or government agency...

Self-employed or an unpaid family worker

39a. Last year (1969), did this person work at all, even for a few days?

Yes No— *Skip to 41*

b. How many weeks did he work in 1969, either full-time or part-time?
Count paid vacation, paid sick leave, and military service.

13 weeks or less 40 to 47 weeks
 14 to 26 weeks 48 to 49 weeks
 27 to 39 weeks 50 to 52 weeks

40. Earnings in 1969— *Fill parts a, b, and c for everyone who worked any time in 1969 even if he had no income. (If exact amount is not known, give best estimate.)*

a. How much did this person earn in 1969 in wages, salary, commissions, bonuses, or tips from all jobs? *(Before deductions for taxes, bonds, dues, or other items.)*

\$ _____ .00
(Dollars only)
 OR None

b. How much did he earn in 1969 from his own nonfarm business, professional practice, or partnership? *(Net after business expenses. If business lost money, write "Loss" above amount.)*

\$ _____ .00
(Dollars only)
 OR None

c. How much did he earn in 1969 from his own farm? *(Net after operating expenses. Include earnings as a tenant farmer or sharecropper. If farm lost money, write "Loss" above amount.)*

\$ _____ .00
(Dollars only)
 OR None

41. Income other than earnings in 1969— *Fill parts a, b, and c. (If exact amount is not known, give best estimate.)*

a. How much did this person receive in 1969 from Social Security or Railroad Retirement?

\$ _____ .00
(Dollars only)
 OR None

b. How much did he receive in 1969 from public assistance or welfare payments? *Include aid for dependent children, old age assistance, general assistance, aid to the blind or totally disabled. Exclude separate payments for hospital or other medical care.*

\$ _____ .00
(Dollars only)
 OR None

c. How much did he receive in 1969 from all other sources? *Include interest, dividends, veterans' payments, pensions, and other regular payments. (See instruction sheet.)*

\$ _____ .00
(Dollars only)
 OR None

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32. When did he last work at all, even for a few days?

In 1970 1964 to 1967 1959 or earlier } *Skip to 36*
 In 1969 1960 to 1963 Never worked }
 In 1968

33-35. Current or most recent job activity

Describe clearly this person's chief job activity or business last week, if any. If he had more than one job, describe the one at which he worked the most hours.

If this person had no job or business last week, give information for last job or business since 1960.

33. Industry

a. For whom did he work? *If now on active duty in the Armed Forces, print "AF" and skip to question 36.*

(Name of company, business, organization, or other employer)

b. What kind of business or industry was this?

Describe activity at location where employed.

(For example: Junior high school, retail supermarket, dairy farm, TV and radio service, auto assembly plant, road construction)

c. Is this mainly— (Fill one circle)

Manufacturing Retail trade
 Wholesale trade Other *(agriculture, construction, service, government, etc.)*

34. Occupation

a. What kind of work was he doing?

(For example: TV repairman, sewing machine operator, spray painter, civil engineer, farm operator, farm hand, junior high English teacher)

b. What were his most important activities or duties?

(For example: Types, keeps account books, files, sells cars, operates printing press, cleans buildings, finishes concrete)

c. What was his job title?

35. Was this person— (Fill one circle)

Employee of private company, business, or individual, for wages, salary, or commissions...

Federal government employee

State government employee

Local government employee (city, county, etc.)...

Self-employed in own business, professional practice, or farm—

 Own business not incorporated

 Own business incorporated

Working without pay in family business or farm

36. In April 1965, what State did this person live in?

This State
 OR

(Name of State or foreign country; or Puerto Rico, etc.)

37. In April 1965, was this person— (Fill three circles)

a. Working at a job or business (full or part-time)?

Yes No

b. In the Armed Forces?

Yes No

c. Attending college?

Yes No

38. If "Yes" for "Working at a job or business" in question 37— Describe this person's chief activity or business in April 1965.

a. What kind of business or industry was this?

b. What kind of work was he doing (occupation)?

c. Was he—

Employee of a private company or government agency...

Self-employed or an unpaid family worker

39a. Last year (1969), did this person work at all, even for a few days?

Yes No— *Skip to 41*

b. How many weeks did he work in 1969, either full-time or part-time? Count paid vacation, paid sick leave, and military service.

13 weeks or less 40 to 47 weeks
 14 to 26 weeks 48 to 49 weeks
 27 to 39 weeks 50 to 52 weeks

40. Earnings in 1969— Fill parts a, b, and c for everyone who worked any time in 1969 even if he had no income. (If exact amount is not known, give best estimate.)

a. How much did this person earn in 1969 in wages, salary, commissions, bonuses, or tips from all jobs? (Before deductions for taxes, bonds, dues, or other items.)

\$ _____ .00
(Dollars only)
 OR None

b. How much did he earn in 1969 from his own nonfarm business, professional practice, or partnership? (Net after business expenses. If business lost money, write "Loss" above amount.)

\$ _____ .00
(Dollars only)
 OR None

c. How much did he earn in 1969 from his own farm? (Net after operating expenses. Include earnings as a tenant farmer or sharecropper. If farm lost money, write "Loss" above amount.)

\$ _____ .00
(Dollars only)
 OR None

41. Income other than earnings in 1969— Fill parts a, b, and c. (If exact amount is not known, give best estimate.)

a. How much did this person receive in 1969 from Social Security or Railroad Retirement?

\$ _____ .00
(Dollars only)
 OR None

b. How much did he receive in 1969 from public assistance or welfare payments? Include aid for dependent children, old age assistance, general assistance, aid to the blind or totally disabled. Exclude separate payments for hospital or other medical care.

\$ _____ .00
(Dollars only)
 OR None

c. How much did he receive in 1969 from all other sources? Include interest, dividends, veterans' payments, pensions, and other regular payments. (See instruction sheet.)

\$ _____ .00
(Dollars only)
 OR None

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33.			34.			40a.			40b.		
A	B	C	N	P	Q	0	1	2	0	1	2
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Name of person on line 5 of page 2

Last name First name Initial

13a. Where was this person born? If born in hospital, give State or country where mother lived. If born outside U.S., see instruction sheet; distinguish Northern Ireland from Ireland (Eire).

This State

OR

(Name of State or foreign country; or Puerto Rico, Guam, etc.)

b. Is this person's origin or descent— (Fill one circle)

Mexican Central or South American

Puerto Rican Other Spanish

Cuban No, none of these

16. For persons born in a foreign country—

a. Is this person naturalized?

Yes, naturalized

No, alien

Born abroad of American parents

b. When did he come to the United States to stay?

1965 to 70 1950 to 54 1925 to 34

1960 to 64 1945 to 49 1915 to 24

1955 to 59 1935 to 44 Before 1915

21. What is the highest grade (or year) of regular school he has ever attended?

Fill one circle. If now attending, mark grade he is in.

Never attended school— Skip to 23

Nursery school

Kindergarten

Elementary through high school (grade or year)

1 2 3 4 5 6 7 8 9 10 11 12

College (academic year)

1 2 3 4 5 6 or more

22. Did he finish the highest grade (or year) he attended?

Now attending this grade (or year)

Finished this grade (or year)

Did not finish this grade (or year)

23. When was this person born?

Born before April 1956— Please go on with questions 24 through 41.

Born April 1956 or later— Please omit questions 24 through 41 and go to the next page for the next person.

24. If this person has ever been married—

a. Has this person been married more than once?

Once More than once

b. When did he get married? When did he get married for the first time?

Month Year Month Year

c. If married more than once— Did the first marriage end because of the death of the husband (or wife)?

Yes No

25. If this is a girl or a woman—

How many babies has she ever had, not counting stillbirths?

Do not count her stepchildren or children she has adopted.

1 2 3 4 5 6 7 8

9 10 11 12 or more None

27a. Has this person ever completed a vocational training program? For example, in high school; as apprentice; in school of business, nursing, or trades; technical institute; or Armed Forces schools.

Yes No— Skip to 28

b. What was his main field of vocational training? Fill one circle.

Business, office work

Nursing, other health fields

Trades and crafts (mechanic, electrician, beautician, etc.)

Engineering or science technician; draftsman

Agriculture or home economics

Other field— Specify

28a. Does this person have a health or physical condition which limits the kind or amount of work he can do at a job? If 65 years old or over, skip to question 29.

Yes No

b. Does his health or physical condition keep him from holding any job at all?

Yes No

c. If "Yes" in a or b— How long has he been limited in his ability to work?

Less than 6 months 3 to 4 years

6 to 11 months 5 to 9 years

1 to 2 years 10 years or more

QUESTIONS 29 THROUGH 41 ARE FOR ALL PERSONS BORN BEFORE APRIL 1956 INCLUDING HOUSEWIVES, STUDENTS, OR DISABLED PERSONS AS WELL AS PART-TIME OR FULL-TIME WORKERS

29a. Did this person work at any time last week?

Yes— Fill this circle if this person did full- or part-time work. (Count part-time work such as a Saturday job, delivering papers, or helping without pay in a family business or farm; and active duty in the Armed Forces)

No— Fill this circle if this person did not work, or did only own housework, school work, or volunteer work.

Skip to 30

b. How many hours did he work last week (at all jobs)? Subtract any time off and add overtime or extra hours worked.

1 to 14 hours 40 hours

15 to 29 hours 41 to 48 hours

30 to 34 hours 49 to 59 hours

35 to 39 hours 60 hours or more

After completing question 29b, skip to question 33.

30. Does this person have a job or business from which he was temporarily absent or on layoff last week?

Yes, on layoff

Yes, on vacation, temporary illness, labor dispute, etc.

No

31a. Has he been looking for work during the past 4 weeks?

Yes No— Skip to 32

b. Was there any reason why he could not take a job last week?

Yes, already has a job

Yes, because of this person's temporary illness

Yes, for other reasons (in school, etc.)

No, could have taken a job

FOR OFFICE USE

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24b.

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5	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>

R.

Ø	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38a.

A	B	C			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D	E	F			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G	H	J			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K	L	M			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38b.

N	P	Q
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R	S	T
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U	V	W
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X	Y	Z
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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This leaflet shows the content of the questionnaires being used in the 1970 Census of Population and Housing. See explanatory notes on the page 1 flap.

UNITED STATES CENSUS

This is your Official Census Form

Please fill it out and mail it back
on Census Day, Wednesday,
April 1, 1970

	a1.	a2.	a3.	a4.	a5.
<p>If the address shown above has the wrong apartment identification, please write the correct apartment number or location here:</p>					

How To Fill This Form

1. Use a black pencil to answer the questions.

This form is read by an electronic computer. Black pencil is better to use than ballpoint or other pens.

Fill circles "○" like this: ●

The electronic computer reads every circle you fill. If you fill the wrong circle, erase the mark completely, then fill the right circle.

When you write an answer, print or write clearly.

2. See the filled-in example on the yellow instruction sheet.

This example shows how to fill circles and write in answers. If you are not sure of an answer, give the best answer you can.

If you have a problem, look in the instruction sheet.

Instructions are numbered the same as the questions on the Census form.

If you need more help, call the Census office.

You can get the number of the local office from telephone "Information" or "Directory assistance."

3. Your answers are CONFIDENTIAL. The law (Title 13, United States Code) requires that you answer the questions to the best of your knowledge.

Your answers will be used only for statistical purposes and cannot, by law, be disclosed to any person outside the Census Bureau for any reason whatsoever.

The householder should make sure that the information is shown for everyone here.

If a boarder or roomer or anyone else prefers not to give the householder all his information to enter on the form, the householder should give at least his name, relationship, and sex in questions 1 to 3, then mail back the form. A Census Taker will call to get the rest of the information directly from the person.

4. Check your answers. Then, mail back this form on Wednesday, April 1, or as soon afterward as you can. Use the enclosed envelope; no stamp is needed.

Your cooperation in carefully filling out the form and mailing it back will help make the census successful. It will save the government the expense of calling on you for the information.

PLEASE CONTINUE

5. Answer the questions in this order:

Questions on page 2 about the people in your household.

Questions on page 3 about your house or apartment.

6. In Question 1 on page 2, please list each person who was living here on Wednesday, April 1, 1970, or who was staying or visiting here and had no other home.

EXPLANATORY NOTES

This leaflet shows the content of the 1970 census questionnaires. The content was determined after review of the 1960 census experience, extensive consultation with many government and private users of census data, and a series of experimental censuses in which various alternatives were tested.

Three questionnaires are being used in the census and each household has an equal chance of answering a particular form.

80 percent of the households answer a form containing only the questions on pages 2 and 3 of this leaflet.

15 percent and **5 percent** of the households answer forms which also contain the specified questions on the remaining pages of this leaflet. The 15-percent form does not show the 5-percent questions, and the 5-percent form does not show the 15-percent questions. On both forms, population questions 13 to 41 are repeated for each person in the household but questions 24 to 41 do not apply to children under 14 years of age.

The same sets of questions are used throughout the country, regardless of whether the census in a particular area is conducted by mail or house-to-house canvass. An illustrative example is enclosed with each questionnaire to help the householder complete the form.

DO NOT MARK THIS COLUMN	Line No.	1. WHAT IS THE NAME OF EACH PERSON who was living here on Wednesday, April 1, 1970 or who was staying or visiting here and had no other home? <i>Print names in this order</i> Head of the household Wife of head Unmarried children, oldest first Married children and their families Other relatives of the head Persons not related to the head	2. HOW IS EACH PERSON RELATED TO THE HEAD OF THIS HOUSEHOLD? <i>Fill one circle.</i> If "Other relative of head," also give exact relationship, for example, mother-in-law, brother, niece, grandson, etc. If "Other not related to head," also give exact relationship, for example, partner, maid, etc.	3. SEX <i>Fill one circle</i>	4. COLOR OR RACE <i>Fill one circle.</i> If "Indian (American)," also give tribe. If "Other," also give race.	DATE OF BIRTH				8. WHAT IS EACH PERSON'S MARITAL STATUS? <i>Fill one circle</i>		
						5. Month and year of birth and age last birthday <i>Print</i>	6. Month of birth <i>Fill one circle</i>	7. Year of birth <i>Fill one circle for first three numbers</i> <i>Fill one circle for last number</i>				
<input type="checkbox"/>	1	Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Head of household <input type="checkbox"/> Roomer, boarder, lodger <input type="checkbox"/> Wife of head <input type="checkbox"/> Patient or inmate <input type="checkbox"/> Son or daughter of head <input type="checkbox"/> Other not related to head— <i>Print exact relationship</i> <input type="checkbox"/> Other relative of head— <i>Print exact relationship</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Negro or Black <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Filipino <input type="checkbox"/> Other— <i>Print race</i> <i>Print tribe</i>	Month _____ Year _____ Age _____	<input type="checkbox"/> Jan.-Mar. <input type="checkbox"/> Apr.-June <input type="checkbox"/> July-Sept. <input type="checkbox"/> Oct.-Dec.	<input type="checkbox"/> 186- <input type="checkbox"/> 187- <input type="checkbox"/> 188- <input type="checkbox"/> 189- <input type="checkbox"/> 190- <input type="checkbox"/> 191-	<input type="checkbox"/> 192- <input type="checkbox"/> 193- <input type="checkbox"/> 194- <input type="checkbox"/> 195- <input type="checkbox"/> 196- <input type="checkbox"/> 197-	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/>	2	Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Head of household <input type="checkbox"/> Roomer, boarder, lodger <input type="checkbox"/> Wife of head <input type="checkbox"/> Patient or inmate <input type="checkbox"/> Son or daughter of head <input type="checkbox"/> Other not related to head— <i>Print exact relationship</i> <input type="checkbox"/> Other relative of head— <i>Print exact relationship</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Negro or Black <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Filipino <input type="checkbox"/> Other— <i>Print race</i> <i>Print tribe</i>	Month _____ Year _____ Age _____	<input type="checkbox"/> Jan.-Mar. <input type="checkbox"/> Apr.-June <input type="checkbox"/> July-Sept. <input type="checkbox"/> Oct.-Dec.	<input type="checkbox"/> 186- <input type="checkbox"/> 187- <input type="checkbox"/> 188- <input type="checkbox"/> 189- <input type="checkbox"/> 190- <input type="checkbox"/> 191-	<input type="checkbox"/> 192- <input type="checkbox"/> 193- <input type="checkbox"/> 194- <input type="checkbox"/> 195- <input type="checkbox"/> 196- <input type="checkbox"/> 197-	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/>	3	Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Head of household <input type="checkbox"/> Roomer, boarder, lodger <input type="checkbox"/> Wife of head <input type="checkbox"/> Patient or inmate <input type="checkbox"/> Son or daughter of head <input type="checkbox"/> Other not related to head— <i>Print exact relationship</i> <input type="checkbox"/> Other relative of head— <i>Print exact relationship</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Negro or Black <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Filipino <input type="checkbox"/> Other— <i>Print race</i> <i>Print tribe</i>	Month _____ Year _____ Age _____	<input type="checkbox"/> Jan.-Mar. <input type="checkbox"/> Apr.-June <input type="checkbox"/> July-Sept. <input type="checkbox"/> Oct.-Dec.	<input type="checkbox"/> 186- <input type="checkbox"/> 187- <input type="checkbox"/> 188- <input type="checkbox"/> 189- <input type="checkbox"/> 190- <input type="checkbox"/> 191-	<input type="checkbox"/> 192- <input type="checkbox"/> 193- <input type="checkbox"/> 194- <input type="checkbox"/> 195- <input type="checkbox"/> 196- <input type="checkbox"/> 197-	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/>	4	Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Head of household <input type="checkbox"/> Roomer, boarder, lodger <input type="checkbox"/> Wife of head <input type="checkbox"/> Patient or inmate <input type="checkbox"/> Son or daughter of head <input type="checkbox"/> Other not related to head— <i>Print exact relationship</i> <input type="checkbox"/> Other relative of head— <i>Print exact relationship</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Negro or Black <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Filipino <input type="checkbox"/> Other— <i>Print race</i> <i>Print tribe</i>	Month _____ Year _____ Age _____	<input type="checkbox"/> Jan.-Mar. <input type="checkbox"/> Apr.-June <input type="checkbox"/> July-Sept. <input type="checkbox"/> Oct.-Dec.	<input type="checkbox"/> 186- <input type="checkbox"/> 187- <input type="checkbox"/> 188- <input type="checkbox"/> 189- <input type="checkbox"/> 190- <input type="checkbox"/> 191-	<input type="checkbox"/> 192- <input type="checkbox"/> 193- <input type="checkbox"/> 194- <input type="checkbox"/> 195- <input type="checkbox"/> 196- <input type="checkbox"/> 197-	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/>	5	Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Head of household <input type="checkbox"/> Roomer, boarder, lodger <input type="checkbox"/> Wife of head <input type="checkbox"/> Patient or inmate <input type="checkbox"/> Son or daughter of head <input type="checkbox"/> Other not related to head— <i>Print exact relationship</i> <input type="checkbox"/> Other relative of head— <i>Print exact relationship</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Negro or Black <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Filipino <input type="checkbox"/> Other— <i>Print race</i> <i>Print tribe</i>	Month _____ Year _____ Age _____	<input type="checkbox"/> Jan.-Mar. <input type="checkbox"/> Apr.-June <input type="checkbox"/> July-Sept. <input type="checkbox"/> Oct.-Dec.	<input type="checkbox"/> 186- <input type="checkbox"/> 187- <input type="checkbox"/> 188- <input type="checkbox"/> 189- <input type="checkbox"/> 190- <input type="checkbox"/> 191-	<input type="checkbox"/> 192- <input type="checkbox"/> 193- <input type="checkbox"/> 194- <input type="checkbox"/> 195- <input type="checkbox"/> 196- <input type="checkbox"/> 197-	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/>	6	Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Head of household <input type="checkbox"/> Roomer, boarder, lodger <input type="checkbox"/> Wife of head <input type="checkbox"/> Patient or inmate <input type="checkbox"/> Son or daughter of head <input type="checkbox"/> Other not related to head— <i>Print exact relationship</i> <input type="checkbox"/> Other relative of head— <i>Print exact relationship</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Negro or Black <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Filipino <input type="checkbox"/> Other— <i>Print race</i> <i>Print tribe</i>	Month _____ Year _____ Age _____	<input type="checkbox"/> Jan.-Mar. <input type="checkbox"/> Apr.-June <input type="checkbox"/> July-Sept. <input type="checkbox"/> Oct.-Dec.	<input type="checkbox"/> 186- <input type="checkbox"/> 187- <input type="checkbox"/> 188- <input type="checkbox"/> 189- <input type="checkbox"/> 190- <input type="checkbox"/> 191-	<input type="checkbox"/> 192- <input type="checkbox"/> 193- <input type="checkbox"/> 194- <input type="checkbox"/> 195- <input type="checkbox"/> 196- <input type="checkbox"/> 197-	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/>	7	Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Head of household <input type="checkbox"/> Roomer, boarder, lodger <input type="checkbox"/> Wife of head <input type="checkbox"/> Patient or inmate <input type="checkbox"/> Son or daughter of head <input type="checkbox"/> Other not related to head— <i>Print exact relationship</i> <input type="checkbox"/> Other relative of head— <i>Print exact relationship</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Negro or Black <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Filipino <input type="checkbox"/> Other— <i>Print race</i> <i>Print tribe</i>	Month _____ Year _____ Age _____	<input type="checkbox"/> Jan.-Mar. <input type="checkbox"/> Apr.-June <input type="checkbox"/> July-Sept. <input type="checkbox"/> Oct.-Dec.	<input type="checkbox"/> 186- <input type="checkbox"/> 187- <input type="checkbox"/> 188- <input type="checkbox"/> 189- <input type="checkbox"/> 190- <input type="checkbox"/> 191-	<input type="checkbox"/> 192- <input type="checkbox"/> 193- <input type="checkbox"/> 194- <input type="checkbox"/> 195- <input type="checkbox"/> 196- <input type="checkbox"/> 197-	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
<input type="checkbox"/>	8	Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Head of household <input type="checkbox"/> Roomer, boarder, lodger <input type="checkbox"/> Wife of head <input type="checkbox"/> Patient or inmate <input type="checkbox"/> Son or daughter of head <input type="checkbox"/> Other not related to head— <i>Print exact relationship</i> <input type="checkbox"/> Other relative of head— <i>Print exact relationship</i>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Negro or Black <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Indian (Amer.) <input type="checkbox"/> Filipino <input type="checkbox"/> Other— <i>Print race</i> <i>Print tribe</i>	Month _____ Year _____ Age _____	<input type="checkbox"/> Jan.-Mar. <input type="checkbox"/> Apr.-June <input type="checkbox"/> July-Sept. <input type="checkbox"/> Oct.-Dec.	<input type="checkbox"/> 186- <input type="checkbox"/> 187- <input type="checkbox"/> 188- <input type="checkbox"/> 189- <input type="checkbox"/> 190- <input type="checkbox"/> 191-	<input type="checkbox"/> 192- <input type="checkbox"/> 193- <input type="checkbox"/> 194- <input type="checkbox"/> 195- <input type="checkbox"/> 196- <input type="checkbox"/> 197-	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married
9. If you used all 8 lines—Are there any other persons in this household? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not list the others; we will call to get the information.</i>		10. Did you leave anyone out of Question 1 because you were not sure if he should be listed—for example, a new baby still in the hospital, or a lodger who also has another home? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>On back page, give name(s) and reason left out.</i>		11. Did you list anyone in Question 1 who is away from home now—for example, on a vacation or in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>On back page, give name(s) and reason person is away.</i>		12. Did anyone stay here on Tuesday, March 31, who is not already listed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>On back page, give name of each visitor for whom there is no one at his home address to report him to a census taker.</i>						

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<p>A. How many living quarters, occupied and vacant, are at this address?</p> <p><input type="radio"/> One</p> <p><input type="radio"/> 2 apartments or living quarters</p> <p><input type="radio"/> 3 apartments or living quarters</p> <p><input type="radio"/> 4 apartments or living quarters</p> <p><input type="radio"/> 5 apartments or living quarters</p> <p><input type="radio"/> 6 apartments or living quarters</p> <p><input type="radio"/> 7 apartments or living quarters</p> <p><input type="radio"/> 8 apartments or living quarters</p> <p><input type="radio"/> 9 apartments or living quarters</p> <p><input type="radio"/> 10 or more apartments or living quarters</p> <p><input type="radio"/> This is a mobile home or trailer</p>	<p>H9. Are your living quarters—</p> <p><input type="radio"/> Owned or being bought by you or by someone else in this household? <i>Do not include cooperatives and condominiums here.</i></p> <p><input type="radio"/> A cooperative or condominium which is owned or being bought by you or by someone else in this household?</p> <p><input type="radio"/> Rented for cash rent?</p> <p><input type="radio"/> Occupied without payment of cash rent?</p>	<p>FOR CENSUS ENUMERATOR'S USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">a4. Block number</th> <th style="width: 50%;">a5. Serial number</th> </tr> </thead> <tbody> <tr><td>0 0 0 0</td><td>0 0 0 0</td></tr> <tr><td>1 0 0 0</td><td>1 0 0 0</td></tr> <tr><td>2 0 0 0</td><td>2 0 0 0</td></tr> <tr><td>3 0 0 0</td><td>3 0 0 0</td></tr> <tr><td>4 0 0 0</td><td>4 0 0 0</td></tr> <tr><td>5 0 0 0</td><td>5 0 0 0</td></tr> <tr><td>6 0 0 0</td><td>6 0 0 0</td></tr> <tr><td>7 0 0 0</td><td>7 0 0 0</td></tr> <tr><td>8 0 0 0</td><td>8 0 0 0</td></tr> <tr><td>9 0 0 0</td><td>9 0 0 0</td></tr> </tbody> </table>	a4. Block number	a5. Serial number	0 0 0 0	0 0 0 0	1 0 0 0	1 0 0 0	2 0 0 0	2 0 0 0	3 0 0 0	3 0 0 0	4 0 0 0	4 0 0 0	5 0 0 0	5 0 0 0	6 0 0 0	6 0 0 0	7 0 0 0	7 0 0 0	8 0 0 0	8 0 0 0	9 0 0 0	9 0 0 0
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<p><i>Answer these questions for your living quarters</i></p>	<p>H10a. Is this building a one-family house?</p> <p><input type="radio"/> Yes, a one-family house</p> <p><input type="radio"/> No, a building for 2 or more families or a mobile home or trailer</p>	<p>B. Type of unit or quarters</p> <p>Occupied</p> <p><input type="radio"/> First form</p> <p><input type="radio"/> Continuation</p> <p>Vacant</p> <p><input type="radio"/> Regular</p> <p><input type="radio"/> Usual residence elsewhere</p> <p>Group quarters</p> <p><input type="radio"/> First form</p> <p><input type="radio"/> Continuation</p> <p><i>For a vacant unit, also fill C, D, A, H2 to H8, and H10 to H12</i></p>																						
<p>H1. Is there a telephone on which people in your living quarters can be called?</p> <p><input type="radio"/> Yes — What is the number? _____</p> <p style="text-align: right;"><i>Phone number</i></p>	<p>H10b. If "Yes"— Is this house on a place of 10 acres or more, or is any part of this property used as a commercial establishment or medical office?</p> <p><input type="radio"/> Yes, 10 acres or more</p> <p><input type="radio"/> Yes, commercial establishment or medical office</p> <p><input type="radio"/> No, none of the above</p>																							
<p>H2. Do you enter your living quarters—</p> <p><input type="radio"/> Directly from the outside or through a common or public hall?</p> <p><input type="radio"/> Through someone else's living quarters?</p>	<p>H11. If you live in a one-family house which you own or are buying—</p> <p>What is the value of this property; that is, how much do you think this property (house and lot) would sell for if it were for sale?</p> <p><input type="radio"/> Less than \$5,000</p> <p><input type="radio"/> \$5,000 to \$7,499</p> <p><input type="radio"/> \$7,500 to \$9,999</p> <p><input type="radio"/> \$10,000 to \$12,499</p> <p><input type="radio"/> \$12,500 to \$14,999</p> <p><input type="radio"/> \$15,000 to \$17,499</p> <p><input type="radio"/> \$17,500 to \$19,999</p> <p><input type="radio"/> \$20,000 to \$24,999</p> <p><input type="radio"/> \$25,000 to \$34,999</p> <p><input type="radio"/> \$35,000 to \$49,999</p> <p><input type="radio"/> \$50,000 or more</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 20px;"> <p><i>If this house is on a place of 10 acres or more, or if any part of this property is used as a commercial establishment or medical office, do not answer this question.</i></p> </div>	<p>C. Vacancy status</p> <p>Year round—</p> <p><input type="radio"/> For rent</p> <p><input type="radio"/> For sale only</p> <p><input type="radio"/> Rented or sold, not occupied</p> <p><input type="radio"/> Held for occasional use</p> <p><input type="radio"/> Other vacant</p> <p>Seasonal</p> <p><input type="radio"/> Migratory</p>																						
<p>H3. Do you have complete kitchen facilities?</p> <p><i>Complete kitchen facilities are a sink with piped water, a range or cook stove, and a refrigerator.</i></p> <p><input type="radio"/> Yes, for this household only</p> <p><input type="radio"/> Yes, but also used by another household</p> <p><input type="radio"/> No complete kitchen facilities for this household</p>	<p>H12. Answer this question if you pay rent for your living quarters.</p> <p>a. If rent is paid by the month—</p> <p>What is the monthly rent?</p> <p>Write amount here → \$ _____ .00 (Nearest dollar)</p> <p style="text-align: center;"><i>and</i></p> <p>Fill one circle →</p> <p><input type="radio"/> Less than \$30</p> <p><input type="radio"/> \$30 to \$39</p> <p><input type="radio"/> \$40 to \$49</p> <p><input type="radio"/> \$50 to \$59</p> <p><input type="radio"/> \$60 to \$69</p> <p><input type="radio"/> \$70 to \$79</p> <p><input type="radio"/> \$80 to \$89</p> <p><input type="radio"/> \$90 to \$99</p> <p><input type="radio"/> \$100 to \$119</p> <p><input type="radio"/> \$120 to \$149</p> <p><input type="radio"/> \$150 to \$199</p> <p><input type="radio"/> \$200 to \$249</p> <p><input type="radio"/> \$250 to \$299</p> <p><input type="radio"/> \$300 or more</p>																							
<p>H4. How many rooms do you have in your living quarters?</p> <p><i>Do not count bathrooms, porches, balconies, foyers, halls, or half-rooms.</i></p> <p><input type="radio"/> 1 room</p> <p><input type="radio"/> 2 rooms</p> <p><input type="radio"/> 3 rooms</p> <p><input type="radio"/> 4 rooms</p> <p><input type="radio"/> 5 rooms</p> <p><input type="radio"/> 6 rooms</p> <p><input type="radio"/> 7 rooms</p> <p><input type="radio"/> 8 rooms</p> <p><input type="radio"/> 9 rooms or more</p>	<p>b. If rent is not paid by the month—</p> <p>What is the rent, and what period of time does it cover?</p> <p>\$ _____ .00 per _____</p> <p style="text-align: center;"><i>(Nearest dollar) (Week, half-month, year, etc.)</i></p>	<p>D. Months vacant</p> <p><input type="radio"/> Less than 1 month</p> <p><input type="radio"/> 1 up to 2 months</p> <p><input type="radio"/> 2 up to 6 months</p> <p><input type="radio"/> 6 up to 12 months</p> <p><input type="radio"/> 1 year up to 2 years</p> <p><input type="radio"/> 2 years or more</p> <p>C/O <input type="radio"/> <input type="radio"/></p>																						
<p>H5. Is there hot and cold piped water in this building?</p> <p><input type="radio"/> Yes, hot and cold piped water in this building</p> <p><input type="radio"/> No, only cold piped water in this building</p> <p><input type="radio"/> No piped water in this building</p>	<p>H6. Do you have a flush toilet?</p> <p><input type="radio"/> Yes, for this household only</p> <p><input type="radio"/> Yes, but also used by another household</p> <p><input type="radio"/> No flush toilet</p>																							
<p>H7. Do you have a bathtub or shower?</p> <p><input type="radio"/> Yes, for this household only</p> <p><input type="radio"/> Yes, but also used by another household</p> <p><input type="radio"/> No bathtub or shower</p>	<p>H8. Is there a basement in this building?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, built on a concrete slab</p> <p><input type="radio"/> No, built in another way (include mobile homes and trailers)</p>	<p><i>Make no mark in this margin</i></p>																						

H13. Answer question H13 if you pay rent for your living quarters.

In addition to the rent entered in H12, do you also pay for—

a. Electricity?

- Yes, average monthly cost is → \$ _____ .00
Average monthly cost
- No, included in rent
- No, electricity not used

b. Gas?

- Yes, average monthly cost is → \$ _____ .00
Average monthly cost
- No, included in rent
- No, gas not used

c. Water?

- Yes, yearly cost is → \$ _____ .00
Yearly cost
- No, included in rent or no charge

d. Oil, coal, kerosene, wood, etc.?

- Yes, yearly cost is → \$ _____ .00
Yearly cost
- No, included in rent
- No, these fuels not used

H14. How are your living quarters heated?

Fill one circle for the kind of heat you use most.

- Steam or hot water system
- Central warm air furnace with ducts to the individual rooms, or central heat pump
- Built-in electric units (permanently installed in wall, ceiling, or baseboard)
- Floor, wall, or pipeless furnace
- Room heaters with flue or vent, burning gas, oil, or kerosene
- Room heaters without flue or vent, burning gas, oil, or kerosene (not portable)
- Fireplaces, stoves, or portable room heaters of any kind
- In some other way—Describe → _____
- None, unit has no heating equipment

H15. About when was this building originally built? Mark when the building was first constructed, not when it was remodeled, added to, or converted.

- 1969 or 1970 1950 to 1959
- 1965 to 1968 1940 to 1949
- 1960 to 1964 1939 or earlier

H16. Which best describes this building?

Include all apartments, flats, etc., even if vacant.

- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building for 2 families
- A building for 3 or 4 families
- A building for 5 to 9 families
- A building for 10 to 19 families
- A building for 20 to 49 families
- A building for 50 or more families
- A mobile home or trailer
- Other—
Describe _____

H17. Is this building—

- On a city or suburban lot?— Skip to H19
- On a place of less than 10 acres?
- On a place of 10 acres or more?

H18. Last year, 1969, did sales of crops, livestock, and other farm products from this place amount to—

- Less than \$50 (or None) \$2,500 to \$4,999
- \$50 to \$249 \$5,000 to \$9,999
- \$250 to \$2,499 \$10,000 or more

H19. Do you get water from—

- A public system (city water department, etc.) or private company?
- An individual well?
- Some other source (a spring, creek, river, cistern, etc.)?

H20. Is this building connected to a public sewer?

- Yes, connected to public sewer
- No, connected to septic tank or cesspool
- No, use other means

H21. How many bathrooms do you have?

A complete bathroom is a room with flush toilet, bathtub or shower, and wash basin with piped water.

A half bathroom has at least a flush toilet or bathtub or shower, but does not have all the facilities for a complete bathroom.

- No bathroom, or only a half bathroom
- 1 complete bathroom
- 1 complete bathroom, plus half bath(s)
- 2 complete bathrooms
- 2 complete bathrooms, plus half bath(s)
- 3 or more complete bathrooms

H22. Do you have air-conditioning?

- Yes, 1 individual room unit
- Yes, 2 or more individual room units
- Yes, a central air-conditioning system
- No

H23. How many passenger automobiles are owned or regularly used by members of your household?

Count company cars kept at home.

- None
- 1 automobile
- 2 automobiles
- 3 automobiles or more

15 and 5 percent

The on page question

15 percent

5-percent form contains the questions shown on page 4. The 5-percent form contains the questions shown in the first column of page 4 and the ones on page 5.

H24a. How many stories (floors) are in this building?

- 1 to 3 stories
 4 to 6 stories
 7 to 12 stories
 13 stories or more

b. If 4 or more stories—

Is there a passenger elevator in this building?

- Yes No

H25a. Which fuel is used most for cooking?

- | | | | | |
|--------------------------|---|-----------------------|-----------------------|-----------------------|
| Gas | { From underground pipes
serving the neighborhood. | <input type="radio"/> | Coal or coke | <input type="radio"/> |
| | | Bottled, tank, or LP | <input type="radio"/> | Wood |
| Electricity | | <input type="radio"/> | Other fuel | <input type="radio"/> |
| Fuel oil, kerosene, etc. | | <input type="radio"/> | No fuel used | <input type="radio"/> |

b. Which fuel is used most for house heating?

- | | | | | |
|--------------------------|---|-----------------------|-----------------------|-----------------------|
| Gas | { From underground pipes
serving the neighborhood. | <input type="radio"/> | Coal or coke | <input type="radio"/> |
| | | Bottled, tank, or LP | <input type="radio"/> | Wood |
| Electricity | | <input type="radio"/> | Other fuel | <input type="radio"/> |
| Fuel oil, kerosene, etc. | | <input type="radio"/> | No fuel used | <input type="radio"/> |

c. Which fuel is used most for water heating?

- | | | | | |
|--------------------------|---|-----------------------|-----------------------|-----------------------|
| Gas | { From underground pipes
serving the neighborhood. | <input type="radio"/> | Coal or coke | <input type="radio"/> |
| | | Bottled, tank, or LP | <input type="radio"/> | Wood |
| Electricity | | <input type="radio"/> | Other fuel | <input type="radio"/> |
| Fuel oil, kerosene, etc. | | <input type="radio"/> | No fuel used | <input type="radio"/> |

H26. How many bedrooms do you have?

Count rooms used mainly for sleeping even if used also for other purposes.

- No bedroom 3 bedrooms
 1 bedroom 4 bedrooms
 2 bedrooms 5 bedrooms or more

H27a. Do you have a clothes washing machine?

- Yes, automatic or semi-automatic
 Yes, wringer or separate spinner
 No

b. Do you have a clothes dryer?

- Yes, electrically heated
 Yes, gas heated
 No

c. Do you have a dishwasher (built-in or portable)?

- Yes No

d. Do you have a home food freezer which is separate from your refrigerator?

- Yes No

H28a. Do you have a television set? *Count only sets in working order.*

- Yes, one set
 Yes, two or more sets
 No

b. If "Yes"— Is any set equipped to receive UHF broadcasts, that is, channels 14 to 83?

- Yes No

H29. Do you have a battery-operated radio?

Count car radios, transistors, and other battery-operated sets in working order or needing only a new battery for operation.

- Yes, one or more No

H30. Do you (or any member of your household) own a second home or other living quarters which you occupy sometime during the year?

- Yes No

5 percent

27a. Has this person ever completed a vocational training program?

For example, in high school; as apprentice; in school of business, nursing, or trades; technical institute; or Armed Forces schools.

- Yes No— Skip to 28

b. What was his main field of vocational training? Fill one circle.

- Business, office work
 Nursing, other health fields
 Trades and crafts (mechanic, electrician, beautician, etc.)
 Engineering or science technician; draftsman
 Agriculture or home economics
 Other field— Specify →

28a. Does this person have a health or physical condition which limits the kind or amount of work he can do at a job?

If 65 years old or over, skip to question 29.

- Yes
 No

b. Does his health or physical condition keep him from holding any job at all?

- Yes
 No

c. If "Yes" in a or b— How long has he been limited in his ability to work?

- Less than 6 months 3 to 4 years
 6 to 11 months 5 to 9 years
 1 to 2 years 10 years or more

QUESTIONS 29 THROUGH 41 ARE FOR ALL PERSONS BORN BEFORE APRIL 1956 INCLUDING HOUSEWIVES, STUDENTS, OR DISABLED PERSONS AS WELL AS PART-TIME OR FULL-TIME WORKERS

29a. Did this person work at any time last week?

- Yes— Fill this circle if this person did full- or part-time work. (Count part-time work such as a Saturday job, delivering papers, or helping without pay in a family business or farm; and active duty in the Armed Forces)
- No— Fill this circle if this person did not work, or did only own housework, school work, or volunteer work.
- Skip to 30

b. How many hours did he work last week (at all jobs)?

Subtract any time off and add overtime or extra hours worked.

- 1 to 14 hours 40 hours
 15 to 29 hours 41 to 48 hours
 30 to 34 hours 49 to 59 hours
 35 to 39 hours 60 hours or more

c. Where did he work last week?

If he worked in more than one place, print where he worked most last week.

If he travels about in his work or if the place does not have a numbered address, see instruction sheet.

- (1) Address (Number and street name) _____
- (2) Name of city, town, village, etc. _____
- (3) Inside the limits of this city, town, village, etc.?
 Yes
 No
- (4) County _____
- (5) State _____
- (6) ZIP Code _____

d. How did he get to work last week? Fill one circle for chief means used on the last day he worked at the address given in 29c.

- Driver, private auto Taxicab
 Passenger, private auto Walked only
 Bus or streetcar Worked at home
 Subway or elevated Other means—Specify →

After completing question 29d, skip to question 33.

30. Does this person have a job or business from which he was temporarily absent or on layoff last week?

- Yes, on layoff
 Yes, on vacation, temporary illness, labor dispute, etc.
 No

31a. Has he been looking for work during the past 4 weeks?

- Yes No— Skip to 32

b. Was there any reason why he could not take a job last week?

- Yes, already has a job
 Yes, because of this person's temporary illness
 Yes, for other reasons (in school, etc.)
 No, could have taken a job

32. When did he last work at all, even for a few days?

- In 1970 1964 to 1967 1959 or earlier { Skip
 In 1969 1960 to 1963 Never worked } to 36
 In 1968

— continued —

5 percent

15 percent

15 and 5 percent

15 and 5 percent

33-35. Current or most recent job activity

Describe clearly this person's chief job activity or business last week, if any. If he had more than one job, describe the one at which he worked the most hours.

If this person had no job or business last week, give information for last job or business since 1960.

33. Industry

- a. For whom did he work? If now on active duty in the Armed Forces, print "AF" and skip to question 36.

(Name of company, business, organization, or other employer)

- b. What kind of business or industry was this?

Describe activity at location where employed.

(For example: Junior high school, retail supermarket, dairy farm, TV and radio service, auto assembly plant, road construction)

- c. Is this mainly— (Fill one circle)

- Manufacturing Retail trade
 Wholesale trade Other (agriculture, construction, service, government, etc.)

34. Occupation

- a. What kind of work was he doing?

(For example: TV repairman, sewing machine operator, spray painter, civil engineer, farm operator, farm hand, junior high English teacher)

- b. What were his most important activities or duties?

(For example: Types, keeps account books, files, sells cars, operates printing press, cleans buildings, finishes concrete)

- c. What was his job title?

35. Was this person— (Fill one circle)

Employee of private company, business, or individual, for wages, salary, or commissions...

Federal government employee

State government employee.....

Local government employee (city, county, etc.)...

Self-employed in own business, professional practice, or farm—

Own business not incorporated

Own business incorporated

Working without pay in family business or farm

36. In April 1965, what State did this person live in?

This State

OR

(Name of State or foreign country; or Puerto Rico, etc.)

37. In April 1965, was this person— (Fill three circles)

- a. Working at a job or business (full or part-time)?

Yes No

- b. In the Armed Forces?

Yes No

- c. Attending college?

Yes No

38. If "Yes" for "Working at a job or business" in question 37— Describe this person's chief activity or business in April 1965.

- a. What kind of business or industry was this?

- b. What kind of work was he doing (occupation)?

- c. Was he—

An employee of a private company or government agency...
Self-employed or an unpaid family worker

39a. Last year (1969), did this person work at all, even for a few days?

Yes No— Skip to 41

- b. How many weeks did he work in 1969, either full-time or part-time? Count paid vacation, paid sick leave, and military service.

13 weeks or less 40 to 47 weeks
 14 to 26 weeks 48 to 49 weeks
 27 to 39 weeks 50 to 52 weeks

40. Earnings in 1969— Fill parts a, b, and c for everyone who worked any time in 1969 even if he had no income. (If exact amount is not known, give best estimate.)

- a. How much did this person earn in 1969 in wages, salary, commissions, bonuses, or tips from all jobs?

\$ _____ .00
(Dollars only)

(Before deductions for taxes, bonds, dues, or other items.)

OR None

- b. How much did he earn in 1969 from his own nonfarm business, professional practice, or partnership?

\$ _____ .00
(Dollars only)

(Net after business expenses. If business lost money, write "Loss" above amount.)

OR None

- c. How much did he earn in 1969 from his own farm?

\$ _____ .00
(Dollars only)

(Net after operating expenses. Include earnings as a tenant farmer or sharecropper. If farm lost money, write "Loss" above amount.)

OR None

41. Income other than earnings in 1969— Fill parts a, b, and c. (If exact amount is not known, give best estimate.)

- a. How much did this person receive in 1969 from Social Security or Railroad Retirement?

\$ _____ .00
(Dollars only)

OR None

- b. How much did he receive in 1969 from public assistance or welfare payments?

Include aid for dependent children, old age assistance, general assistance, aid to the blind or totally disabled.

\$ _____ .00
(Dollars only)

Exclude separate payments for hospital or other medical care.

OR None

- c. How much did he receive in 1969 from all other sources?

\$ _____ .00
(Dollars only)

Include interest, dividends, veterans' payments, pensions, and other regular payments.

OR None

(See instruction sheet.)

15 and 5 percent

5 percent

15 and 5 percent

15 and 5 percent

5 percent