

SUPPLEMENTARY QUESTIONS For Persons Enumerated on Lines 14 and 29				FOR PERSONS OF ALL AGES										FOR PERSONS 14 YEARS OLD AND OVER										FOR ALL WOMEN WHO ARE OR HAVE BEEN MARRIED			FOR OFFICE USE ONLY—DO NOT WRITE IN THESE COLUMNS																																																																																																																																																																																																																																																																																																																																																						
NAME				PLACE OF BIRTH OF FATHER AND MOTHER			MOTHER TONGUE (OR NATIVE LANGUAGE) Language spoken in home in earliest childhood	CODE (Leave blank)	VETERANS				SOCIAL SECURITY			USUAL OCCUPATION, INDUSTRY, AND CLASS OF WORKER				Enter that occupation which the person regards as his usual occupation and at which he is physically able to work. If the person is unable to determine this, enter last occupation at which he has worked longest during the past 10 years and at which he is physically able to work. Enter also usual industrial classification number. For a person without previous work experience, enter "None" in Col. 45 and leave Cols. 46 and 47 blank.	Enter this woman's last married name (Last name first)	Age of first marriage	Number of children ever born (Do not include stillbirths)	Ten (4)	V (5)	F (6)	C (7)	O (8)	P (9)	G (10)	R (11)	S (12)	T (13)	U (14)	V (15)	W (16)	X (17)	Y (18)	Z (19)	AA (20)																																																																																																																																																																																																																																																																																																																																									
				Is this person a veteran of the United States military forces; or the wife, widow, or under-18-year-old child of a veteran?	Does this person have a Social Security Number? (Use or blank)	When did this person's Social Security Number become effective? (Month and year)			Has this person's Social Security Number been made from this person's date of birth? (Yes or No)	Has this person's Social Security Number been made from this person's date of birth? (Yes or No)	Usual occupation	Usual industry	Usual class of worker	Code (Leave blank)																																																																																																																																																																																																																																																																																																																																																																			
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