

LOCATION		HOUSEHOLD DATA				NAME	RELATION	PERSONAL DESCRIPTION				EDUCATION	PLACE OF BIRTH	CITIZENSHIP	RESIDENCE, APRIL 1, 1935										PERSONS 14 YEARS OLD AND OVER—EMPLOYMENT STATUS										Line No.	
Street, avenue, road, etc.	House number—in cities and towns	Number of household in order of inclusion	Name read (P) or read (R)	Value of home, if owned, or monthly rental, if rented	Does this household live on a farm? (Yes or No)			Color or race	Age at last birthday	Married status—Single (S), Married (M), Widowed (W), Divorced (D)	Attended school or college any time since March 1, 1929? (Yes or No)				Highest grade of school completed	CODE (Leave blank)	If born in the United States, give State, Territory, or Possession	If foreign born, give country to which birthplace was situated on January 1, 1927	Distinguish Canadian—English and Irish Free State (Ire) from Northern Ireland	City, town, or village having 2,000 or more inhabitants	COUNTY	STATE (or Territory or foreign country)	On a farm? (Yes or No)	CODE (Leave blank)	Was this person ever assigned to public emergency work? (Yes or No)	If not, was he or she ever employed by the Government? (Yes or No)	If not, was he or she ever employed by a business, not a Government? (Yes or No)	For persons answering "No" to questions 21, 22, 23, and 24	If at private or Government employment, specify in Col. 25	If seeking work or unemployed, specify in Col. 26 or 27	OCCUPATION, INDUSTRY, AND CLASS OF WORKER					TPOBORN IN 1900
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SUPPLEMENTARY QUESTIONS				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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
For Persons Enumerated on Lines 2 and 6				PLACE OF BIRTH OF FATHER AND MOTHER			MOTHER TONGUE (OR NATIVE LANGUAGE)		VETERANS		SOCIAL SECURITY		USUAL OCCUPATION, INDUSTRY, AND CLASS OF WORKER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
NAME				If born in the United States, give State, Territory, or possession. If foreign born, give country in which birthplace was situated on January 1, 1957. Distinguish Canada-English and Irish Free State (Eire) from Northern Ireland.			Language spoken in home in earliest childhood.		Is this person a veteran of the United States military service, or the wife, widow, or under-18-year-old child of a veteran?		Enter this person's name as it appears on his Social Security card. (Last, first, and middle initials.)		Enter that occupation which the person reports as his usual occupation and at which he is physically able to work. If the person is unable to determine this, enter that occupation at which he has worked longest during the past 10 years and at which he is physically able to work. Enter also usual industry and usual class of worker. For a person without previous work experience, enter "None" in Col. 45 and leave Cols. 46 and 47 blank.						Usual class of worker		Has this woman been married more than once? (Yes or No)		Age at first marriage		Number of children ever born (Do not include stillbirths)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
FATHER				MOTHER			CODE (Leave blank)		CODE (Leave blank)		CODE (Leave blank)		USUAL OCCUPATION		USUAL INDUSTRY		CODE (Leave blank)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											