

| PLACE OF ABODE.               |  |   |   | NAME<br><br>of each person whose <u>place of abode</u> on<br>January 1, 1920, was in this family.<br><br>Enter surname first, then the given name and middle<br>initial, if any.<br><br>Include every person living on January 1, 1920. Omit<br>children born since January 1, 1920. | RELATION.  | TENURE.                  |                                 | PERSONAL DESCRIPTION. |                |                            |  | CITIZENSHIP.  |                          |   | EDUCATION.  |                          |                           |
|-------------------------------|--|---|---|--|--|--------------------------|---------------------------------|-----------------------|----------------|----------------------------|--|---|--------------------------|---|---|--------------------------|---------------------------|
| Street, avenue,<br>road, etc. | House<br>number<br>or farm,<br>etc.<br>(See<br>instruc-<br>tions.) | Num-<br>ber of<br>dwell-<br>ing<br>house<br>in order<br>of vis-<br>itation. | Num-<br>ber of<br>family<br>in order<br>of vis-<br>itation. |  | Relationship of this<br>person to the head of<br>the family. | Home owned or<br>rented. | If owned, free or<br>mortgaged. | Sex.                  | Color or race. | Age at last birth-<br>day. | Single, married,<br>widowed, or di-<br>vorced. | Year of immigra-<br>tion to the Unit-<br>ed States. | Naturalized or<br>alien. | If naturalized,<br>year of natural-<br>ization. | Attended school<br>any time since<br>Sept. 1, 1919. | Whether able to<br>read. | Whether able to<br>write. |
| 1                             | 2  | 3   | 4   | 5  | 6  | 7                        | 8                               | 9                     | 10             | 11                         | 12   | 13  | 14                       | 15  | 16  | 17                       | 18                        |
|                               |  |   |   |  |  |                          |                                 |                       |                |                            |  |   |                          |   |   |                          |                           |
|                               |  |   |   |  |  |                          |                                 |                       |                |                            |  |   |                          |   |   |                          |                           |
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