Form 15-269

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

FIFTEENTH CENSUS OF THE UNITED STATES: 1930

SUPPLEMENTAL SCHEDULE FOR INDIAN POPULATION

For instructions and illustrative example see other side of this sheet

State_____ County_____ Supervisor's District No._____ Enumeration District No._____

Township or other division of county_____ Name of city, town, or village_____

Institution (if any)_____ Enumerator_____
(Signature)

	Population Schedule		Name	Sex	Age	Full Blood or Mixed Blood	Tribe	Post-Office Address	Agency Where Enrolled
	Sheet No.	Line No.							
	1	2	3	4	5	6	7	8	9
1									
2									
3									