

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	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.) <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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<input type="checkbox"/>	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>					

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, 14 to 26 weeks, 27 to 39 weeks, 40 to 47 weeks, 48 to 49 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? \$... (Dollars only) OR None

b. How much did he earn in 1969 from his own nonfarm business, professional practice, or partnership? \$... (Dollars only) OR None

c. How much did he earn in 1969 from his own farm? \$... (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? \$... (Dollars only) OR None

b. How much did he receive in 1969 from public assistance or welfare payments? \$... (Dollars only) OR None

c. How much did he receive in 1969 from all other sources? \$... (Dollars only) OR None

15 and 5 percent

5 percent

15 and 5 percent

15 and 5 percent

5 percent

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 6 rooms
 2 rooms 7 rooms
 3 rooms 8 rooms
 4 rooms 9 rooms or more
 5 rooms

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
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

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, and H10 to H12

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

Make no mark in this margin

Make no mark in this margin

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

The 15-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 questions on page 5.

15 and 5 percent

15 percent

The 15-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 questions 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 <input type="radio"/>
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 <input type="radio"/>
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 <input type="radio"/>
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
 1 bedroom
 2 bedrooms
 3 bedrooms
 4 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