

CONFIDENTIAL

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BUDGET BUREAU NO. 41-4961.  
APPROVAL EXPIRES Dec. 31, 1950.

FORM **P 3** U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# INFANT CARD

## 1950 CENSUS OF POPULATION AND HOUSING

(For every child born in January, February, or March 1950)

State \_\_\_\_\_ County \_\_\_\_\_

E. D. No. \_\_\_\_\_ Sheet No. \_\_\_\_\_ Line No. \_\_\_\_\_

Enumerated by \_\_\_\_\_

LEAVE BLANK

Date \_\_\_\_\_

### ASK THESE ITEMS

1. Is residence on a farm?  
(Copy from Population schedule item 4 for "head of household.")  
Yes  <sup>1</sup> No  <sup>2</sup>

2. NAME OF INFANT (Please print)  
\_\_\_\_\_  
(Last) (First) (Initial)

3. RACE OF INFANT  
(Copy from schedule item 9.)  
White  <sup>1</sup> Negro  <sup>2</sup> American Indian  <sup>3</sup> Other  <sup>4</sup>

4. SEX OF INFANT  
(Copy from schedule item 10.)  
Male  <sup>1</sup> Female  <sup>2</sup>

5. Is father enumerated in this household?  
Yes  <sup>1</sup> No  <sup>2</sup>

IF "YES" in item 5, copy the answers to items 6, 7, 8, and 9, from the Population schedule. If "NO" in item 5, skip to item 10.

6. NAME OF FATHER (Please print)  
(Copy from schedule item 7.)  
\_\_\_\_\_  
(Last) (First) (Initial)

7. AGE OF FATHER ON LAST BIRTHDAY  
(Copy from schedule item 11.)  
\_\_\_\_\_

8. OCCUPATION OF FATHER  
(Copy from schedule item 20a; if that item is blank, enter "None.")  
\_\_\_\_\_

9. INDUSTRY OF FATHER  
(Copy from schedule item 20b; if that item is blank, enter "None.")  
\_\_\_\_\_

LEAVE BLANK

LEAVE BLANK    A    B    C

10. DATE OF BIRTH  
\_\_\_\_\_, 1950  
(Month) (Day)

11. POST OFFICE ADDRESS OF INFANT'S USUAL PLACE OF RESIDENCE  
House Number and Street or RFD No. \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_

12. INFANT'S PLACE OF BIRTH (ACTUAL PLACE—NOT USUAL RESIDENCE)  
City \_\_\_\_\_  
(If outside city limits, write "RURAL.")

LEAVE BLANK

County \_\_\_\_\_ State \_\_\_\_\_

13. NAME OF HOSPITAL  
\_\_\_\_\_  
If "NONE" above, type of attendant at birth:  
Doctor  <sup>1</sup> Midwife  <sup>2</sup> Other (Specify) \_\_\_\_\_

14. MAIDEN NAME OF MOTHER (Please print)  
\_\_\_\_\_  
(Last) (First) (Initial)

15. AGE OF MOTHER ON LAST BIRTHDAY  
(Copy from schedule item 11, or ask question.)  
\_\_\_\_\_

16. EDUCATION OF MOTHER  
(Copy from schedule items 26 and 27 or ask questions.)  
a. What is the highest grade of school that she has attended? \_\_\_\_\_  
b. Did she finish this grade? Yes  <sup>1</sup> No  <sup>2</sup>

17. ORDER OF BIRTH  
Is this the 1st, 2d, etc., child the mother has ever borne?  
(Do not count stillbirths but count all live births, including children now deceased.)  
\_\_\_\_\_