

TRANSCRIBE FROM P1 SCHEDULE a. State b. County c. Reservation d. E.D. Number e. Serial number of dwelling unit f. Agriculture Questionnaire Number _____ or <input type="checkbox"/> None	CONFIDENTIAL  Form <b>P8</b>  REASONS:	This inquiry is authorized by Act of Congress (48 Stat. 21; 13 U.S.C. 201-218) which requires that a report be made. The information furnished is accorded confidential treatment. The Census report cannot be used for purposes of taxation, investigation, or regulation.  U. S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS  <b>1950 CENSUS OF POPULATION AND HOUSING</b> INDIAN RESERVATION SCHEDULE	g. Enumerator's signature _____ Date: _____, 1950  h. Checked by: _____ Date: _____, 1950  HOUSING DATA (OBSERVE AND RECORD) j. Type of house construction (Check one) <input type="checkbox"/> Frame <input type="checkbox"/> Log <input type="checkbox"/> Stone or brick <input type="checkbox"/> Tent <input type="checkbox"/> Brush <input type="checkbox"/> Mud or adobe Other _____ Specify _____  k. Type of floor construction (Check one) <input type="checkbox"/> Earth <input type="checkbox"/> Wood <input type="checkbox"/> Stone or cement Other _____ Specify _____
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Members of household	TRANSCRIBE FROM P1 SCHEDULE			Is he known by any other name than.....?  (Enter "other" name below)	To what tribe does he belong?	To what clan does he belong?	Degree of Indian blood Full blood Half to full Quarter to half Less than 1/4 (Check one box)	LANGUAGES						In 1949 did he attend or participate in any native Indian ceremonies?  (Check one box)
	Sheet number	Line number	Name					Does he read English?	Does he write English?	Does he speak English?	Does he read any other language?	Does he write any other language?	Does he speak any other language?	
	1	2	3					8a	8b	8c	9a	9b	9c	
1			<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither
2			<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither
3			<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither
4			<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither
5			<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither
6			<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither
7			<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither
8			<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither
9			<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither
10			<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> None _____ Name _____	<input type="checkbox"/> Full <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Neither

HOUSEHOLD CONTINUED ON SECOND SHEET

SHEET \_\_\_\_\_ OF \_\_\_\_\_ SHEETS