Budget Bureau No. 41-S071
Approval expires December 31, 1950

a. ISLAND

a. INSTITUTION, HOTEL, LARGE ROOMING HOUSE, ETC.
Name
Type
Line No. ____ to ____ inclusive

Name
Type
Line No. ____ to ____ inclusive

b. CITY OR TOWN (If outside city limits indicate "rural")

c. QUARTER

d. E. D. NUMBER

CONFIDENTIAL This inquiry is authorized by Act of Congress (54 Stat. 31; 13 U. S. C. 141-161) which requires that a report be made. This information furnished is regarded confidential by law.

FORM **P97**

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1950 CENSUS OF POPULATION AND HOUSING

VIRGIN ISLANDS (UNITED STATES)

f. DATE SHEET STARTED 1950

g. ENUMERATOR'S SIGNATURE

h. CHECKED BY
(Crew leader) on 1950

SHEET NO.

LINE NUMBER	Name of street, avenue, or road	FOR HEAD OF HOUSEHOLD: (Enter each name, beginning with head)	(Enter total number of dwelling units)	On this house on a farm? (Yes or No)	Agricultural Questionnaire No.	FOR ALL PERSONS: NAME — What is the name of the head of this household? What are the names of all other persons who live here? (Last name first)	RELATIONSHIP (Head, Wife, Daughter, Other relative, Lodger, Lodger's wife, Maid, Hired hand, Patient, etc.)	RACE (White (W), Negro (Neg.), Mixed (M), Indian (I), Japanese (J), Chinese (C), Filipino (F), Hawaiian (H), Korean (K), Other (specify))	LEAVE BLANK	SEX (Male (M), Female (F))	How old was he on his last birthday? (If under one year of age, write number of months, as 7/12, 11/12, etc.)	Is he now married, separated, widowed, divorced, or never married? (Mar., Sep., Wd., D., Never)	Where was he born? (If born elsewhere, enter name of Territory, Possession, or foreign country)	LEAVE BLANK	If foreign born — Is he naturalized? (Yes, No, or A.P. for first papers, aliened or Alien reg. per notice)	What is the highest full grade of school that he has completed? (Highest year finished — not last year attended)	Has he attended school or kindergarten at any time since February 1st? (Enter each name — see instructions)	LINE NUMBER
1	2	3	4	5	6	7	A	8	9	10	11	12	B	13	14	15	
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FOR PERSONS 14 YEARS OF AGE AND OVER

LINE NUMBER	(Was) (Were) he (she) in the U. S. Armed Forces during— (Ask each question) (Yes or No)			LEAVE BLANK	What was this person doing most of last week—working, keeping house, or something else? (Work, Keeping house, or Something else)	Did this person do any work at all last week, not counting work around the house? (Include work for pay or profit, part-time work, profits from farm, or unpaid family work) (Yes or No)	Was this person looking for work? (Yes or No)	Even though he didn't work last week, does he have a job or business? (Yes or No)	How many hours did he work last week? (Include unpaid work on family farm or business) (Number of hours)	Last year (1949), in how many weeks did he do any work at all, not counting work around the house? (Number of weeks or "0")	What kind of work did he do? (Occupation)	In what kind of business or industry did he work? (Industry)	Class of worker (For PRIVATE employer (P); For GOVERNMENT (G); If OWN business (O); WITHOUT PAY on family farm or business (WP))	LEAVE BLANK	INCOME IN 1949 (To the nearest dollar) — Last year, how much money did he earn working as an employee for wages or salary? (Enter amount before deductions, etc., of "0")	Last year, how much money did he earn working in his own business, profession, trade, or farm? (Enter net income or "0")	Last year, how much money did he receive from interest, dividends, veteran's allowances, pensions, rents, or other income (aside from earnings)? (Enter amount or "0")	LEAVE BLANK	LINE NUMBER
	World War II	World War I	Any other time, including present service								16a	16b	16c	C	17	18	19	20	21	22	23a	23b	23c	D	24a	24b	24c	E	
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1. If employed (Wk. in 1949 if on Vet. or Sum. Wk. more for job or business held last week
2. If looking for work (If on Lay-off, specify last job or business)
3. If worked in 1949 but not in specific weeks (e.g., 52-1947 prior to employed last week, describe last job or business)
4. For all others, leave blank

HOUSEHOLD CONTINUED ON NEXT SHEET ☐

FOR DISTRICT OFFICE USE ONLY

Number of lines on this sheet	Number of lines transcribed to 1950 sheet	Number of persons on this sheet
30	—	—

CODES TO BE USED IN ITEMS INDICATED

ITEM 14. HIGHEST GRADE COMPLETED

	Code
NONE	0
ELEMENTARY—HIGH	
Elementary—Regular	01 to 08
High—4 years	09, 10, 11, 12

	Code
ELEMENTARY, HIGH or SENIOR HIGH	
Regular high (4 years)	09 to 12
Junior high (3 years)	07, 08, 09
Senior high (3 years)	10, 11, 12

	Code
COLLEGE OR UNIVERSITY	
Undergraduate (4 years)	13, 14, 15, 16
Graduate or professional school (1 year or more)	17

ITEM 15. SCHOOL ATTENDANCE

	Code
School or college	H
Kindergarten	H
None	No

Footnotes:

SHEET NO.

HOUSING ITEMS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16a	16b
Serial number of dwelling unit	TYPE OF LIVING QUARTERS 1 ☐ Dwelling unit 2 ☐ Nondwelling-unit quarters in hotel, large rooming house, institution, etc. (If nondwelling unit, do not ask remaining items)	CONDITION OF UNIT— 1 ☐ Not dilapidated 2 ☐ Dilapidated	NUMBER OF DWELLING UNITS IN THIS STRUCTURE ____ (Number)	BUSINESS UNIT IN THIS STRUCTURE 1 ☐ Yes 2 ☐ No	EXTERIOR MATERIAL 1 ☐ Wood frame 2 ☐ Concrete or masonry 3 ☐ Other	We have listed (number) persons who live here. Have we missed anyone away traveling? Babies? Lodgers? Other persons staying here who have no home anywhere else? (Add names on other side if necessary) Enter correct number of persons ____ (Final count) X ☐ Occupied entirely by nonresidents V ☐ Vacant	When was this structure built? 1 ☐ 1940 or after 2 ☐ 1930-1939 3 ☐ 1920-1929 4 ☐ Before 1920	How many rooms are there in this unit, not counting bathrooms? ____ (Number)	WATER SUPPLY 1 ☐ Piped (running) water inside this structure 2 ☐ Private cistern (covered and screened) 3 ☐ Tanks or drums 4 ☐ Other—public stand-pipe, well, etc.	TOILET 1 ☐ Flush toilet inside this structure 2 ☐ Flush toilet outside this structure 3 ☐ Pit privy 4 ☐ Nightsoil collection can 5 ☐ No toilet	1 ☐ For this unit's exclusive use 2 ☐ Shared with another unit 3 ☐ No toilet	INSTALLED BATHTUB OR SHOWER 1 ☐ For this unit's exclusive use 2 ☐ Shared with another unit 3 ☐ No bathtub or shower	What type of refrigeration does this unit have? 1 ☐ Mechanical 2 ☐ Ice 3 ☐ No refrigeration	Does this unit have electric lighting? 1 ☐ Yes 2 ☐ No	OCCUPANCY 1 ☐ Structure and lot owned by occupant → 2 ☐ Structure owned and lot rented by occupant → 3 ☐ Rented by occupant → 4 ☐ Occupied rent free V ☐ Vacant →	VALUE OR RENTAL Assessed valuation of structure and lot $____ Assessed valuation of structure $____ Annual rental of lot $____ Monthly rental of dwelling $____ 1 ☐ For rent 2 ☐ For sale only 3 ☐ Not for rent or for sale
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