


+ NAME Conroy, William Edward Jr.		STREET ADDRESS 92 Kay St.		284340 		
1 CENSUS TRACT 333	12 CITIZENSHIP U.S. <input checked="" type="checkbox"/> 1 NAT. <input type="checkbox"/> 2 PA. <input type="checkbox"/> 3 AL. <input type="checkbox"/> 4	19 USUAL OCCUPATION	20 INDUSTRY			STATE OF RHODE ISLAND CENSUS LICENSED FOR USE UNDER PATENT 1,772,492
2 CITY, TOWN OR VILLAGE Newport	13 IF AT SCHOOL - NAME OF SCHOOL	21 CLASS OF WORKER W. <input type="checkbox"/> 1 E. <input type="checkbox"/> 3 N.P. <input type="checkbox"/> 2 S.E. <input type="checkbox"/> 4	22 PRESENT OCCUPATION	ADDRESS		
3 TOWNSHIP Newport	14 GRADE	23 INDUSTRY	24 CLASS OF WORKER W. <input type="checkbox"/> 1 E. <input type="checkbox"/> 3 N.P. <input type="checkbox"/> 2 S.E. <input type="checkbox"/> 4			DATE 1-15-56
4 COUNTY Newport	15 ANY PHYSICAL DISABILITY BL. <input type="checkbox"/> 1 TB. <input type="checkbox"/> 4 EP. <input type="checkbox"/> 7 DF. <input type="checkbox"/> 2 HTD. <input type="checkbox"/> 5 OTHER <input type="checkbox"/> 8 MEN <input type="checkbox"/> 3 CRP <input type="checkbox"/> 6	25 IF NOT AT WORK - WHY NOT 1 <input type="checkbox"/> AT WORK 4 <input type="checkbox"/> PART TIME 2 <input type="checkbox"/> IND. DISP. 5 <input type="checkbox"/> NO WORK 3 <input type="checkbox"/> SICK 6 <input type="checkbox"/> PHYS. INCAP. 7 <input type="checkbox"/> RELIEF PROJECT	26 IF NOT AT WORK - HOW MANY MONTHS IDLE	INITIALS T.A.B.		
5 IF HEAD OF FAMILY - NO. IN FAMILY	16 EVER HAD MEAS. <input type="checkbox"/> 1 S. FVR. <input type="checkbox"/> 2 DIPT. <input type="checkbox"/> 3 SCHICK TEST <input checked="" type="checkbox"/> 4	27 NO. MONTHS EMPLOYED IN 1935	+ ALPHA TICAL			
6 SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2	17 USUALLY WORK AT GAINFUL OCCUPATION YES <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2	18 IF NOW IS HE SEEKING WORK YES <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2				
7 COLOR OR RACE WHITE <input checked="" type="checkbox"/> 1 NEGRO <input type="checkbox"/> 2 OTHER <input type="checkbox"/> 3	9 DATE OF BIRTH August 27 1933	11 READ OR WRITE ENGLISH YES <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2			I.B.M. 130419 FORM P.C. 1 003	
8 COUNTRY OF BIRTH R.I.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 1 3			39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		