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FORM **U. S. DEPARTMENT OF COMMERCE** 16-5
P1 **BUREAU OF THE CENSUS**
1950 CENSUS OF POPULATION AND HOUSING

g. ENUMERATOR'S SIGNATURE
Elizabeth M. Markward
h. CHECKED BY

Age	Sex	Marital Status	Name	Relationship	Birth Date	Birth Place	Occupation	Education	Other
36	M	Mar	Pinard, Russell R	Head	W F 20	New Jersey	Stk	33	55 Clerical
			—, Ruth A	Wife	W M 23	New Penna	Stk	72	Garage
			—, Norman E	Son	W M 23	New Penna	Stk	48	Paper Maker
			—, Richard C	Son	W M 22	New Penna	Stk	54	Mechanics
34	M	Mar	Heinrich, Antone	Head	W F 63	Id. Penna	Stk	40	Drawing
			Morris, Stella	Wife	W F 53	Id. Penna	Stk	48	Printing
			Williams, Doris	Son	W F 42	Id. Penna	Stk	40	Printer
28	M	Mar	Lawlin, Robert C	Head	W M 33	New Penna	Stk	40	Printer
			—, Annette D	Wife	W F 33	New Penna	Stk	40	Printer
			—, Robert C Jr	Son	W M 2	New Penna	Stk	72	Superintendent
28	M	Mar	Sullivan, Robert J	Head	W M 47	New Penna	Stk	40	Printer
			Mumma, L	Wife	W F 48	New Penna	Stk	40	Printer
28	M	Mar	De Maio, Nicholas	Head	W M 54	Italy	Stk	40	Printer
			—, Josephine	Wife	W F 54	Italy	Stk	40	Printer
			—, Peter A	Son	W M 25	New Penna	Stk	40	Printer
			Dehenky, Mary R	Daughter	W F 28	New Penna	Stk	40	Printer
			—, Mary Elizabeth	Daughter	W F 3	New Penna	Stk	40	Printer
			—, Carmine	Son	W M 2	New Penna	Stk	40	Printer
			De Maio, Peter J	Daughter	W F 15	New Penna	Stk	40	Printer

<p>10-11-1964. IMPERIAL. LAMPA. Street. You also are present. You have been living with the above person for 10 years.</p> <p>Is a temporary householder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>10-11-1964. IMPERIAL. LAMPA. Street. You also are present. You have been living with the above person for 10 years.</p> <p>Is a temporary householder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>10-11-1964. IMPERIAL. LAMPA. Street. You also are present. You have been living with the above person for 10 years.</p> <p>Is a temporary householder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>10-11-1964. IMPERIAL. LAMPA. Street. You also are present. You have been living with the above person for 10 years.</p> <p>Is a temporary householder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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