

NAME OF INSTITUTION_____

185

ENUMERATION DISTRICT NO. 375 7 A

	Federick B. Long	ENUMERATOR
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NAME	DATE OF BIRTH	PLACE OF BIRTH	OCCUPATION	EDUCATION		RECORD OF SERVICE	
				W	U	W	U
1. NAME							
2. DATE OF BIRTH							
3. PLACE OF BIRTH							
4. OCCUPATION							
5. EDUCATION							
6. RECORD OF SERVICE							

[illegible]