STATE Kansas
COUNTY Osage
TOWNSHIP OR OTHER DIVISION OF COUNTY Burlingame Township (Part 4) [Insert proper name and also, name of class, as township, town, precinct, district, hundred, post, etc. See instructions.]
NAME OF INSTITUTION X [Insert name of institution, if any, and indicate the lines on which the entries are made. See instructions.]

DEPARTMENT OF COMMERCE AND LABOR—BUREAU OF THE CENSUS

THIRTEENTH CENSUS OF THE UNITED STATES: 1910—POPULATION

NAME OF INCORPORATED PLACE X [Insert proper name and, also, name of class, as city, village, town, or borough. See instructions.]
ENUMERATED BY ME ON THE 25 DAY OF April 1910.

SUPERVISOR'S DISTRICT NO. 4
ENUMERATION DISTRICT NO. 95
SHEET NO. 5 B
WARD OF CITY X
4777
John C. McFarlane ENUMERATOR.

LOCATION. Street, avenue, road, etc.	House number (in cities or towns).	Number of dwelling house in order of visitation.	Number of family in order of visitation.	NAME of each person whose place of abode on April 15, 1910, was in this family. Enter surname first, then the given name and middle initial, if any. Include every person living on April 15, 1910. Omit children born since April 15, 1910.	RELATION. Relationship of this person to the head of the family.	PERSONAL DESCRIPTION. Sex.	Color or race.	Age at last birthday.	Whether single, married, widowed, or divorced.	Number of years of present marriage.	Mother of how many children. Number born.	Mother of how many children. Number now living.	NATIVITY. Place of birth of each person and parents of each person enumerated. If born in the United States, give the state or territory. If of foreign birth, give the country. Place of birth of this Person.	Place of birth of Father of this person.	Place of birth of Mother of this person.	CITIZENSHIP. Year of naturalization, if not citizen of the United States.	Whether naturalized or alien.	Whether able to speak English; or, if not, give language spoken.	OCCUPATION. Trade or profession of, or particular kind of work done by this person, as spinner, salesman, laborer, etc.	General nature of industry, business, or establishment in which this person works, as cotton mill, dry goods store, farm, etc.	Whether an employer, employee, or working on own account.	If an employee—Whether out of work on April 15, 1910.	If an employee—Number of weeks out of work during year 1909.	EDUCATION. Whether able to read.	Whether able to write.	If attended school any time since September 1, 1909.	OWNERSHIP OF HOME. Owned or rented.	Owned free, or mortgaged.	Farm or house.	Number of farm schedule.	Whether a survivor of the Union or Confederate Army or Navy.	Whether blind (both eyes).	Whether deaf and dumb.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
51		76	77	Gifford Theodore M	Head	M	W	69	M1	38			Indiana	Ohio	Indiana			English	Farmer	General Farm	Farm			yes	yes		O	M	F	77				51
52				Frances H	Wife	F	W	57	M1	38	8	6	Indiana	Virginia	Indiana			English	None					yes	yes									52
53				Leroy D	Son	M	W	19	S				Kansas	Indiana	Indiana			English	Farm Laborer	Home Farm	W	no	0	yes	yes	no								53
54		77	78	Orel Anna L	Head	F	W	28	Wd		9	2	Indiana	Indiana	Ohio			English	Farmer	General Farm	Farm			yes	yes		O	M	F	75				54
55				Ester	Daughter	F	W	6	S				Indiana	Indiana	Indiana				None															55
56				Virdi	Daughter	F	W	2	S				Indiana	Indiana	Indiana				None															56
57				Hicks Austin	Father	M	W	60	Wd				Indiana	Ohio	Virginia			English	Farm Laborer	Home Farm	W	no	0	yes	yes									57
58		75	79	Gifford Theodore E	Head	M	W	32	M1	9			Illinois	Indiana	Indiana			English	Farmer	General Farm	O.A.			yes	yes		O	M	F	79				58
59				Sarah C	Wife	F	W	29	M1	9	4	3	Kansas	Pennsylvania	Pennsylvania			English	None					yes	yes									59
60				David C	Son	M	W	9	S				Kansas	Illinois	Kansas				None					yes	yes	yes								60
61				Vera C	Daughter	F	W	7	S				Kansas	Illinois	Kansas				None					yes	yes	yes								61