MISSISSIPPI ORAL HISTORY PROGRAM BIOGRAPHY SHEET

Your Name:			
	Place of Birth:		
Current Address:			
Phone Number:	E-m	ail (if any):	
Spouse's Name:	Date &	Place Married:	
Date of Birth:	Place of Birth:		
	where, when):		
	Retired or currently		
Education (grammar schoo	, high school, college, degrees):		
	rests other than livelihood:		
	f any):		
Religious affiliation (if any	essional organizations:		

FAMILY:		
Your Children's Names & Dates of Birth:		
Your Father's Name:		
Major occupation(s) (what, where, when if known):		
Background of your father's family:		
Dackground of your father's failing.		
Your Mother's Maiden Name:	Date & Place of Birth:	
Date Married:	Place Married:	
Occupation(s):		
Background of your mother's family:		
Additional Notes:		