

NAME and SURNAME:-- <small>of every person who is alive at midnight on the night of Sunday, 24th April, 1921, and who, whether as member of the family or as visitor, boarder or servant in the household or establishment:-- (1) passes that night in the dwelling of the household or establishment, or (2) arrives at and is received into the household or establishment on the morning of Monday, 25th April, not having already been enumerated elsewhere. No one else must be included. (For order of entering names see Examples on back hereof.)</small>	RELATIONSHIP to Head of Household. <small>State whether "Head," or "Wife," "Mother," "Son," "Daughter," "Step-son," or other Relative, "Visitor," "Boarder," or "Servant." (See Instruction No. 1.)</small>	AGE. <small>In years and months. For infants under one month old write "Under one month." (See Examples.)</small>	SEX. <small>If male write "M." If female write "F."</small>	MARRIAGE or ORPHANHOOD. <small>For persons aged 15 and over write "Single," "Married," "Widowed," or if marriage dissolved by divorce write "D." For children aged under 15 write "Both Alive" if both parents be alive "Father Dead" if father be dead, "Mother Dead" if mother be dead, "Both Dead" if both parents be dead</small>	BIRTHPLACE and NATIONALITY. <small>(1) If born in the United Kingdom, write the name of the County and of the Town or Parish. (2) If born outside the United Kingdom, write the name of the Country and of the State, Province or District or if born at Sea, write "At Sea." It must here be stated whether Visitor or Resident in this country, and state into what country e.g. "Swiss born," "Naturalized British Subject," "French," "German," "Russian," etc.</small>		OCCUPATION and EMPLOYMENT. <small>Personal Occupation. State here the precise branch of Profession, Trade, Manufacture, Service, &c. Where the occupation is connected with Trade or Manufacture, the reply should be sufficient to show the particular kind of Work done, stating where applicable the Manual worked in, and the Article made or dealt in, if any. (If retired see Instruction 6; see also Instructions 3 to 11 and Examples.) If attends a School or any kind of Educational Institution for the purpose of acquiring Instruction write "White-collar," or "Part-time," as the case may be. (See Instruction No. 2.)</small>			Place of Work. <small>(1) If working for an employer state the name and business of present employer (person, firm, company or public body) or, if at present out of work, of last employer, adding "out of work." (2) If employing persons for purposes of business, write "Employer." (3) If working on own account and not employing persons for purposes of business, write "Own Account." (Note—For Domestic Servants and others in private personal service write "Private." (See Instructions 5 to 8, 11, and Examples.)</small>	Information required only in respect of Married Men, Widowers and Widows. <small>Number and ages of all living children and step children under 16 years of age, whether enumerated on this Schedule or not, i.e., whether residing as members of this household or elsewhere. Total number under sixteen years of age. If none write "None." For each child place X in the column corresponding to its age. The number of crosses should be the same as the number shown in Column (e).</small>		
					Occupation.	Employment.	Place of Work.	Number and ages of all living children and step children under 16 years of age, whether enumerated on this Schedule or not, i.e., whether residing as members of this household or elsewhere.					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
1													Under One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
2													Under One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
3													Under One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
4													Under One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
5													Under One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
6													Under One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
7													Under One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
8													Under One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
9													Under One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
10													Under One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

To be filled up by the Enumerator.				Enumerator's Initials.
Males.	Females.	Persons.	Resort.	

I declare that this Schedule is correctly filled up to the best of my knowledge and belief.

Signature _____
(Head of Household, Manager of Establishment or other person responsible for making the return.)