Page No.
Supervisor's Dist. No.: $\qquad$ Note B. - All persons will be included in the Enumeration who were living on the 1st day of June, 1880. No others will. Children BORN SINCE June 1, 1880, will be OMITTED. Members of Families who have DIED SINCE June 1, 1880, will be INCLUDED. Note C. - Questions Nos. 13, 14, 22 and 23 are not to be asked in respect to persons under 10 years of age.
Enumeration Disto. No. $\qquad$ -

SCHEDULE I. - Inhabitants in $\qquad$ in the County of $\qquad$ State of $\qquad$
enumerated by me on the $\qquad$ day of June, 1880. $\qquad$ Enumerator

|  | In Cities. |  |  |  | The Name of each Person whose place of abode, on the 1st day of June, 1880, was in this family. | Personal Description. |  |  |  $\stackrel{\otimes}{ \pm}$ 든 든 <br>  |  | Civil Condition. |  |  |  | Occupation. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  | Relationship of each person to the head of this family - whether wife, son, daughter, servant, boarder, or other | $\begin{array}{\|l} \dot{0} \\ \frac{0}{0} \\ \frac{1}{0} \\ \hline \end{array}$ |  |  |  | Profession, Occupation or Trade of each person, male or female. |  |
| $\stackrel{\text { ¢ }}{ }$ |  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
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| Health. |  |  |  |  |  | Education. |  |  | Nativity. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Is this person [on the day of the Enumerator's visit] sick or temporarily disabled, so as to be unable to attend to ordinary business or duties? If so, what is the sickness or disability? | - |  | $\begin{aligned} & \dot{\text { So }} \\ & \text { 흐흥 } \end{aligned}$ |  |  |  |  |  | Place of Birth of this person, naming State or Territory of United States, or the Country, if of foreign birth. | Place of Birth of the FATHER of this person, naming the State or Territory of United States, or the Country, if of foreign birth. | Place of Birth of the MOTHER of this person, naming the State or Territory of United States, or the Country, if of foreign birth. |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
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