



The Persons to be included in this schedule are all those who are alive at midnight on the night of Sunday, 8th April, 1951, and who, whether as members of the family or as visitors, boarders or employees—  
 (1) pass the night in the dwelling of this household or in this establishment, or  
 (2) arrive and are received into the household or establishment on Monday, 9th April, 1951, before the collection of the schedule, not having already been enumerated elsewhere.  
 No one else may be included.

**Name and Surname**  
 See notes above for the persons to be included.  
 For the order of entering names, see Examples on the back.  
 For every female whose name has been set out above, give a name, write "Miss" followed by the surname.

**Relationship to Head of Household**  
 "Head" or "Wife", "Son", "Daughter", "Other relative", "Boarder", "Employee", etc.  
 See Instructions 1 and 2.

**Usual Residence**  
 (1) For persons included in this schedule who usually reside at this dwelling or establishment, write "Home".  
 (2) For those who have a more usual residence elsewhere, state full postal address of usual residence.  
 (3) For those who have no settled place of residence, write "None".  
 See Instructions 3 to 7.

**Sex**  
 If Male write "M", if Female write "F".

**Age**  
 In years and months.  
 For infants under one month old, write "Under one month".  
 For "Lunar age month".

**Particulars as to Marriage**  
 State for each married woman under age 50 included in this schedule.  
 Date of Marriage  
 Children born in Marriage  
 Whether she has given birth to a live-born child during the last twelve months, i.e., six or after other date, 1951, or "None".  
 If she has written "None".

**Birthplace**  
 (1) If born in Great Britain or Northern Ireland, write the name of the County, and of the Town or Parish.  
 (2) If born elsewhere, write the name of the County, and of the State, Province or Colony, and, if born at sea, write "At sea".

**Nationality**  
 For all persons not born in Great Britain or Northern Ireland, state present Nationality, e.g., French, German, Polish, etc., or if British, whether British by Birth or Descent, British by Naturalisation, British through Marriage, British by Registration, etc.

**Education**  
 For all persons attending a school, university or other educational establishment for the purpose of receiving full-time education, state age at which such education ceased.  
 For persons not now receiving full-time education, state age at which such education ceased.  
 For persons who are employed in a profession or service, state the nature of the occupation.  
 For those who are not in the employment of any person or company, etc., write "At home" if he employs one or more persons for the purpose of his business, or "Own Account" if he works alone without paid assistance; and state, at (b), the nature of the business, unless it is the same as the occupation in Column F.  
 For other persons, write "Home Duties", "School", "Medical Student", "Law Student", "Private Menial", etc.  
 See Instructions 15 to 22.

**Occupation and Industry**  
 To be answered only in respect of persons aged 15 or over.  
 Vague or indefinite terms (see Instruction 22) must not be used.

**Personal Occupation**  
 If occupied for payment or profit, state, at (a), Precise Occupation or Calling.  
 If out of work or wholly retired, state usual or former occupation, and add, at (b), "Out of work" or "Retired".  
 Where the occupation is connected with Trade or Manufacture, state particular kind of work done, the Material worked on, or Article made or dealt in, if any.  
 If in a Profession or Service, state precise branch and nature of occupation.  
 If more than one paid occupation is followed, state only that by which the living is mainly earned.  
 State also, at (b), if applicable—"Apprentice" or "Artistic Pupils" (if serving as such); "Part-time" (if employed "Part-time"); "Unpaid" (if helping unpaid in the family business).  
 For other persons, write "Home Duties", "School", "Medical Student", "Law Student", "Private Menial", etc.  
 See Instructions 15 to 22.

**Employer and Employer's Business**  
 State, at (a), Name of Employer (person, firm, company or public body), or, if out of work or retired, of last employer.  
 State, at (b), Business of Employer. Describe fully and state product or kind of service where applicable. Where the employer carries on more than one kind of business, state the main business carried on at the works or establishment where the person is employed.  
 Note—For domestic services and others, in previous personal services, write only "Private".

**Place of Work**  
 State the full address of each person's place of work.  
 Note—Persons working regularly from a depot, office, warehouse, premises, etc. (for example, drivers) should state the address. But persons working on a site for a long period (for example, building operations) should state the address at the site.  
 For a person with no regular place of work, write "No fixed place."  
 If the work is carried on mainly at home, write "At Home."  
 (Marked in this Column are reserved only for persons present throughout the period of profit, and persons helping unpaid in a family business. Do not enter the persons out of work or retired, or persons engaged in home duties or at school, etc.)

| A | B | C | D | E            | F | G                  | H | K | L | M | N | O | P          |            |            | R          |            | S   |
|---|---|---|---|--------------|---|--------------------|---|---|---|---|---|---|------------|------------|------------|------------|------------|-----|
|   |   |   |   |              |   |                    |   |   |   |   |   |   | (a)        | (b)        | (c)        | (a)        | (b)        | (c) |
|   |   |   |   | Years Months |   | Month (a) Year (b) |   |   |   |   |   |   | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) |     |
|   |   |   |   | Years Months |   | Month (a) Year (b) |   |   |   |   |   |   | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) |     |
|   |   |   |   | Years Months |   | Month (a) Year (b) |   |   |   |   |   |   | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) |     |
|   |   |   |   | Years Months |   | Month (a) Year (b) |   |   |   |   |   |   | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) |     |
|   |   |   |   | Years Months |   | Month (a) Year (b) |   |   |   |   |   |   | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) |     |
|   |   |   |   | Years Months |   | Month (a) Year (b) |   |   |   |   |   |   | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) |     |
|   |   |   |   | Years Months |   | Month (a) Year (b) |   |   |   |   |   |   | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) | (a)<br>(b) |     |

To be filled up by the Head of the Household or other person making the return.

Household Arrangements for Water Supply, Cooking, etc. In each space below see Instructions 8 to 12) write "E" if in the exclusive use of this household; write "S" if shared with another household; or write "None", as the case may be.

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

To be filled up by the Enumerator.

|       |       |         |         |
|-------|-------|---------|---------|
| Rooms | Males | Females | Persons |
|-------|-------|---------|---------|

Enumerator's Initials.

|                                     |                        |              |              |            |
|-------------------------------------|------------------------|--------------|--------------|------------|
| Piped water supply within the house | Cooking Stove or Range | Kitchen Sink | Water Closet | Fixed Bath |
|-------------------------------------|------------------------|--------------|--------------|------------|

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