(Do not detach this blank.)

Report Form 23.

This blank to be used for children who are deaf or

STATE OF MICHIGAN, } ss.
County of Huron

W Scott Cha

sworn, says that the following is a correct list, as taken by him, of the names and ages of
partially deaf, who reside in School District No 6 Fra Township of Bingham, seven years of age and under nineteen years, as he verily believes, together with the name and address of the parent or guardian, and that said census was taken during the fifteen days prior to June 1, 1915.

Subscribed and sworn to this 14th day of June, 1915. (Signed) W Scott Chambers

Before me Alfred Cazett Notary Public

My commission expires January 13 — 1919

1. For the purpose of gathering statistics which will be of service to the Superintendent of the School for the Deaf, and also to this Department each district is requested to secure the name, age and residence of each child between the ages of 7 and 19 who resides in the district, ward or city, and who is deaf or partially deaf, so that it is not profitable to educate such children in the public schools. Give names and addresses of parents or guardians also.
2. THE NAMES OF ALL SUCH CHILDREN SHOULD BE GIVEN ALSO IN THE REGULAR SCHOOL CENSUS.

NAME OF PARENT OR LEGAL GUARDIAN.	NAME OF CHILD.	AGE.	RESIDENCE.