

This blank to be used for children who are deaf or partially deaf.

SCHOOL CENSUS of the deaf or partially deaf children in the First Ward Ward of the School District of the City of Red Au
 or School District No. 4, Township of Verona, County of Monroe
 State of Michigan, for the school year ending July 8, 1918, as taken by Muriel E. Daudas
 during the last twenty days preceding June 1.

STATE OF MICHIGAN,
 County of Monroe, ss. Muriel E. Daudas whose name, being duly sworn, says that she
 following is a correct list as taken by her of the names and ages of all children who are deaf or partially deaf who reside in the 1st 2nd & 3rd Ward, of the
 School District of the City of Red Au, or in School District No. 4, Township of Verona
 aforesaid, seven years of age and under nineteen years, as he truly believe, together with the names and address of the parent or guardian, and that said census was taken during the twenty days prior to June 1, 1918.
 Subscribed and sworn to this Thirty-first day of July 1918. (Signed) Muriel E. Daudas
 Before me F. V. Wright

My commission expires

NOTICE TO ENUMERATORS

1. For the purpose of gathering statistics which will be of service to the Superintendent of the School for the Deaf, and also to the 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 ALONE ON THIS SEPARATE REPORT. This is an extra requirement, and names of such children should be given on the blank in addition to regular census.
3. This blank should be sent to the County Commissioner and Superintendent of Public Instruction with the other reports.
4. Make no mistake, just census of deaf or partially deaf children in regular census, then make this special report.
5. If there are no deaf or partially deaf children in the district, ward or city, fill in head of this report and state there are no such children in the district, ward or city.

NAME OF PARENT OR LEGAL GUARDIAN	NAME OF CHILD	AGE	Date of birth of child in years			RESIDENCE	
			Month	Day	Year	STREET	NO.
There are no such children in this district							