

This blank to be used for children who are blind or have defective vision.

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

STATE OF MICHIGAN, County of Huron in Muriel E. Dundas whose name, being duly sworn, says that the following is a correct list as taken by him of the names and ages of all children who are blind or have defective vision, who reside in the First Ward, of the School District of the City of Bedford or School District No. 4 Township of Verona aforesaid, seven years of age and under nineteen years, as he verily believes, 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 Twenty-first day of July 1918.

(Signed) Muriel E. Dundas

Before me F. H. Wright

My commission expires

This census list must be sworn to, to entitle the district to public money.

NOTICE TO ENUMERATORS.

1. By a law of 1917 each parent, taking the school census is required to answer the names, ages, residences of all children between the ages of 7 and 19 who reside in the district, ward or city, and who are blind or whose vision is so defective as to make it impossible to attend such children in the public schools. Names and addresses of parents or guardians must be given also. This is to be tripled.
2. THE NAMES OF ALL SUCH CHILDREN SHOULD BE GIVEN ALSO IN THE SEPARATE SCHOOL REPORTS. This is an extra requirement, and names of such children should be given on this blank in addition to regular census.
3. One of these should be filed with the township or city clerk, the other two sent to the Superintendent of Public Instruction, with the other reports.
4. Make no mistake, and names of blind children in regular census, then make this special report on three blanks or its equivalent.
5. If there are no blind children in town having defective vision in the district, ward or city, fill in head of this report and state on the face of the three reports that 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 those 7 and 19 years			RESIDENCE STREET.	NO.
			Month	Day	Year		

There are no children having defective vision in this district.