

CENSUS OF ENGLAND AND WALES, 1911.

Number of Schedule 74.  
(To be filled up by the Enumerator after collection.)

Before writing on this Schedule please read the Examples and the Instructions given on the other side of the paper, as well as the headings of the Columns. The entries should be written in Ink.

The contents of the Schedule will be treated as confidential. Strict care will be taken that no information is disclosed with regard to individual persons. The returns are not to be used for proof of age, as in connection with Old Age Pensions, or for any other purpose than the preparation of Statistical Tables.

| NAME AND SURNAME                                                                                                                                                                                                                                                                                                                                                                              | RELATIONSHIP to Head of Family.                                                                           | AGE (last Birthday) and SEX.                                                               |                | PARTICULARS as to MARRIAGE. |                                                                                                                |                                                                          |                                                                                                | PROFESSION or OCCUPATION of Persons aged ten years and upwards. |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                | BIRTHPLACE of every Person.                                                                       | NATIONALITY of every Person born in a Foreign Country.                                                                                                                                                                                                                                                                                                                                                                                                                     | INFIRMITY.                                                                                                                                                                                                             | LANGUAGE SPOKEN.                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                  |
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|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | For Infants under one year state the age in months as "under one month," "one month," etc. | Ages of Males. | Ages of Females.            | Write "Single," "Married," "Widower," or "Widow," opposite the names of all persons aged 15 years and upwards. | State, for each Married Woman entered on this Schedule, the number of :— | Children born alive to present Marriage. (If no Children born alive write "None" in Column 7.) | Personal Occupation.                                            | Industry or Service with which worker is connected.                                                                                                                                                                                                                                                                  | Whether Employer, Worker, or Working on Own Account.                                                                                                                                                                                                                                                                                                                                           | Whether Working at Home.                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                  |
| of every Person, whether Member of Family, Visitor, Boarder or Servant, who<br>(1) passed the night of Sunday, April 2nd, 1911, in this dwelling and was alive at midnight, or<br>(2) arrived in this dwelling on the morning of Monday, April 3rd, not having been enumerated elsewhere.<br>No one else must be included.<br>(For order of entering names see Examples on back of Schedule.) | State whether "Head" or "Wife," "Son," "Daughter," or other Relative, "Visitor," "Boarder," or "Servant." |                                                                                            |                |                             | Completed years the present Marriage has lasted. If less than one year, write "under one."                     | Total Children Born Alive.                                               | Children still Living.                                                                         | Children who have Died.                                         | The reply should show the precise branch of Profession, Trade, Manufacture, &c.<br><br>If engaged in any Trade or Manufacture, the particular kind of work done, and the Article made or Material worked or dealt in should be clearly indicated.<br><br>(See Instructions 1 to 8 and Examples on back of Schedule.) | This question should generally be answered by stating the business carried on by the employer. If this is clearly shown in Col. 10 the question need not be answered here.<br><br>No entry needed for Domestic Servants in private employment.<br><br>If employed by a public body (Government, Municipal, etc.) state what body.<br><br>(See Instruction 9 and Examples on back of Schedule.) | Write opposite the name of each person engaged in any Trade or Industry, (1) "Employer" (that is employing persons other than domestic servants), or (2) "Worker" (that is working for an employer), or (3) "Own Account" (that is neither employing others nor working for a trade employer). | Write the words "At Home" opposite the name of each person carrying on Trade or Industry at home. | (1) If born in the United Kingdom, write the name of the County, and Town, or Parish.<br>(2) If born in any other part of the British Empire, write the name of the Dependency, Colony, etc., and of the Province or State.<br>(3) If born in a Foreign Country, write the name of the Country.<br>(4) If born at sea, write "At Sea."<br><br>NOTE.—In the case of persons born elsewhere than in England or Wales, state whether "Resident" or "Visitor" in this Country. | State whether :—<br>(1) "British subject by parentage."<br>(2) "Naturalised British subject," giving year of naturalisation.<br>Or<br>(3) If of foreign nationality, state whether "French," "German," "Russian," etc. | If any person included in this Schedule is :—<br>(1) "Totally Deaf" or "Deaf and Dumb,"<br>(2) "Totally Blind,"<br>(3) "Lunatic,"<br>(4) "Imbecile" or "Feeble-minded,"<br>state the infirmity opposite that person's name, and the age at which he or she became afflicted | (1) If able to speak English only, write "English."<br>(2) If able to speak Welsh only, write "Welsh."<br>(3) If able to speak English and Welsh, write "Both."<br><br>No entry to be made in this column for children under three years of age. |
| 1                                                                                                                                                                                                                                                                                                                                                                                             | 2                                                                                                         | 3                                                                                          | 4              | 5                           | 6                                                                                                              | 7                                                                        | 8                                                                                              | 9                                                               | 10                                                                                                                                                                                                                                                                                                                   | 11                                                                                                                                                                                                                                                                                                                                                                                             | 12                                                                                                                                                                                                                                                                                             | 13                                                                                                | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15                                                                                                                                                                                                                     | 16                                                                                                                                                                                                                                                                          | 17                                                                                                                                                                                                                                               |
| Margaret Thomas                                                                                                                                                                                                                                                                                                                                                                               | Head                                                                                                      | -                                                                                          | 60             | Widow                       | -                                                                                                              | -                                                                        | -                                                                                              | -                                                               | Grocery Stores                                                                                                                                                                                                                                                                                                       | 320                                                                                                                                                                                                                                                                                                                                                                                            | -                                                                                                                                                                                                                                                                                              | Employer                                                                                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cefn Coed Breconshire                                                                                                                                                                                                  | -                                                                                                                                                                                                                                                                           | Both                                                                                                                                                                                                                                             |
| Mary Anne Jones                                                                                                                                                                                                                                                                                                                                                                               | Niece                                                                                                     | -                                                                                          | 38             | Single                      | -                                                                                                              | -                                                                        | -                                                                                              | -                                                               | Grocery Assistant                                                                                                                                                                                                                                                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                                                                                                                                                                                                                              | Worker                                                                                            | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cefn Coed Breconshire                                                                                                                                                                                                  | -                                                                                                                                                                                                                                                                           | Both                                                                                                                                                                                                                                             |
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| 12                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                            |                |                             |                                                                                                                |                                                                          |                                                                                                |                                                                 |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                  |
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| 14                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                            |                |                             |                                                                                                                |                                                                          |                                                                                                |                                                                 |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                  |
| 15                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                            |                |                             |                                                                                                                |                                                                          |                                                                                                |                                                                 |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                  |

(To be filled up by the Enumerator.)

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| I certify that :—<br>(1) All the ages on this Schedule are entered in the proper sex columns.<br>(2) I have counted the males and females in Columns 3 and 4 separately, and have compared their sum with the total number of persons on the Schedule which appeared to be defective, and have corrected such as appeared to be erroneous<br>Initials of Enumerator | Total.<br>Males. Females. Persons.<br>- 2 2 |
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(To be filled up by, or on behalf of, the Head of Family or other person in occupation, or in charge, of this dwelling.)

Write below the Number of Rooms in this Dwelling (House, Tenement or Apartment). Count the kitchen as a room but do not count scullery, landing, lobby, closet, bathroom; nor warehouse, office, shop.

(Four) 4 Rooms

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

Signature Margaret Thomas  
Postal Address 43 High Street, Cefn Coed