

SCHEDULE No. 1. { POPULATION BY NAME, PERSONAL DESCRIPTION, ETC.
TABLEAU No. 1. { POPULATION - NOM, RENSEIGNEMENTS PERSONNELS, ETC.

Province

Alberta

District No. 14 Medicine Hat

S. District No. 6

Enumeration District
District de recenseur No. 8

{ in } Bragg 2-26-w 4

{ (City, town, village, township or parish.)
(Cité, ville, village, canton ou paroisse.)

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Nominal return of living persons by
Dénombrement des vivants par

French Larivée

Enumerator
Recenseur.

JUNE 8-9

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NUMBERED IN THE ORDER OF VISITATION	Dwelling House Family Household	RESIDENCE AND PERSONAL DESCRIPTION.										CITIZENSHIP, NATIONALITY AND RELIGION.					PROFESSION, OCCUPATION, TRADE OR MEANS OF LIVING					WAGE-EARNERS.					INSURANCE HELD AT DATE-					EDUCATION AND LANGUAGE OF EACH PERSON FIVE YEARS OF AGE AND OVER					INFIRMITIES.								
		Name of each person in family, household or institution.	Place of habitation. (Township, city, town or village; Range or section and lot number and if in township or parish, street and house number or other description.)	Sex.	Relationship to head of family or household.	Age at last birthday.	Month of birth.	Year of birth.	Country or place of birth (If born outside of Canada, specify provinces or territories.)	Year of immigration to Canada (If an immigrant)	Year of naturalization, if naturalized.	Racial or tribal origin.	Nationality.	Religion.	Chief occupation or trade, if any.	Employer.	Employee.	Working on own account.	Place where person employed, if not in home or institution (Specify province and city or town.)	WEEKS HEURES EMPLOI 1910	WEEKS HEURES EMPLOI AUTRE QUE REGULIER 1910	HOURS HEURES PAR SEMAINE	TOTAL SALAIRE 1910 AUTRE QUE REGULIER	TOTAL SALAIRE 1910 REGULIER	RATE SALAIRE HEURE REGULIER	UP-TO-DATE	AGE DE LIMITE ACCIDENT INSURANCE	COST DE L'ASSURANCE EN COURANT ANNEE	LANGUAGE COMMONLY SPOKEN	CAN. EDUCATION OR TRAINING OR APPRENTICESHIP OR COLLEGE, ETC.	CAN. PROF.	CAN. VOCAB.	CAN. SCI.	CAN. ART.	CAN. PHYS.	CAN. MUSIC.	CAN. SCIENCE	CAN. ART.	CAN. PHYS.	SPECIFIED AGE WHEN INFIRMITY APPEARED	SPECIFIED AGE WHEN INFIRMITY FIRST PRODUCED	BLIND	DEAF AND DUMB	DEAF OR MUTE	FEBLE OR SILLY
LINE Ligne	NUMBER NUMÉRO FAMILLE FAMILLE	INDIVIDUAL INDIVIDUAL	NAME NOM	SEX SEXE	RELATION RELATION	AGE ÂGE	MONTH MOIS	YEAR ANNÉE	PLACE LIEU DE NAISSANCE	YEAR ANNÉE DE IMMIGRATION	YEAR ANNÉE DE NATURALISATION	RACIAL TRIBAL ORIGIN	NATIONALITY	RELIGION	CHIEF OCCUPATION TRADE	EMPLOYER	EMPLOYEE	WORKING ON OWN ACCOUNT	PLACE LIEU DE TRAVAIL	WEEKS HEURES EMPLOI 1910	WEEKS HEURES EMPLOI AUTRE QUE REGULIER 1910	HOURS HEURES PAR SEMAINE	TOTAL SALAIRE 1910 AUTRE QUE REGULIER	TOTAL SALAIRE 1910 REGULIER	RATE SALAIRE HEURE REGULIER	UP-TO-DATE	AGE DE LIMITE ACCIDENT INSURANCE	COST DE L'ASSURANCE EN COURANT ANNEE	LANGUAGE COMMONLY SPOKEN	CAN. EDUCATION OR TRAINING OR APPRENTICESHIP OR COLLEGE, ETC.	CAN. PROF.	CAN. VOCAB.	CAN. SCI.	CAN. ART.	CAN. PHYS.	CAN. MUSIC.	CAN. SCIENCE	CAN. ART.	CAN. PHYS.	SPECIFIED AGE WHEN INFIRMITY APPEARED	SPECIFIED AGE WHEN INFIRMITY FIRST PRODUCED	BLIND	DEAF AND DUMB	DEAF OR MUTE	FEBLE OR SILLY
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41					
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