

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

~~Manitoba~~ TABI Macdonald

old **8** District No.

19
19

**CINQUIÈME RECENSEMENT
DU CANADA, 1911.**

**Nominal return of living persons by
Dénombrement des vivants par**

55 {
in
days

} —

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

7

SCHEDULE	CENSUS	RECORD	EXPLANATION																																					
NAME AND NUMBER OF 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																																	
Dwelling House Number	Family Household Number	Place of habitation (township or parish, city, town or village, name of corporation and lot or number, name of house or building, name of street or road, name of other designation)	Date of birth (month, day, year)	Name of house or building (name of household)	Year of birth (month, day, year)	Country or place of birth (if in Canada specify province or territory.)	Year of immigrat- ion (month, day, year)	Native or tribal origin	Nationality	Religion	Chief occupation or trade	Employment other than chief occupation or trade, if any.	Employer	Employer	Wages per week including tips and overtime (if any)	Type of insurance held at date	Amount	Type of insurance held at date	Amount	Type of insurance held at date	Amount	Type of insurance held at date	Amount	Specify age when infirmity appears																
NUMBER AND LETTER OF VEHICLE	NUMBER AND LETTER OF VEHICLE	PLACE OF HABITATION OR BUILDING NAME OF HOUSEHOLD	DATE OF BIRTH (MONTH, DAY, YEAR)	NAME OF HOUSE OR BUILDING (NAME OF HOUSEHOLD)	YEAR OF BIRTH (MONTH, DAY, YEAR)	COUNTRY OR PLACE OF BIRTH (IF IN CANADA SPECIFY PROVINCE OR TERRITORY.)	YEAR OF IMMIGRATION (MONTH, DAY, YEAR)	NATIVE OR TRIBAL ORIGIN	NATIONALITY	RELIGION	CHIEF OCCUPATION OR TRADE	EMPLOYMENT OTHER THAN CHIEF OCCUPATION OR TRADE, IF ANY.	EMPLOYER	EMPLOYER	WAGES PER WEEK INCLUDING TIPS AND OVERTIME (IF ANY)	TYPE OF INSURANCE HELD AT DATE	AMOUNT	TYPE OF INSURANCE HELD AT DATE	AMOUNT	TYPE OF INSURANCE HELD AT DATE	AMOUNT	TYPE OF INSURANCE HELD AT DATE	AMOUNT	INFORMATION SPECIFY AGE WHEN INFIRMITY APPEARS																
RÉSIDENCE ET RENSEIGNEMENTS PERSONNELS		CITOYENNETÉ, NATIONALITÉ ET RELIGION				PROFESSION, EMPLOI, MÉTIER OU MOYEN D'EXISTENCE				EMPLOI				ASSURANCE EN VIGUEUR À DATE				INSTRUCTION ET LANGUE DE CHAQUE PERSONNE DE CINQ ANS ET PLUS				INFORMATIONS																		
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