

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

Province Ontario

District No. 124 Centre Toronto

S. District No. 3004

Enumeration District No. 46

in Toronto

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

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Nominal return of living persons by J. W. Jones

Enumerateur J. W. Jones

1	2	RESIDENCE AND PERSONAL DESCRIPTION					CITIZENSHIP, NATURALITY AND RELIGION					PROFESSION, OCCUPATION, TRADE OR MEANS OF LIVING					WAGE-EARNER					INSURANCE HELD AT DATE			EDUCATION AND LANGUAGE OF SPEECH					38	39						
		Name of each person in family, household or institution.	Place of habitation (Township or parish, etc., name and No., if any, and lot or rectangular number, if so responsible or granted, street and house number, if in city, town or village, or other description.)	Sex	Relationship to head of family or household.	Ethnic or racial origin, if known.	Date of birth.	Country or place of birth (If in Canada specify province or territory.)	Year of immigration, if so naturalized.	Year of first settlement, if formerly an alien.	Racial or tribal origin.	Nationality.	Religion.	Chief occupation or trade.	Employment other than in chief occupation or trade, if any.	Employer.	Whether the wage-earner is a household member.	Wages received in the year, as shown on tax returns.	Wages received in the year, as shown on tax returns, or trade, or other occupation, if any.	Hours of working time per week at chief occupation.	Hours of working time per week at other occupation.	Total earnings in the year, as shown on tax returns, from all occupations.	Profit received in this occupation, or trade, or other occupation, if any.	Date of certificate of life insurance held, if any.	Type of insurance.	Date of certificate of life insurance, if any.	Type of insurance.	Date of certificate of life insurance, if any.	Type of insurance.			Date of certificate of life insurance, if any.	Type of insurance.	Date of certificate of life insurance, if any.	Type of insurance.	Date of certificate of life insurance, if any.	
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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
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

EASTMAN

Rev 17