

BLIND Inhabitants in _____, in the County of _____, State of _____

enumerated by me June, 1880. _____, Enumerator.

Supervisor's Dist. No. _____

Enumeration Dist. No. _____

The object of this supplemental schedule is to furnish material not only for a complete enumeration of the blind, but for an account of their condition. It is important that every inquiry respecting each case be answered as fully as possible. Enumerators will, therefore, after making the proper entries upon the Population Schedule (No. 1), transfer the name (with schedule page and number) of every blind person found, from schedule No. 1 to this special schedule, and proceed to ask the additional questions indicated in the headings of the several columns.

In this enumeration will be included not only the totally blind, but also the semiblind. No person will be carried on this schedule, however, who can see sufficiently well to read. For the distinction between totally blind and the semiblind see note E; it is of the greatest importance to note this distinction with care, by making the proper entry in columns 10 or 11.

Number taken from schedule No. 1.		NAME.	Residence when at home. (See Note A.)		Is he (or she) self-supporting, or partly so? (See note B.)	Age at which blindness occurred. (See note C.)	Form of blindness. (See note D.)	Supposed cause of blindness, if known. (See note F.)	(See note E.)		Institution life.			(See note F.)		
Number of page.	Number of line.		City or town.	County (if in same State), or State (if in some other State).					Is the person totally blind?	Is the person semiblind?	Has this person ever been an inmate of an institution for the blind? If yes, give the name of such institution.	What has been the total length of time spent by him (or her) in any such institution?	Date of his (or her) discharge (year only).	Is this person also insane?	Is he (or she) also idiotic?	Is he (or she) also a deaf-mute?
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

NOTE A - A blind person may be found either at his own home or away from it in some educational institution, asylum, or poorhouse. In the latter case his residence when at home must be stated, in order that he may be accredited to the State or county to which he properly belongs, and that the county in which the institution is situated may not be charged with more than its due proportion of the blind.

NOTE B - If self-supporting, say "Yes;" if partly self-supporting, say "Partly;" if not, say "No." Indicate all inmates of institutions who are maintained or treated at their personal expense (not at the expense of any town, county, or State, nor of the institution) by the word "Pay."

NOTE C - If a deaf-mute from birth, say "B;" if not, state the age at which blindness occurred. Special pains should be taken to indicate all persons blind from birth.

NOTE D - This question can only be answered by physicians. It is not intended that it shall be asked by enumerators, but that it shall be answered by physicians connected with institutions or asylums for the blind.

NOTE E - The totally blind are unable to distinguish forms or colors; the partially blind can distinguish forms or colors, but can not see to read, or at least not without such effort as to make reading practically impossible.

NOTE F - In making entries in columns 10, 11, 15, 16, and 17, an affirmative mark only will be used, thus: /

Source: _____