

# DEAF-MUTES.

The object of this Supplemental Schedule is to furnish material not only for a complete enumeration of deaf-mutes, 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 deaf-mute found, from Schedule No. 1 to this Special Schedule, and proceed to ask the additional questions indicated in the headings of the several columns. Care must be taken not to enumerate persons who are deaf only (hard of hearing) or dumb only (tongue-tied) as deaf-mutes. A deaf-mute is one who cannot speak, because he cannot hear sufficiently well to learn to speak. Enumerators may obtain valuable hints as to the number of deaf-mutes, and their residence, from physicians who practice medicine in their respective districts, also from school-teachers. Great assistance may be derived from questions addressed to deaf-mutes themselves: Do you know any deaf-mutes in this neighborhood? The class feeling of the deaf and dumb, arising from their isolated state, is so great that they seek each other out for the sake of companionship, and ordinarily know every deaf-mute for miles around.

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 deafness occurred. (See Note C.)	Supposed cause of deafness, if known.	See Note D.		Institution life.				See Note E.		
Number of page.	Number of line.		City or Town.	County (if in same State), or State (if in some other State).				Is this person semi-mute?	Is he (or she) semi-deaf?	Has this person ever been an inmate of an institution for deaf-mutes? 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 blind?	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1																
2																
3																
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Historic census records are maintained and released by the National Archives and Records Administration, not the U.S. Census Bureau.

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NOTE A.—A deaf-mute may be found either at his own home or away from it in some educational institution, asylum, or poor-house. 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 deaf-mutes.

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 deafness occurred. Special pains should be taken to indicate all deaf-mutes from birth.

NOTE D.—The word "semi-mute" has a technical meaning, and denotes a deaf-mute who lost his or her hearing after having acquired at least a partial knowledge of spoken language. Some semi-mutes retain the ability to speak imperfectly, others lose it entirely. If a deaf-mute has ever learned to speak, he is a semi-mute; (unless he was artificially taught to speak in an institution for deaf-mutes.)

NOTE E.—In making entries in columns 14, 15, and 16, an affirmative mark only will be used, thus: /

# BLIND.

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 semi-blind. No person will be carried on this Schedule, however, who can see sufficiently well to read. For the distinction between the totally blind and the semi-blind 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.		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 this person totally blind? (See Note E.)	Is the person semi-blind? (See Note E.)	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	
27	15	Charles Wheeler	Worcester	Middlesex	Yes	17	Paralysis	unknown	1		10 yrs 1860						
30	23	Smith Jennie	Worcester	Middlesex	No	7	Abcess of the eye	Scarlet fever	1		4 yrs 1878						
3	12	Howard James	Worcester	Middlesex	Partly	3	Malformation of organ of sight		1								
7	22	White James H.	Worcester	Middlesex	No	5	Paralysis of optic nerve	Smallpox	1		1 1/2						
34	34	Jones, Jesse															
34	44	Bunchley Sarah															

NOTE A.—A blind person may be found either at his own home or away from it in some educational institution, asylum, or poor-house. 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 blind 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.—Where practicable, get a statement from attending physician.

NOTE E.—The totally blind are unable to distinguish forms or colors; the partially blind can distinguish forms or colors, but cannot 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, 16, and 17, an affirmative mark only will be used, thus: /