Two Examples of the meds of filling up this Table are given on the other side.)

No. on Form B. 22

NAME and SURNAME.

NAME and SURNAME.

RELIGIOUS PROFESSION.

		NAME and SURNAME.	RELATION to	DESCRIPTION OF THE PROPERTY AND PERSONS.									
		No Persons absent on the night of Sunday, March 31st, to be entered here: Except those (not enumerated elsewhere) who may be out at Works or Travelling, &c., during that Night, and who return Home on Monday, April 1st. Subject to the above instruction, the Name of the Head of the Family should be written first; then the names of bis Wife, Children, and other Relatives; then those of Visitors, Boarders, Servants, &c.	Head of Family.		EDUCATION.	'AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb;
1	Nonober.		State whether "Head of Family," or "Wife," "Son." "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denominations are requested not to describe themselves by the vague term "Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.]	b.ate here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth-day.	Months for Infants under one Year.	Write "M" for Males and "F" for Females.	home, should be returned as Scholars.	Whether "Married." "Widowe," "Widow," or "Not Married."	If in Ireland, state in what County or City; if else- where, state the name of the Country.	Write the word "IRISE" in this column opposite the	Dumb only:
1	1	Christian Name. Surname.							Before filling this column you are requested to read the instructions on the other side.]			ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite the name of the afflicted person.
1	1	James He Mahon	Had offor	Roman Cath	lead of brile	68		m	General Fahous	Side	P. W.	Contract to the Contract of th	
1	2	Clevie M. Mahon	Daughte	Coman Catholie	Tend & bute	35		4	Farm servant	1 + h	P L		
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I hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the foregoing Return is correct, according to the best of my knowledge and belief.

_(Signature of Enumerator.)

I believe the foregoing to be a true Return.

frances be Mahon (Signature of Head of Family).