R	WITH of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDA											No. on Form B. /3 AY, the 31st of MARCH, 190		
	NAME a	e night of Sunday, March 31st, t those (not enumerated elsewhere is or TRAVELLING, &c., during RETURN HOME ON MONDAY, PRIL 1st.	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	10.70/17	AGE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and I	
		RETURN HOME ON MONDAY, RETURN HOME ON MONDAY, PRIL 1st. uction, the Name of the Head or ritten first; then the names of other Relatives; then those of rders, Servants, &c. Surname.	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 Denomina- tions 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.]	State here whether he or she can "Read and Write," can "Read " only, or " Cannot Read."	Yeam on las Birth- day.	Monthi for Infenti under one Year.	Write "M" for Males and "F" for Females	State the Particular Rank, Profession, Trade or other Employment of each person Children or young persons attending a School, or receiving regular instruction at home, should be returned as Scholars. Before filling this column you are requested to read the instructions on the other side.		If in Ireland, state in what County or City; if else- where, state the name of the Country.	Write the word "Inner" in this column opposite the name of each person who speaks Inner de Sweinser opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this observed	Dumb onl Blind; Imbecile or I or Lunat	
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