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39	To. on Form B			are given on the other side.)	Table	up this	ples of the mode of fills	(Two Exam	_	Population Population	- Charles Charles Street
			ouse on the	slept or abode in this Ho			F O BOARDERS, SERVA	and their VISITORS,	FAMILY	MEMBERS of this	TRN of the l
If Deaf and Dumi Dumb only;		WHERE BORN.	WARRIAGE.	RANK, PROFESSION, OR OCCUPATION.	SEX.	GE.	EDUCATION.	RELIGIOUS PROFESSION.	RELATION to	nd SURNAME.	NAME an
Blind; Imbecile or Idlet or Lunatic. Write the respective infirmities opposite mame of the afflicted person.	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH outy, and the words "IRISH & ENGLISH" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	If in Ireland, state in what County or City ; if else- where, state the name of the Country.	Whether "Married." "Widower," "Widow," or "Not Married."	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.]	" F TOT	Months for Infants under one Year.	State here whether he or she can "Read and Write," can "Head" only, or "Cannot Read."	State here the particular Religion, or Religious Denomination, to which each person belongs. Members of Protestant Denomina- tions are requested not to describe themseives by the vague term "Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.]	State whether	te night of Sunday, March 31st, to those (not enumerated elsewhere) as or TraveLLING, dc., during HETURN HOME ON MONDAT, PRIL 1st. ruction, the Name of the Head of written first ; then the names of 1 other Kentives; then those of arders, Servants, &c.	
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