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					F	OI	M S	c 4	<b>L</b> .		1	No. on Form B
R	ETURN of the I	MEMBERS of thi	S FAMILY	and their VISITORS,	BOARDERS, SERV	VANT	S, &c.	, who	slept or abode in this H	ouse on the	e night of SUND.	AY, the 31st of
-			RELATION to RELIGIOUS PROFESSION.		EDUCATION.	AGE. SI		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.
	No Persons ABSENT on the be entered here : EXCEPT th who may be out at WORE that Night, and who R	night of Sunday, March 31st, to hose (not enumerated elsewhere) t or TRAVELLING, dc., during LETURN HOME ON MONDAY, RIL 1st.		State here the particular Religion, or Religious Denomination,	Sure and and				State the Particular Rank, Profession, Trade,	Salation		Write the word "Inish" i this column opposite th name of each person wh speaks Inish only, and th words "Inish & English
Number	the second se	and the second se	or "Wife " " Son "	to which each person belongs. [Members of Protestant Denomina- tions are requested not to describe themselves by the vague term	State here whether he or she can "Bead and Write," can "Read" only, or "Cannot Read."	Years on last Birth- day.	Months for Infants under one Year.	Write "M" for Males and		Whether "Married." "Widower," "Widow,"	If in Ireland, state in what County or City; if else- where, state the name of the Country.	speaks InisH only, and the words "InisH & English opposite the names of tho who can speak both lang
1	his Wife, Children, and o Visitors, Boar Christian Name.	action, the Name of the Head of fitten first; then the names of ther Relatives; then those of dors, Servants, &c.	"Visiter," "Boarder," "Servant," dc.	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.]	or "Cannot Read."	day.	Year.	Females.	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.]	or "Not Married."	and contain ju	opposite the names of thos who can speak both langu ages. In other cases entry should be made in this column.
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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.												

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-	TIRN of the N	EMBERS of this	FAMILY	and their VISITORS.					slept or abode in this E	louse on the	night of SUND.	AY, the 31st of M	ARCH, 19
NAME and SURNAME.		RELATION to		EDUCATION.	AGE.		RANK, PROFESSION, OR		MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Du	
Nb			Head of Family.	RELIGIOUS PROFESSION.			1		OCCUPATION.			Write the word "Intsu" in	Dumb only Blind ; .mbecile or I
	A CONTRACT OF A	hight of Sunday, March 31st, to ose (not enumerated elsewhere) or ThavetLLING, de., during trunn HOMB ON MONDAY, HL 1st.	State whether "Head of Family," or "Wife," "Son,"	State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denomina-	State here whether he or she	Years	Months for Infants	Write "M" for Males	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.	Whether "Married."	If in Ireland, state in what County or City; if else- where, state the name of	this column opposite the name of each person who speaks IRISH only, and the words "IRISH & ENGLISH"	or Lunat
5	abject to the above instruc- the Family shou'd be write his Wife, Children, and of Visitors, Board	tion, the Name of the Head of tten first ; then the names of ther Relatives ; then those of tors, Servants, &c.	State whether "Head of Family," or "Wife," "Son," "Daughter," or other relative; "Visiter," "Boarder,"	Stafe 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 1	State here whether he or she can "Read and Write," can "Read " only, or "Cannot Read."	Years on last Birth- day.	under one Year.	F F IOF	home, should be returned as Scholars. Before filling this column you are requested to read the Instructions on the other side.]	"Widower," "Widow," or "Not Married."	where, state the name of the Country.	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.	Write the resp infirmities oppo- name of th afflicted per
-	Christian Name.	Surname.	"Servant," de.	Denomination, or Body, so which they belong.]					A:		11	this column.	
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	I hereby	certify as require	d by the Ac	t 63 Vic., cap. 6, s. 6 (1)	, that the	1	1.5.1.2		I Libelieve the foregoi	ng to be a tri	e Return.		
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