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RETURN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on RANK, PROFESSION, OR OCCUPATION. MARRI SEX. AGE. RELATION to Head of Family. EDUCATION. NAME and SURNAME. RELIGIOUS PROFESSION. Yo Persons ABBENT on the night of Sunday, March 31st. to entered here: EXCEPT those (not enumerated elsewhere; who may be out at WORK or TRAVELLING, dc., during that Night, and who RETURN HOME ON MONDAY, APRIL 1st. No Persons AB Whet "Marn "Wido "Wido State whether lead of Family "Wife," "So Months for Infants under one Year. M" to Males and "F" fo Years on last Birth-day. State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." d not to des 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.] Not n, the Name of the He "Visitor," "Boarder." en first ; then the na er Relatives ; then t the Famil Surname Christian Name. Dealer That nequire #? (Family Roman Catholic Read & write 35 m 1 m 1 a Cannot Read 3.5 00 00 love megane 2 T utm Read furte kte 3 7 00 21 13 po. 00 10 ann 4 Ð 80 m 11 20 + 20 20 80 son une 5 00 m 80 00 f guere 00 00 00 michae 7 Cannot Read 5 00 80 morgoret m 7 Z 80 00 00 80 do ate use 8 9 . 10 11 12 13 • • 14 15 I believe the foregoing to 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. Thickae alexseres (Signature of Enumerator.)

	ERE BORN. IRISH LANGUAGE. If Deaf and Dumb; Blind;		
County of where, sta	d, state in what city; if else- te the name of Country.	Write the word "INISH" in this column opposite the name of each person who speaks IRISH only, and the words "INISH & 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 respective infirmities opposite the name of the afflicted person.
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