

LETURN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this How

1	NAME as	d SURNAME.	RELATION to	1	1	-	Serie Com		a particular de la construcción de	
	No Persons ABSENT on the	e night of Sunday, March 31st. t. hose (not enumerated elsewhere & or TRAVELLING, dc., during RETURN HOME ON MONDAY,	Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.		GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	I
Number.	Subject to the above instru- the Family should be with his Wife, Children and	x or ThavELLING, dc., during RETURN HOME ON MONDAY, PRIL 1st. uction, the Name of the Head of rithen first ; then the names of other Relatives ; then those of ders, Servants, dc. Surname.	"Head of Famile "	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."	Years on last Birth- day.	Months for Infants 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.	
1	James	Bridy	Head of	Roman Cathor	is Read & Write	36		m	Car Drives	1
2	mary Inn	e ho	Wife	100	ko	31		14		Ī
3	Patrick	No	Son	wo	Read	5		m	Schola-	-
4	John	100	Son	100	Read	3		m	to p	-
5	James	400	Son	too		2		m		-
6	mary	Smith	Boarde	100	Read	63		34		1
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	I hereby	certify, as required	by the Act	63 Vic., cap. 6, s. 6 (1),	that the		•			
fo	regoing Return is	s correct, according	to the best	of my knowledge and b	elief.				I believe the foregoin	g
			a	lenkeorgs	(Signature of E	numero	tor.)		Ja	2

Contraction of the	, 1901.								
No. on Form B. 6. use on the night of SUNDAY, the 31st of MARCH, 1901.									
Whether "Married." "Widow," "Not Married." If in Ireland, state in what County or City; if else- where, state the name of the Country.		Write the word "InISH" in this column opposite the name of each person who speaks InISH only, and the words "INISH of ENGLISH" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Dumb only; Blind; .mbecile or idiot; or Lunatic. Write the respective infirmities opposite the name of the afflicted person.						
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