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Into Examples of the mode of fully up this labe are given on the other side.) FORMA. No. on Form B NO. on Form B NO. on Form B												
NAME and SURNAME.		FAMILY RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.			RANK, PROFESSION, OR OCCUPATION.		WHERE BORN.	1	If Deaf and Dumb; Dumb only;	
ersons ABSENT on the night of tered here: EXCEPT those (not youry be out at Works or TRA- hat Night, and who BETTRN I APRIL 1st. Set to the above instruction, the Family should be written firs Wife, Children, and other Rel Visitors, Boarders, Ser	Name of the Head of t; then the names of tives; then those of vants, &c.	the second se	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 foon last on last Birth- day. Ye	ths Write or "M" fo Males and "F" fo Female	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 <i>Scholars</i> . Before filling this column you are requested to read the instructions on the other side.]	Whether "Marned." "Withow," or "Not Married."	If in Ireland, state in what County or City; if else- where, state the name of the Country.	Write the word "IREE" in this column opposite the name of each person who speaks IREE orly, and the words "IREE & ENGLISH" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Blind; Imbecile or Idiot; or Lunatic. Write the respective infirmities opposite the mane of the afflicted person.	
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