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WPM Pappar				OF	1	F	L E	LANI), 19	901.			
			(Two Exan	aples of the mode of				e are given on the other side					
of the MEMBE	F Conf the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERV.						DRM A.				No. on Form B. 78		
NAME and SURNAM	The second se	RELATION to	RELIGIOUS PROFESSION.	EDUCATION.	T	1		slept or abode in this RANK, PROFESSION, OR	House on th	e night of SUND.	AY, the 31st of I	LARCH, 1901.	
SABSENT on the night of Sunde here : EXCEPT those (not enume be out at WORK or TRAVELLI ight, and who RETURN HOME	erated elsewhere)		State here the particular Religion, or Religious Denomination,			GE.	SEX.	OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only; Blind;	
APRIL 1st.		State whether "Head of Family," or "Wife," "Son," "Daughter," or other relative;	or Religious Denomination, to which each person belongs. [Members of Protestant Denomina- tions are requested not to describe themselves by the vegue term "Protestant," but to enter the	State here whether he or she can "Read and Write," can "Read" only,	Years on last Birth- day.	Months for Infants under	Write "M" for Males	State the Particular Rank, Profession, Tradi or other Employment of each person Children or young persons attending School, or receiving regular instruction a home, should be returned as Scholars.	e, n. Whether a "Married."	If in Ireland, state in what County or City ; if else- where, state the name of	name of each person who speaks IRISH only, and the words "IRISH & ENGLISH"	imbecile or Idiot ; or Lunatic.	
to the above instruction, the Name of the H mily should be written first ; then the name te, Children, and other Relatives ; then the Visitors, Boarders, Servants, &c. istian Name. Surname.		"Visitor," "Boarder," "Servant," &c.	"Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.]	"Read " only, or " Cannot Read."	day.	one Year.	and "F" for Females.	home, should be returned as Scholars. Before filling this column you are requested to read the Instructions on the other side.		where, state the name of the Country.	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, 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.	Write the respective infirmities opposite the name of the afflicted person.	
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I hereby certify, a	as required	l by the Act	63 Vic., cap. 6, s. 6 (1), t of my knowledge and be	that the		No.	-	I believe the foregoin	ng to be a tru	e Return.			