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No. on Form B												
	ILLINBERS of this	FAMILY	and their VISITORS,	BOARDERS, SERV	10 (T 2 0 0		1000	slept or abode in this H	ouse on the	might of SUNDA	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only;
N	NAME and SURNAME.	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	AGE	-	SEX.	RANK, PROFESSION, OR OCCUPATION.			Write the word "IRISH" in this column opposite the	Rlind :
	io Persons ABSENT on the night of Sunday, March 31st. to centered here: EXCEPT those (not enumerated elsewhere) who may be out at Wonk or TRAYELLING, de., during that Night, and who nETCHN HOME ON MONDAY, APRIL 1st. hubject to the above instruction, the Name of the Head of the Family should be written first; then the names of his Wite, Children, and other Relatives; then those of Visitors, Boarders, Servants, &c.	State whether "Head of Family," or "Wife," "Son," "Daughter," or other relative; "Visitor," "Boerder," "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.)	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 Scholarz. Before filling this column you are requested to read the Instructions on the other side.)	Whether "Married." "Widower," "Widow," or "Not Married."	If in Ireland, state in what County or City ; if elso- where, state the name of the Country.	Write the word "Inner" in this column opposite the name of each person who speaks Inner only, and the words "Inner of ENGLISH" opposite the names of those who can speak both Iangu- ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite the name of the afflicted person.
	Christian Name. Surname.	Bervant, uc.	they belong.]	- 11. 1. 22	Pro	2		Podain Hous He	lon yes	s Juland	Englich	
	Maria Smith?	head	Homan Called	A Near En Wa	2-4	1		Dusomatter	yes	Malano	English	1
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