Anone beneficiaries of the field of the theory of the second of the seco 1000 EAMILY RETURN. FORM A. 15: A constraint of the second second of the second A person following more developed in a more each of them in the order of these important DENSNS OF INELEMENT A construction of constructions for statements of the statement of the sta -uoisoniseul AND, of filling up this Table are given on the other side.)

FORM A.

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

	and the second	d SURNAME.	RELATION to Head of Family,	RELIGIOUS PROFESSION.	EDUCATION.	L	GE.	SEX.	OCCUPATION.		
	be entered here : EXCEPT i who may be out at Wom that Night, and who n An Subject to the above instr- the Family should be w his Wife, Children, and Visitors, Boar	might of Sunday, March Slst, to hose (not enumerated elsewhere) to or TRAVELLING, dc., during RETORN HOME ON MONDAY, PHL 1st. Justion, the Name of the Head of ritten first; then the names of other Relatives; then those of rders, Servants, dc.	and the provide state of the second state of the	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 <i>Scholars</i> . Before filling this column you are requested to read the instructions on the other side.)	other Employment of each person. Wi hildren or young persons attending a chool, or receiving regular instruction at pue, should be returned as Scholars. fore filling this column you are requested read the Instructions on the other side.	
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	Iber	eby certify, as requi	ired by the A	Act 63 Vic., cap. 6, s. 6 (	d belief.				H		
	foregoing Retu	rn is correct, accord	ing to the L	best of my knowledge an	TL (Signature	of Enu	merate	r.)		m	

No. on Form B. <u>115</u> the night of SUNDAY, the 31st of MARCH, 1901.								
	n Ireland, state in what ounty or City; if else- pere, state the name of the Country.	IRISH LANGUAGE. Write the word "IRISH" in this column opposite the name of each person who speaks Insu 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.	If Deaf and Dumb; Dumb only; Blind; .mbecile or Idiot; or Lunatic. Write the respective infirmities opposite the name of the afflicted person.					
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