CENSUS

(Two Examples of the mode of filling up this Table are given on the other side.)

FORM A.

nber. Sping Selection	be entered here: EXCEPT who may be out at Wo that Night, and who	No Persons absent on the night of Sunday, March list, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Work or Travelling, &c., during that Night, and who returns Home on Monday, APRIL 1st. Subject to the above instruction, the Name of the Head of the Family should be written first; then the resures of his Wife, Children, and other Relatives; then the second Visitors, Boarders, Servants, &c.		Members of Berson belongs.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	House on the night of SU		No. on Form B. 36	
N	Subject to the above instr the Family should be w his Wife, Children, and Visitors, Per-				State here whath	1 1		THE OWNER OF THE PARTY	1.04.	-AMMINUE.	WHERE BORN.	THE RESERVE TO SERVE THE PARTY OF THE PARTY	If Deaf and Du Dumb only
-	Christian Name.	Surname.	"Servant," &c.		State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	1.00	THE STREET	"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 a home, should be returned as Scholars. 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 else- where, state the name of the Country.		Dumb only Blind; Imbecile or Id or Lunation
	Agnus	Caffrey	Ho of famil	Roman Catholic	Read and like		1	21		or Not Married."	the Country.	opposite the names of those who can speak both languages. In other cases no entry should be made in this column	Write the respectinfirmities opposite name of the afflicted person
	Thomas	g frey	9	00	do No	26	100	7	Farmer	Notnerried	Colavan		afflicted person
4		whey	Tervant	50	Do	55		u	farmeri Daughter	50	80		
5									General Servant	Damed	80		
6													
7				-									
8 _													SE DE
9 -							_	1	Manager A				
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	I hereby cer	tify, as required by	the Ast co	Vic., cap. 6, s. 6 (1), that									
orego	oing Return is co			Vic., cap. 6, s. 6 (1), that ny knowledge and belief.				_	I believe the foregoing to				