|        | The online   | and a state  | -   |  |  |                                    |   |  |   |  |  |   |  |
|--------|--|--|---|--|--|------------------------------------|---|--|---|--|--|---|--|
| 1      | and a start of the |  | CE  | (Tree Exc  | imples of the mode of  | Juling                             | up the  | is Tab   | <b>BLAND</b><br>to are given on the other side.   | ), 19  |  |   |  |
| 1      | ETURN of the   | MEMBERS of th  | RELATION to   | and their VISITORS   | , BOARDERS, SER  | VANT                               | rs, &c  | ., who   | o slept or abode in this I  | Iouse on th  | e night of SUND  | No. on Form B<br>AY, the 31st of 1  | MARCH, 19  |
|        |  | he night of Sunday, March Stet,<br>Dione (not enumerated sizes her<br>as or ThATHLING, dc., during<br>BETURN HOME ON MONDAT,<br>UPRE 1st.  | to Head of Family.  | RELIGIOUS PROFESSION.  | EDUCATION.   | 1                                  | IGE.  | SEX.   | RANK, PROFESSION, OR<br>OCCUPATION.   | MARRIAGE.  | WHERE BORN.  | IRISH LANGUAGE.   | If Deaf and D  |
| Munthe | Subject to the above that<br>the Pamily should be the Wild   | ARTURN HOME ON MONDAY,<br>igned. 1st.<br>mation, the Name of the Head<br>written first; then the names of<br>other Relatives; then those of<br>unders, Servants, de.<br>Surname. | State whether<br>"Head of Pamily,"<br>or "Wife," " Son,"<br>of<br>"Daughter," or<br>other relative;<br>"Boarder,"<br>"Boarder,"<br>"Servant," &c. | State here the particular Religion,<br>or Religious Denomination,<br>to which each person belongs.<br>Members of Protestant Denomina-<br>tions are requested rot to describe<br>themselves by the vague term<br>"Protestant," but to enter the<br>name of the Particular Church,<br>Denomination, or Body, to which<br>they belong.] | State here whether he or she<br>can "Bead and Write," can<br>"Read" only,<br>or "Cannot Read." | Years<br>on last<br>Birth-<br>day. | Months<br>for<br>Infants<br>under<br>one<br>Year. | Write<br>"M" for<br>Males<br>and<br>"F" for<br>Females | State the Particular Rank, Profession, Trade,<br>or other Employment of each person.<br>Children or young persons attending a<br>School, or receiving regular instruction at<br>home, should be returned as Scholars.<br>Before filling this column yon are requested<br>to read the Instructions on the other side.] | Whether<br>"Married."<br>"Widower,"<br>"Widow,"<br>or "Not Married." | If in Ireland, state in what<br>County or City; if else-<br>where, state the name of<br>the Country. | Write the word "Imms" in<br>this column opposite the<br>name of each person who<br>speaks Imms only, and the<br>words "Imms & Evorms"<br>opposite the names of those<br>who can speak both langu-<br>ages. In other cases no<br>entry should be made in<br>this column. | Dumb only<br>Blind ;<br>Imbecile or In<br>or Lunati<br>Write the resp<br>infumities oppos<br>name of the |
| 1      | adward   | melozghlin   | Head of ?<br>Family ]   | Roman Catholic   | Readtorite   | 33                                 |   | m  | farmer  | narmarria  | bo bavon   | this column.  | afflicted perso  |
|        | michael  | motoughlin   | Father  | Roman Catholic   | Cannot reas or write   | 74                                 |   | m  | 1 00  | Widower  | leo leavan   |   |  |
|        | thimas   | Dolan  | Servant   | Roman Catholic   | Cannot read or write   | 30                                 |   | m  | 4   | not morrisa  | 0 0  |   |  |
| 5      |  |  |   |  |  |                                    |   | -  |   |  |  |   |  |
| 6      |  |  |   |  |  | -                                  | -   |  |   |  |  |   |  |
| 17     |  |  |   |  |  |                                    | -   |  |   |  |  |   |  |
| 8      |  |  |   |  |  |                                    |   |  |   |  |  |   |  |
| 9      | 1  |  |   |  |  |                                    |   | -  |   |  |  |   |  |
| 10     |  |  |   |  |  |                                    |   |  |   |  |  |   |  |
| 11     |  |  |   |  |  |                                    |   | Í  |   |  |  |   |  |
| 12     |  |  |   |  |  |                                    |   |  |   |  |  |   |  |
| 13     |  |  |   |  |  |                                    |   |  |   |  |  |   |  |
| 14     |  |  |   |  |  |                                    |   |  |   |  |  |   |  |
| 15     |  |  |   |  |  |                                    |   |  |   |  |  |   |  |
| 1      | I nereby<br>bregoing Return i  | certify, as required<br>s correct, according   | g to the best   | 63 Vic., cap. 6, s. 6 (1), to<br>of my knowledge and be  | that the<br>elief.<br>(Signature of Es   |                                    |   |  | I believe the foregoing   | to be a true   | .01.   | ignature of Head of   | Familu)  |