FAMILY	and their VISIT	E ORS, BOARDERS, SEI	O I	R N. 15, &c	T , who	A. slept or abode in this 1	House on th	e night of SUNT	No. on Form B	7
		EDUCATION.	AGE.		SEX.		MARRIAGE.	1		LARCH, 1901.
State whether lead of Family," "Wile," "Son," Daughter, "or ther relative; "Visitor," "Boarder," Servant," do.	State here the particular Rel or Religious Denominatio to which each person belo (Members of Protestant Den tions are requested not to de themselves by the vague "Protestant," but to ente name of the Particular C Denomination, or Body, to they belong.]	igion, n, ngs. State here whether he or she can "Read and Write," can term "Read" only, r the hurch, which	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 Scholars.	Whether "Married." "Widower,"	WHERE BORN, If in Ireland, state in what County or City; if else where, state the name of the Country.	IRISH LANGUAGE, Write the word "IRISH" in this column opposite the name of each person who speaks IRISH of Person who 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; Imbecile or Idiot; or Lunatic.
		the Cannot Read on Wind	34				*			Write the respective infirmities opposite th name of the afflicted person.
rother	Roman bath	his Read & Write	30	-	U.	Ship Reeper	Not marned	60 bavan		<u>.</u>
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the Act 6	3 Vic., cap. 6, s. 6 (I), that the				I believe the foregoing				

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E'	TURN of the	MEMBERS of th	S FAMILY	and their VISITORS	BOARDERS SEP	01	RN	I .	A.			No. on Form B	7
13	a material have a me one of	terror have a second of the second of the second seco		· RELIGIOUS PROFESSION.	EDUCATION.	EDUCATION.		sex.	RANK, PROFESSION, OR OCCUPATION.	A COLOR OF CALL OF CALL OF CALL		DAY, the 31st of	MARCH, 1901.
l	that Night, and who :	nose (not enumerated elsesshere, s or TharVELLING, dc., during seruran Hoars on MonDar, rant lat. wetion, the Name of the Head of rithen first; then the names of other Relatives; then those of ders, Servanis, dc. Surname.	State whether "Head of Family," or "Wife," "Son."	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 Deutlin to Date	Whether "Married." "Widowar," "Widowar," or "Not Married."	WHERE BORN, If in Ireland, state in what County or City; if else- where, state the name of the Country.	IRISH LANGUAGE. Write the word "Immu" in this column opposite the name of each person who speaks Innsn dely, and the words "Imsu & English opposite the names of those who can speak both inngu- ages. In other cases no entry should be made in this column.	If Deaf and Dumi Dumb only; Blind; Imbecile or Idiot or Lunatic.
	Michael	meEntyre	Haspanie	Roman bathol .	Cannot Read or Winte	34		11	to read the Instructions on the other side.]	*		who can speak both langu- ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite if name of the afflicted person.
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	I hereby c	ertify as parti					•						
reg	I hereby c	ertify, as required	by the Act 6:	3 Vic., cap. 6, s. 6 (1), th f my knowledge and bel	hat the				I believe the foregoing <u>Michael</u> with				