IRELAND, 1901. mode of filling up this Table are given on the other side.) FORM A. No. on Form B. / 08 ANTLY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st

| | or Thewestern de, during | | ALLIGIOUS PROFESSION. | EDUCATION. | A | GE. | SEX. | RANK, PROFESSION, OR OCCUPATION. | MARRIAGE. | WHERE BORN. | AY, the 31st of I | |
|----|--|---|--|--------------|------------------------------------|---|----------|--|--|--|---|---|
| | APRIL 184. APRIL 184. APRIL 184. Local to the above instruction, the Name of the Head to Family should be written first; then the names of his Wife, Children, and other Heistrees; then those of Visitors, Boarders, Servants, do. Christian Name. Surname. Lige. Hilsby | State whether "Head of Family," or "Wife," "Son," d "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c. | themselves by the vague term "Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.] | | Years on last Birth- day. | for Infants under one Year. | remales. | 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 Schoolar. 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. | Write the word "Insu" in this column opposite the | If Deaf and Dumb Dumb only; Blind; imbecile or Idiot; or Lunatic. Write the respective infirmities opposite the name of the afficted person. |
| 2 | 0 | Head | Presbyterian | Read & White | 53 | | 9, | annuitant | Widow | le Down | | |
| 3 | | | | | | | | | | | | |
| 5 | Samuel She Bennett | Boarde | Presbyterian | Read wwrite | 36 | | m | Presbyteria, minister | hd w | | | |
| 7 | | | | | | - | | | ME MAIN | 4 Amm | | |
| 8 | | | | | | | | | | | | |
| 10 | | | | | - | - | - | | | | | |
| 11 | | | | | | + | + | | | | | |
| 12 | | | | | | | | | | | | |
| 14 | | | | | | 1 | | | | | | |
| 15 | | | | | | | - | | | | | |

I hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the foregoing Return is correct, according to the best of myknowledge and belief.

1 believe the foregoing to be a true Return.

(Signature of Head of Family):