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	of the	he MEMBERS of t	his FAMILY					<b>BILANS</b> ble are given on the other sid <b>A</b> . to slept or abode in this RANK, PROFESSION, OR	c.)			
AL S	NAMI No Persons Absent of	E and SURNAME.	RELATION to	RELIGIOUS PROFESSION	LIS, BOARDERS, SI	ERVANTS,	&c., wh	o slept or abode in this	House on th	ne night of SUNI	No. on Form E	.36
H	1 3 1	APRIL 1st.	State whether	State here the particular Religion	n, EDUCATION.	AGE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	A COLORADO AND	MARCH, 1
	Z Subject to the above in the Family should b his Wife, Children,	nstruction, the Name of the Head be written first : then the names of and other Relatives : then those of Boarders, Servants, &c.	of "Wife," "Son," of "Daughter," or other relative;	State here the particular Religion or Religious Denomination, to which each person belongs. [Members of Protestant Denominitions are requested not to descri- themselves by the vague ten- themselves by the vague tenter t name of the Particular Churc Denomination, or Body, to while they belong.]	ha- be can "Read and Whether he or a	he Years Mo	write			BALAE BORN.	IRISH LANGUAGE.	If Deaf and I Dumb on
	Christian Name.	Surname.	" Visitor," "Boarder," "Servant," &c.	"Protestant," but to enter t name of the Particular Churc Denomination, or Body, to whit they belong.]	ha- be can "Read and Write," can ".Read " only, be or " Cannot Read."	he Years fi on last Infa Birth- day. or	der and the "F" for Females	School, or receiving regular instruction at home, should be returned as School on the	Whether "Married," "Widower," "Widow,"	If in Ireland, state in what County or City; if else- where, state the name of the Countyr	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, and the words "IRISH & ENGLISH" opposite the names of the	Imbecile or I or Lunat
	1 Bridge	1- Reillin	Mend	00			. Females	Before filling this column you are requested to read the Instructions on the other side.]	or "Not Married."	where, state the name of the Country.		
41	2 Quen	Reillon	Son	P & Catholu	Read + wn	1 40 .	Į.	Farmer	hid	RA		Write the resp infirmities oppo- name of the afflicted person
	3 Patrice	& Reiler	11	P. Gathole	Read & with	\$ 20 .	16		Madow	Colona	n	
	+ John	Reill	San	a. Catholi	read & wo	1-18		Farmers Son Farmers	not marrie	u Go barro	n	
-	Micha	A. Peicola	San	a. Catholi	Read & un	17	16	- incom	human			
	6 Unanan	1-Print	son	06. Datas	Pondas		1/1	lal p	hol manne	60.Cara	2	
	2	aucon	Wanghe	R. Catholie	Read + un		7	Scholar	11 -	Co.Carron		
							p-1	Scholar	<u></u>	Co. Cavan		
	8						+					
	9								-			1
	10											
1	1											
	2											
1	3											
1	•											
1												
	I hereby	certify, as required l	by the Act 63	Vic., cap. 6 8 6 (1) +1								A CONTRACTOR
	I hereby foregoing Return is	certify, as required les correct, according t	o the best of	Vic., cap. 6, s. 6 (1), th my knowledge and bel	•			I believe the foregoing to				

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