URN of t	he MEMBERS of th	is FAMILY	and their VISITOR	F S, BOARDERS, SER	VANT	R IN	I.	A.			No. on Form B	. 8
Persons ABBENT ntsred here : EXC to may be out at	E and SURNAME. on the night of Sunday, March 31st, EPT those (not enumerated elsewhere) WORK or TRAVELING, for	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.		GE.	sex.	A . slept or abode in this]	House on th	e night of SUND	AY, the 31st of 1	MARCH, 1901
that Night, and	APRIL 1st.	State whether "Head of Family," or "Wife," "Son," of "Daughter," or	State here the particular Religion, or Religious Denomination, to which each person belows			1		RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dun Dumb only;
A A	, Jun na ma		State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denomina tions are requested not to describ- themselves by the vagne term "Protestant," but to enter the name of the Particular Church Denomination, or Body, to which they belong.]	Service of the servic	Years on last Birth- dey.	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. 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 "IREM" in this column opposite the name of each person who speaks IREM only, and the words "IREM of ENGLISH" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Blind; Imbecile or Idio or Lunatic.
athen	ne migovern	40 of Jamily	Roman Carpolic	Read Twrite			1	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 respecti infirmities opposite name of the afflicted person.
rose	Myoven	Daughter	N I A	Read & write	CONTRACTOR CONTRACTOR		F	Farmer	Widow	Cobavan	/	
		0		read Turne	45		F	Farmers daughter	not married	bobavan	/	
				•								
								and the second second				
									-			•
I hereby	certify, as required l	by the Act 63	Vic., cap. 6, s. 6 (1), th my knowledge and bel									