| State State | and the Ba | MEMBERS of t | this FAMILT | and their VISITOR | E BOARDERS ST | 0 | RN | T . | A. | | | No. on Form | B |
|-------------|---|--|-------------------|--|--------------------------------------|------------------------------------|------------------|-------------------------|--|--|---|---|--|
| - | The second se | and the second states of the second states | | RELIGIOUS PROFESSION. | EDUCATION. | | IGE. | sex. | RANK, PROFESSION, OR OCCUPATION. | House on t | 1 | DAY, the 31st of | MARC |
| Munhae | Subject to the above inst the Family should be a his Wite, Children and | those (nod enumerated clausch as or Thavill.line, dr., duri as truns Hoam on MonDar, iritan 1st. Faction, the Name of the Head ristion first : then the names other Relatives; then those trites, Servanis, dc. Surname. | "Head of Family," | 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 vagne term "Protestant," but to enter the name of the Particular Church Denomination, or Body, to which they belong.] | State here whether he or she | Years on last Birth- day. | Infants under | "M" for Males and | State the Particular Rank, Profession, Tra- or other Employment of each perso | de, on, at "Married." * Widower " | WHERE BORN, If in Ireland, state in what County or City; if else- where, state the name of the Country. | Words " Terror & Thank | in imbeci |
| 1 | Pose Thomas | Reilly | family Son | Roman bathol | read | 50 | - | 7 | Janmer | | bobavan | opposite the names of this who can speak both lang ages. In other cases r entry should be made i this column. | m Write t infirmition man afflict |
| 3 | William | p.M | Son | ds | readownite | | | 4 | Farmer Son | Thomarrie | 00 | 1 | |
| 1 5 | Rose of | Reilly | daughter daughter | ~ | readswrite | | | 3 | Farmers daughter | | to bavan | | |
| 6 | - | 0 | - And | | read & write | 122 | _ | 3 | Farmers daught | n do | ° do | - | |
| | | | | | | | | | | | | | |
| 9 | | | | | | | - | - | | | | | |
| 10 | * | | | | | | - | - | | | | | |
| 11 12 | | | | | | | | | | | | | |
| 13 | | | | | | | - | + | | | | | 1 |
| 14 | | | | | | | | - | | | | | |
| 15 | I hereby | certify, as required | by the Act 6 | 3 Vic., cap. 6, s. 6 (1), t | | | | | | | | | • |
| fo | regoing Return is | correct, according | g to the best o | f my knowledge and be | hat the lief. (Signature of En | | | | I believe the foregoing | to be a true | Return. | | |