(Two Examples of the mode of filing up this Tuble are given on the other side.) NO. on Form B. 2 NO. on Form B. 2 NO. on Form B. 2 ITURN of the MRMHERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st of MARCH, 19 ITURN of the MRMHERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st of MARCH, 19 ITURN of the MRMHERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st of MARCH, 19 ITURN of the MRMHERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st of MARCH, 19 ITURN of the MRMHERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st of MARCH, 19 ITURN of the MRMHERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st of MARCH, 19 ITURN of the MRMHERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st of MARCH, 19 ITURN of the MRMHERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY.											
and the second states in	TURN of the MEMBERS of this FAMILY I		RELIGIOUS PROFESSION.	EDUCATION.	LOE.	SEX.		MARRIAGE.	WHERE BORN.	the second se	Blind:
No Persone canant on the of he entered here : Electric 1 the other may be not at Woma that Night, and who at	ight of Sunday, March Slat, to		State here the particular Ballgion, or Religious Denomination, to which each person belongs. Members of Protestant Denomina- tions are requested not to describe themselves by the varue term "Protestant," but to anter the name of the Particular Church, Denomination, or Body, to which they belong.]	Sinis here whether he or she can "Read and Writs," can "Read" only, or "Cannot Bead."	Years on last Birth- day. Year.	Write "M" for Males and "F for Females	State the Particular Rank, Profession, Trades or other Employment of each person Children or young persons attending a School, or receiving regular instruction as home, should be returned as Scholarz. Before filling this column you are requested to read the Instructions on the other side.	Whether "Married." "Widows." "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 "Inns" in this column opposite the name of each person who speaks Innss only, and the words "Innss of these opposite the names of these who can speak both langu- ages. In other cases no entry should be made in this column.	Write the resp infirmities opportunation of the second afficient per
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I here	by certify, as requ	ired by the A	Act 63 Vic., cap. 6, s. 6 ( sest of my knowledge and	1), that the			I believe the foreg	get for	nith	(Signature of Hee	d of Famil