| | FORMA. No. on Form B. 9 | | | | | | | | | | | | |
|---|---|--|--|--|--|------------------------------------|---|---|---|---|--|--|---|
| - | NAME and SURNAME. No Persons ansature on the night of Sunday, March St. 1 is entered here: : Except these inde enumerical electrics who may be out at Wong or The TRAINERS of a derive Shat Night, and who arreas House on Momer, Arat. 1st. | | RELATION to Bend of Family. | RELIGIOUS PROFESSION. | EDUCATION. | | 62. | SEX. | RANK, PROFESSION, OR OCCUPATION. | WARRIAGE. | WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dum Dumb only; Blind; |
| | | ton (nod manufacture, do, doring arread House on Houses, and its ction, the Name of the Head of littles first; then the manues of littles first; then the manus of ther Relatives; then these of | d "Daughter," or | Sints here the particular Raligion, or Religious Denomination, to which each person belongs. Members of Protestant Denomina- tions are requested not to describe themsalves by the vegns term "Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.] | State here whether he or she oan "Read and Write," can "Read " only, | Years on last Birth- day. | Months for Infants under one Year. | Write "M" for Males and "F" for | State the Particular Bank, Profession, Trade, or other Employment of each person. Children or young persons attending a School, or receiving regular instruction as home, should be returned as Scholars. | Whether "Marriel," "Widows," "Widow," or "Not Marriel." | If in Ireland, state in what County or City ; if else- where, state the name of the County. | Write the word "IRESE" i this column opposite the name of each person whe speaks IRESE only, and the words "IRESE & HORLISE opposite the names of these who can speak both langt | Imbecile or Idio or Lunatic. |
| - | Christian Name. | surante, de. | "Visitor," "Boarder," "Servent," de. | name of the Particular Church, Denomination, or Body, to which they belong.] | | | Tear. | Females | Before filling this column you are requested to read the instructions on the other side.] | OF ANY REFINEL | - All | who can speak both lang ages. In other cases n entry should be made i this column. | Write the respe infirmities opposi n name of the afflicted perso |
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