*

FORMA. No. on Form B												
NAME and SURVANE.		RELATION to Head of Family.	RELIGIOUS PROPESSION. 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 vague term "Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.]	EDUCATION.	IGB.		SEX.	RANE, PROFESSION, OR OCCUPATION.	WARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumi Dumb only ;
and the second second	Arat. In. to the alone instruction, the Name of the Head of maily about he withen first; then the sames of Us, Children, and other Relativos; then those of Visitors, Boarders, Servanis, dc. ristian Name. Surname.			State here whether he or she can "Bead and Write," can "Read" only, or "Cannot Bead."	Years on last Birth- day.		Write "M" for Males and "F" for Females.	State the Particular Rank, Profession, Trade, or other Euployment 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 "Imms" in this column opposite the name of each person who speaks Imms only, and the words "Imms d ENGLISH" opposite the names of those who can speak both ingu- ages. In other cases no entry should be made in this column.	Dilade
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