of the	MEMBERS of thi	S FAMILY	and their VISITORS	F , BOARDERS, SER	O R VANTS,	M . &c., wh	A. o slept or abode in this I	Iouse on th	e night of SUND	No. on Form B	5
IN ABLENT on the	e night of Sunday, March 31st. to	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	AGE			MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb
Night, and who	inter and amanerated standards in or Thavaring on Mondar, Parl ist. wetton, the Name of the Head of ritigen first; then the names of other Relatives ; then those of rdurs, Servanis, do.	State whether "Head of Family," or "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder," "Boarder," "Servaut," &c.	State here the particular Beligion, 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.]	State here whether he or she can "Read and Write," can "Read " only, or " Cannot Read."	Years on last Birth- day.	for the for "M" fo Males under and one "F" fo Year. Female	School, or receiving regular instruction at home, should be returned as Scholars.	Whether "Married." "Widowar." "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 "IRISH" in this column opposite the	Dumb only;
6	N. Ditty		blunch of Ineland	0	40	m.	bettle dealer	mencies	to termenary	this column.	afflicted person.
has .	moutity.	son	<u> </u>	Read .	40	7		.00	6º Typone	*	-
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I hereby	certify as required	by the Ast o	3 Vic., cap. 6, s. 6 (1),								

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