s of the ME	EERS of this	FORM A. FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the								No. on Form B. 79 e night of SUNDAY, the 31st of MARCH, 1901.			
NAME and SU		BELATION to Bead of Family.	RELIGIOUS PROFESSION. Sinte 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.]	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	WARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only;	
and the second sec	of Sunday, March Slet, to of examinated classichers) averaging, de, during a Hours on Montar, the Name of the Head of first ; then the names of facisities; then those of invents, de.				Years on last Birth- day.	Months for Infants under one Year.	Contraction of the local division of the loc	State the Particular Bank, Profession, Trade, or other Employment of each person. Children or young persons attending a School, or receiving regular instruction at 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 "IRBR" in this column opposite the name of each person who speaks IRBS nelly, and the words "IRBS et al. and the words "IRBS et al. and the who can speak both langu- ages. In other cases no entry should be made in this column.	Blind; Imbecile or Idiot; or Lunatic. Write the respective infirmities opposite the name of the afflicted person.	
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		g to the best	63 Vic., cap. 6, s. 6 (1), t of my knowledge and 1 A. Low AM	belief.	Enume	rator.)		I believe the foregoin	ane and	e Return.	signature of Head	of Family). UM	

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