| er man            | ·   | FORM A.<br>FAMILY and their VILITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the                                    |   |  |                                    |   |   |   |  | No. on Form B. 9  |   |   |
|-------------------|---|---|---|--|------------------------------------|---|---|---|--|---|---|---|
| NAME and SURNAME. |   | RELATION to   | RELIGIOUS PROFESSION.   | BOARDERS, SERV   | VANTS, &c.                         |   | , who   | slept or abode in this H<br>RANK, PROFESSION, OR<br>OCCUPATION.   | MARRIAGE.  | e night of SUND<br>where Born.  | AY, the 31st of M<br>IRISH LANGUAGE.  | IARCH, 1901.<br>If Deaf and Dumb;<br>Dumb only;   |
|                   | At of Sunday, March 21st, to<br>be foot commented elsewhere;<br>r ThavELLENG, de., during<br>reas Hours on MoxDar,<br>L 1st.<br>ion, the Name of the Head of<br>ten first; then the names of<br>ter Relatives; then those of<br>rs, Servants, 4c.<br>Surname. | State whether<br>"Head of Pamily,<br>or "Wife," "Son,"<br>"Danghter," or<br>other relative;<br>"Visitor,"<br>"Bearder,"<br>"Servaut," de. | State here the particular Religion,<br>or Religious Denomination,<br>to which each person belongs.<br>[Members of Protestant Denomina-<br>tions are requested not to describe<br>themselves by the vague term<br>"Protestant," but to enter the<br>name of the Particular Church,<br>Denomination, or Body, to which<br>they belong.] | State here whether he or she<br>can "Read and Write," can<br>"Read " only.<br>or " Cannot Read." | Years<br>on last<br>Birth-<br>day. | Months<br>for<br>Infants<br>under<br>one<br>Year. | Write<br>"M" for<br>Males<br>and<br>"F" for<br>Females. | State the Particular Rank, Profession, Trade,<br>or other Employment of each person.<br>Children or young persons attending a<br>School, or receiving regular instruction at<br>home, should be returned as <i>Scholars</i> .<br>Before filling this column you are requested<br>to read the Instructions on the other side.] | Whether<br>"Married."<br>"Widower,"<br>"Widow,"<br>or "Not Married." | If in Ireland, state in what<br>County or City ; if else-<br>where, state the name of<br>the Country.   | Write the word "IREE" in<br>this column opposite the<br>name of each person who<br>speaks IREE only, and the<br>words "IREE of KARSEN<br>opposite the names of those<br>who can speak both langu-<br>ages. In other cases no<br>entry should be made in<br>this column. | Blind;<br>imbecile or idiot;<br>or Lunatic.<br>Write the respective<br>infirmities opposite the<br>name of the<br>afflicted person. |
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|                   |   | g to the bes  | t 63 Vic., cap. 6, s. 6 (1),<br>t of my knowledge and<br>W. Ausan   | belief.  | Enume                              | erator.   |   | I believe the foregoin  |  | 2   | (Signature of Head  | of Family).   |