| RN of the M | EMBERS of thi | S FAMILY | and their VISITORS | F , BOARDERS, SER | VANT | R M S, &c., | who | A slept or | r abode in this | House on th | e night of SUNI | No. on Form B | . 21 |
|--|--|---|---|--|------------------------------------|---|---|--|---|--|---|---|--|
| rame ADDENT on the nig read here : RECEPT these may be out at WORK or at Night, and who RET | ht of Sunday, March Stat. to (not enumerated elementero) TRAVELLING, de., during UNA HOME ON MONDAY, 165. | | | | AGE. | | SEX. | BANE, PROFESSION, OR OCCUPATION. | | VARRIAGE. | WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dumb |
| to the above instruction mily abouid be writte de, Children, and othe Visitors, Boarden istina Name. | , ist. m, the Name of the Head of m first; then the names of r Relatives; then those of h, Servanta, do, Surname. | Sinte whether "Head of Family," or "Wile," " Son, "Daughter," or other relative; "Vastve," "Boarder," "Servant," do. | 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 varue 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 "Bead and Write," can "Read " only, or " Cannot Read." | Years on last Birth- day. | Months for Infants under one Year. | Write "M" for Males and "F" for Females. | State the Parti or other En Children or School, or re- home, should Before filling to to read the In | icular Rank, Profession, Trade, mployment of each person, young persons attending a ceiving regular instruction as a be returned as Scholars. this column you are requested astructions 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 "Imme" in | Dumb only; Blind; Imbecile or Idiot or Lunatic. |
| Form | H | | | | | | | | | | | entry should be made in this column. | Write the respective infirmities opposite a name of the afflicted person. |
| .6. | Cooper 600per | Mile Don | to of tenglas | And a write | 21 | | F | R. 4 | articevy_ | Married | England | | |
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| I hereby cert g Return is co | tify, as required b rrect, according t | to the best of | Vic., cap. 6, s. 6 (1), th my knowledge and beli M Low an | at the ef(Signature of Eng | | - | | I bel | lieve the foregoing | to be a true : | | gnature of Head of . | |

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