FORM A. RETURN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night									night of SUND	No. on Form B. 18 ht of SUNDAY, the 31st of MARCH. 1901.			
ALC: N		N SURNAME.	RELATION to	RELIGIOUS PROFESSION.	EDUCATION.	1	IGE.	SEX.		WARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb
1	the may be out at Wom that Night, and who the At Subject to the above instru	e night of Sunday, March Sint, to hose (not enumerated elsewhere) a or ThavHELING, &c., during merrons Hoam on Mostbar, ram, ink wetten, the Name of the Head of ritten first; then the names of other Rolatives; then these of dam, Servania, &c.	Sinte whether Bend of Family," "Bend of Family," "Benghter," Son,"	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.]	State here whether he or she can " Bead and Write," can	Tears	Months	Write "M" for	State the Particular Rank, Profession, Trade, or other Employment of each person. Children or young persons attending a	Whether	If in Insland state is shet	Write the word "Imme" in this column opposite the name of each person who	Dumb only; Blind; Imbecile or Idiot; or Lunatic.
	the Family should be within Wife, Children, and Visitore, Boar Christian Name.	ritten first; then the names of other Relatives; then those of idens, Servanis, &c.	other relative; "Visiter;" "Buarder;" "Servant, de.	themselves by the vague term "Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they being.]	"Read " only, or " Cannot Bead."	Tears on last Birth- day.	Months for Infants under one Year.	Males and "F" for Females.	State the Particular Rank, 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." "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 "IREEN" in this column opposite the name of each person who speaks Inter only, and the words "IREEN & ENGLES" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite th name of the
1	Dinnis	Healesher	Headoftas	s to b lotholai	Read & Write	1.4	1	_	Shoemaker	,	00	le l.	afflicted person.
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for	I hereby regoing Return i	certify, as required is correct, according	by the Act	63 Vic., cap. 6, s. 6 (1), s of my knowledge and be W. Lowan	that the elief. (Signature of E				I believe the foregoing	All	7 11	Signature of Head o	f Family).