

(Two Examples of the mode of filling up this Table are given on the other side.)

No. on Form B. 513

NAME and SURNAME _____

Number.	NAME and SURNAME.		RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only; Blind; Imbecile or Idiot; or Lunatic.
	No Persons ABSENT on the night of Sunday, March 31st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at WORK or TRAVELLING, &c., during that Night, and who RETURN HOME ON MONDAY, APRIL 1st.		State whether Head of Family, "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denominations 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 Birthday.	Months for Infants under one Year.	Write "M" for 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 <i>Scholars</i> . [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 elsewhere, state the name of the Country.	Write the word "Irish" in this column opposite the name of each person who speaks IRISH only, and the words "Irish & English" opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	Write the respective infirmities opposite the name of the afflicted person.
1	Alice	Bell	Wife	Presbyterian	Read & Write	24		F	First R.I.C. Wife	Married	C. Donegal	-	-
2	Maud	Bell	Daughter	Presbyterian	-	1		F		Not Married	C. Lagan	.	.
3													
4													
5													
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10													
11													
12													
13													
14													
15													

Note. Head of Family in Form A.

I hereby certify, as required by the Act 63 Vic. cap. 6 s. 6 (1) that the

I believe the foregoing to be a true Return.

Robert Bull (Signature of Head of Family).