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No Person	NAME and S		RELATION to Bend of Family.	RELIGIOUS PROFESSION.	EDUCATION.	IGE.	SEX.	RANK, PROFESSION, OR OCCUPATION,	MARRIAGE.	WHERE BORN,	IRISH LANGUAGE.	If Deaf and Dum Dumb only;
Subject to the Para	the above instruction by should be written Children, and other Visitors, Boardan	t of Sunday, March Sot, to not commercial classifier) The visition, de, during us House on Monthar, list. a, the Name of the Head of a first; then the same of Relatives; then these of Servanis, de.	State vhother "Head of Pamily," or "Wife," "Son," "Daughter," or other relative; "Visitor," "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 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 Bead."	Years fo on last Birth- day. Ye	write "M " for Males and "F " for Kr. Females.	State the Particular Rank, Profession, Trade or other Employment of each person Children or young persons attending of School, or receiving regular instruction a home, should be returned as Scholars. Before filling this column you are requested to read the Instructions on the other side.		If in Ireland, state in what County or Oity ; if else- where, state the name of the Country.	Write the word "IMBH" in this column opposite the name of each person who speaks lints only, and the words "ImBH & ENGINE" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Blind; Imbecile or Idio or Lunatic. Write the respecti infirmities opposite name of the afflicted person.
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