ETURN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SEP							ORMA.					No. on Form B. 19		
		JURAALE.	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN. M in Ireland, state in what County or City; if else- where, state the name of the Country.	IRISH LANGUAGE.	If Deaf and Dumb Dumb only; Blind; Imbecile or Idiot; or Lunatic.	
		Persons ABSENT on the night of Sunday, March 31st, to tered here : EXCEPT those (not enumerated claushere) o may be out at Wonn or TRATELLING, de., during had Night, and who nETTRA HORE ON MONDAY, APRIL 1st. eet to the above instruction, the Name of the Head of Pamily should be written first : then the names of Wide, Children, and other Relatives : then those of Visitors, Boarders, Servants, &c. Thristian Name.		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 Read."	Years on last Birth- day.	Months Wr for "M Infants Ma under as one "F" Year. Fem	Write "M" for Males and "F" for Females						
	Thomas	Doman	holhand	Bornan Cothlie		55		M.	Pedlas	not marie	Co. Cavan	this column.	afflicted person.	
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	I hereby	certify, as required	by the Act	63 Vic., cap. 6, s. 6 (1), t								The second	The second	