CENSUS OF IRELAND, 19

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

## FORM A.

RETURN of the MEMBERS of this FAMILY and their VILITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the NAME and SURNAME. RELATION to Head of Famil RANK, PROFESSION, OR OCCUPATION. EDUCATION. RELIGIOUS PROFESSION. AGE. SEX. MARRIAGE. No Persons ABSENT on the night of Sunday, March 32st, to entered here: EXCEPT toose (not cannerated clouchere who may be out at Wong, or TRAVELLING, dr., during that Night, and who EXTERN HOME ON MONDAY, APRIL 184. State here the particular Religion, or Religions 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 whether Head of Family, " Wife," " So., " Danghter," er other relative; " Visiter," " Boarder," " Sorvant," de. State the Particular Rank, Profession, Trade or other Employment of each persor Children or young persons attending School, or receiving regular instruction a home, should be returned as Scholars. Years on last Birth-day. Months for Infants under one Year. Write Whether "Married." "Widower," "Widow," "Not Married." State here whether he or she can "Bead and Write," can "Read" only, or "Cannot Read." "M" for Males and "F" for Female Subject to the above instruction, the Name of the Head of the Family should be written first: then the names of his Wife, Chibitren, and other Relatives: then those of Visitors, Boarders, Servants, dc. Before filling this column you are reque to read the instructions on the other s Christian Name. Sumame Solutors Managing marine Cherry Presbylinan Mad & will 36 Head of himis 1 amp male Sunlylanan read and write 35 Cherry Charlotte 7 wite manne F Chiny Scholar Daughter husbylinan read and with 8 not manuel Pustyhuan Churry Scholar tout Harvey 5 m son read nd manuel Chorry scholar Prisbylinian son Cannot read 4 m normanu monello 7 9 10 11 12 13 14 15 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 foregoing Return is correct, according to the best of my knowledge and belief. Amp Saf Low GM (Signature of Enumerator.)

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No. on Form B.			
If in Ireland, state in what County or City ; if else- where, state the name of the Country.	Write the word "IMISH" in this column opposite the name of each person who speaks IMISH of LNGS of the words "IMISH & ENGLISH" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Bind; imbecile or Idiot; or Lunatic.	.
		Write the respective infirmities opposite the name of the afflicted person.	
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