	TURN of the MEMBERS of this NAME and SURNAME.		S FAMILY	and their VISITORS	, BOARDERS, SER	VANT	R M . IS, &c.	, who	o slept or abode in this 1	House on th	No. on Form B use on the night of SUNDAY, the 31st of MARCH,			
	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, de., during that Night, and who RETTRN HOME ON MONDAY, APRIL 1st.		0		Localion.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and D	
Num		the last. tion, the Name of the Head of tien first; then the names of ther Relatives; then those of ers, Servants, dc. Surname.	"Head of Family," or "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder."	State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denomins- tions are requested not to describe theuselves 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 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 Scholars. Before filling this column you are requested to read the instructions on the other side.]	Whether "Married." "Widowr," "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 "IRISH" in this column opposite the name of each person who speaks Inisk only, and the	Dumb on Blind Imbecile or or Luna	
1 2	anne	Curran	Head	Com an betholie	Read.	66		7	Referen Domestic,	uto wrig	1 6. Cavan	words Thish & ENGLISH " opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Write the resp infirmities oppo name of th afflicted per	
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	I hereby ce	rtify, as required h	by the Act 63	3 Vic., cap. 6, s. 6 (1), th	at the							. 12		
lor	egoing Return is c	orrect, according t	to the best of	f my knowledge and bel	ief. ? ?	umerat	lor.)	t	I believe the foregoing	to be a true I Guille Witne	an si	gnature of Head of .	Family).	

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