	FORM A. No. on Form B. No. on Form B. NAME and SURNAME.   RELATION to   BUILDING PROFESSION   BUILDING PROF												8	
T	NAME at No Persons ABSENT on the entered here: EXCEPT who may be out at Wom	NAME and SURNAME. rooms ADSENT on the night of Standay, March 31st, to red here: EXCEPT them (not commercial claushers) may be out at Wink, or TRAVELING, de., during at Night, and who astress House on MONDAY, APRIL 1st.		THE PROFESSION.	EDUCATION.	AGE.		SEX.		MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.		
Number	habiert to the abace insir- the Family should be w his Wife, Children, and Visitors, Boar Christian Name.	setion, the Name of the Head of itten first : then the names of other Relatives; then those of ders, Servants, dc. Surname.	or "Wife," Sor, "Daughter," or other relative; "Visitor," "Bourder," "Servant," åc.	State here the particular Religion, or Religious Denomination, to which each person belongs. [Memiers 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.]		Years on last Birth- day.	Months for Infants under one Year.	Write "M" for Males and "F" for Females.	State the Particular Eank, Profession, Trade, or other Employment of each person, Children or young persons attending a	Whether "Married." "Widower," "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 IRISH only, and the words "IRISH & ENGLISH"	If Deaf and I Dumb onl Blind ; Imbecile or I or Lunat Write the resp infirmities oppor name of th afflicted pers	
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