popool uumoo aut **JENSUS** OF IRELAND.

S.F.

(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 VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House NAME and SURNAME. RELATION to Head of Family. RANK, PROFESSION, OR OCCUPATION. RELIGIOUS PROFESSION. EDUCATION. AGE. SEX. MAR 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, &c., during that Night, and who RETURN HOME ON MONDAY, APRIL 1st. 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 whether "Head of Family r" Wife," "Sor "Daughter," o other relative; "Visitor," "Boarder," "Servant," &c. 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. Months for Infants under one Year. Write "M" fo Males and "F" fo State here whether he or she can " Kead and Write," can " Kead " only, or " Cannot Kead." Years on last Birth-day. Subject to the above instruction, the Name of the Head o the Family should be written first ; then the names of his Wife, Children, and other Relatives ; then those of Visitors, Boarders, Servants, &c. ž efore filling this column you are requ or "N to read the Instructions on the other side Christian Name. Surname 0 Her Jamil the Moman Catholia thed tasti n men 60 Tamere 1 herdowite 28 Non 2 unch ward Moman bathana M hold Tannero 10 F thead & Hili Ninght 18 3 Nomin bathche hol mah armero Naughter 5 6 7 8 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 h foregoing Return is correct, according to the best of my knowledge and belief. Betty ~ Hogentij (Signature of Enumerator.)

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antipation in the order of their information

| | No. on Form B. | | |
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| WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dumb; Dumb only; | |
| If in Ireland, state in wh County or City ; if else- where, state the name o the Country. | Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, and the words "IRISH & ENGLISH" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column. | Blind; .mbecile or Idiot; or Lunatic. Write the respective infirmities opposite the name of the | |
| | | afflicted person. | |
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