pappau uumioa aut L JENSUS OF IRELAND,

(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. MARR No Persons ADSENT on the night of Sunday, March 21st, to be entered here : EXCEPT those (not enumerated elsewhere) who may be out at WORK or TRAVELLING, de., during that Night, and who RETTEN 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," " Son, " Daughter," or other rolative; " 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" for Males State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." Wha "Ma "Wid "Wid "Not Years on last Birth-day. Subject to the above instruction, the Name of the Head of the Family should be written first ; then the names of his Wite, Children, and other Relatives ; then those of Visitors, Boarders, Servants, &c. and "F" fo Female Before filling this column you are requeste to read the instructions on the other side Christian Name. Surname. Shop Keeper, Rilly H. of Famely Roman Catholic Read + Write 1 64 16. ames Not-1 2 3 4 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 be foregoing Return is correct, according to the best of my knowledge and belief.

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John & Hagerty

James R.

(Signature of Enumerator.)

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ried." If in Ireland, state in what d." County or City; if else- where, state the name of the Country. Write the word "Ints# " in this column opposite the name of each person who speaks IusH only, and the words "Ints# & Excits#" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	liot ; c.	
where, state the hame of the Country. who can speak both langu- ages. In other cases no entry should be made in this column. Write the respe- infirmities oppos- name of the afflicted person	Blind; imbecile or Idiot; or Lunatic.	
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