| RETURN of the MEMBERS of the<br>NAME and SURNAME.                                                                                                                                                                                                                                                                                                                                          | -                                                                            | (Two Ex:                                                                                                                                | amples of the mode of                                                         | filling                            | un thi             |                                                        |                                                                                                                                                                                                                                                                                                                    | , 1:                                                                                   | <b>901.</b>                                                                                           |                                                                                                                                                                                                                                                             |               |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------|--------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|--|--|--|--|--|
| NAME and SURNAME.                                                                                                                                                                                                                                                                                                                                                                          | is FAMILY                                                                    |                                                                                                                                         |                                                                               | -                                  |                    | is Tabl                                                | e are given on the other side                                                                                                                                                                                                                                                                                      | Autor and the state of the mode of filling up this Table are given on the other side.) |                                                                                                       |                                                                                                                                                                                                                                                             |               |  |  |  |  |  |  |  |  |
| NAME and SURNAME.                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | <b>RETURN</b> of the <b>MEMBERS</b> of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the |                                                                               |                                    |                    |                                                        |                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                                       |                                                                                                                                                                                                                                                             | No. on Form B |  |  |  |  |  |  |  |  |
| be entered here : EXCEPT those (not enumerated elsewhen                                                                                                                                                                                                                                                                                                                                    | RELATION to<br>Head of Family                                                |                                                                                                                                         | EDUCATION.                                                                    | 1                                  | AGE.               | SEX.                                                   | RANK, PROFESSION, OR<br>OCCUPATION.                                                                                                                                                                                                                                                                                | MARRIAGE.                                                                              | WHERE BORN.                                                                                           | IRISH LANGUAGE.                                                                                                                                                                                                                                             | If Deaf a     |  |  |  |  |  |  |  |  |
| <ul> <li>who may be out at WORK or TRAVELLING, de, durin<br/>that Night, and who RETON HOME ON MONDAY,<br/>APELL 1st.</li> <li>Subject to the above instruction, the Name of the Hend<br/>the Family should be written first ; then the names of<br/>his Wite, Children, and other Relatives ; then those of<br/>Visitors, Boarders, Servants, &amp;c.</li> <li>Christian Name.</li> </ul> | State whether<br>"Head of Family,"<br>or "Wife," "Son,"<br>of "Daughter," or | "[Members of Protestant Denomina-<br>tions are requested not to describe                                                                | e State here whether he or she<br>can "Read and Write," can<br>"Read " only," | Years<br>on last<br>Birth-<br>day. | t Infants<br>under | Write<br>"M" for<br>Males<br>and<br>"F" for<br>Females | State the Particular Rank, Profession, Trade<br>or other Employment of each person<br>Children or young persons attending a<br>School, or receiving regular instruction at<br>home, should be returned as Scholars.<br>Before filling this column you are requested<br>to read the Instructions on the other side. | Whether<br>"Married."<br>"Widower,"<br>"Widow,"<br>or "Not Married."                   | If in Ireland, state in what<br>County or City ; if else-<br>where, state the name of<br>the Country. | Write the word "INISH" in<br>this column opposite the<br>name of each person who<br>speaks linsH only, and the<br>words "IRISH & ENGLISH"<br>opposite the names of those<br>who can speak both langu-<br>ages. In other cases no<br>entry should be made in | Dumb          |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | H. g. Fam                                                                    | by Roman Catholu                                                                                                                        | cannol read                                                                   | 72                                 | 1                  | 4                                                      | Farmer_                                                                                                                                                                                                                                                                                                            | Widow                                                                                  | G. Cavan                                                                                              | his column.                                                                                                                                                                                                                                                 | afflicted     |  |  |  |  |  |  |  |  |
| 2 Owen Bomisky<br>3 State Comisky                                                                                                                                                                                                                                                                                                                                                          | Jaught n/2                                                                   | Roman Catholic                                                                                                                          |                                                                               |                                    |                    | Мь<br>З                                                | Farmerston                                                                                                                                                                                                                                                                                                         |                                                                                        | G. Caran                                                                                              |                                                                                                                                                                                                                                                             | -             |  |  |  |  |  |  |  |  |
| 4 Katie Comistey<br>5 annie Comistey                                                                                                                                                                                                                                                                                                                                                       | Daughter                                                                     | Roman Batholic                                                                                                                          | Read & Maite                                                                  |                                    |                    | 3 7                                                    | Scholar                                                                                                                                                                                                                                                                                                            | Not Marrie                                                                             | Colavan                                                                                               |                                                                                                                                                                                                                                                             | -             |  |  |  |  |  |  |  |  |
| 6 Eugene Comistly                                                                                                                                                                                                                                                                                                                                                                          | Kand                                                                         | Roman Catholic<br>Roman Catholic                                                                                                        |                                                                               | <u>_</u>                           | 7                  | - F<br>16                                              |                                                                                                                                                                                                                                                                                                                    |                                                                                        | Chavan Chavan                                                                                         |                                                                                                                                                                                                                                                             |               |  |  |  |  |  |  |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                                                                         | · · ·                                                                         |                                    |                    |                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                              |                                                                                        |                                                                                                       |                                                                                                                                                                                                                                                             |               |  |  |  |  |  |  |  |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                                                                         |                                                                               |                                    |                    |                                                        |                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                                       |                                                                                                                                                                                                                                                             |               |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                         | · .                                                                           |                                    |                    |                                                        |                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                                       |                                                                                                                                                                                                                                                             |               |  |  |  |  |  |  |  |  |
| 12                                                                                                                                                                                                                                                                                                                                                                                         | -6                                                                           |                                                                                                                                         |                                                                               |                                    |                    |                                                        |                                                                                                                                                                                                                                                                                                                    |                                                                                        | 1                                                                                                     |                                                                                                                                                                                                                                                             | ·             |  |  |  |  |  |  |  |  |
| 14                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                                                                         |                                                                               |                                    | -                  |                                                        |                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                                       |                                                                                                                                                                                                                                                             |               |  |  |  |  |  |  |  |  |
| 15<br>I hereby certify, as require                                                                                                                                                                                                                                                                                                                                                         | al by the Ast                                                                | (2) V:- (1)                                                                                                                             |                                                                               |                                    |                    |                                                        |                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                                       |                                                                                                                                                                                                                                                             |               |  |  |  |  |  |  |  |  |