anadin esso	A STATE STAT	Start of the start			F	OR	M							
al allowing	AND										No. on Form B. 37			
	No Persons ALSENT on be entered here : IXCER who may be out at W	and SURNAME. the night of Sunday, March 31st, 1 PT those (not cnumerated elsewhere ORK or TRAVELLING, dc. during	e)		EDUCATION.	AGE	. SEX	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.					
Number	Sul out to the alone to	T those (not conversated elsewhere) OBK or TRAVELLING, dc., during ho RETURN HOME ON MONDAY, APRIL 18t. struction, the Name of the Head of written first these of the Head of	or "Wife," "Son "	State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denomina- tions are requested not to domina-		1				WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb or		
	his Wite Chuldren or	nd other Relatives; then the sames of oarders, Servants, &c.	of "Daughter," or f other relative; f "Visitor," "Boarder," "Servant," &c.	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 here whether he or she can "Read and Write," can "Read " only, or "Cannot Read."	Birth-	for for mfants under one Year. Writ- "M"f Maler and "F"for Female	or Children or young persons attending a School, or receiving regular instruction a home, should be returned as Scholars	Whether "Married." "Widower,"	If in Ireland, state in what County or City; if else- where, state the name of the County.	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, and the	Blind Imbecile or or Luna		
1	Pote	Surname.		and the second se	and the second	1	Year. Female	 Before filling this column you are requested to read the instructions on the other side.) 	"Widow," or "Not Married."	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" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Write the res infirmities opp name of t		
2	hose	Theridan	to offania	4 homan Cetted	141		m	James	Braning	Co Cavan		afflicted per		
3	John	Theridan		A	Thead and write		7		Phanied	d				
4	0	Tranquan	Fon	ær_	Read and write	18	m	the /	Not Prainic	a Do				
5														
6														
7														
8														
9														
10														
11							1-1							
12					•									
13 14														
15												•		
	I hereby	certify, as required		3 Vie., cap. 6, s. 6 (1), th										