CENSUS OF IRELA

(Two Examples of the mode of filling up this Table are given on the other side.)

FORM A.

ETURN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this Hous NAME and SURNAME. RELATION to Head of Family. RELIGIOUS PROFESSION. No Persons ABSENT on the night of Sunday, March 31st. to be entered here : ENCRPT those (not enumerated elsewhere) who may be out at WORK or TRAVELLING, dc., during that Night, and who RETURN HOME ON MONDAY, APRIL 1st. EDUCATION. RANK, PROFESSION, OR OCCUPATION. AGE. SEX. 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, or "Wife," "Son, "Daughter," or 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. Subject to the above instruction, the Name of the Head of the Family should be written first ; then the names of his Wife, Children, and other Relatives ; then those of Visitors, Boarders, Servants, &c. Months for Infants under one Year. Write M" fo Males and F" fo State here whether he or she can "Read and Write," can "Read " only, or "Cannot Read." Years on last Birth-day. Before filling this column you are requested to read the Instructions on the other side. Christian Name. Surname. Donohae Hoffamily Koman Catholic. Caustred 70 1 Ame Farmer y Douchoe Do (Que m 2 Read and write 40 Farmers Lon Son Donohoe Do 3 Thanganet ¥ Daught i head and write 30 teo h 4 tionopol you Farmer Son 35 head divorinto Donohoe Dr 9 5 and don 30 nit. Read and write Do Sh horles nonohoe hadson 2 & Chola Donohac 7 Mary other Dr Cauvertread 天 roudrothi 5 di m So 8 hautson oughor 3 Cound read 14 Do Douohoe Canot and 9 Claren. m haudson das 10 11 12 13 14 15

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I hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the foregoing Return is correct, according to the best of my knowledge and belief.

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I believe the foregoing to

(Signature of Enumerator.)

No. on Form B. 9			
RIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb;
ether rried." lower," dow," Married."	If in Ireland, state in what County or City; if else- where, state the name of the Country.	Write the word "INISH" in this column opposite the name of each person who speaks INISH only, and the words "INISH & ENGLISH" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Dumb only; Blind; .mbecile or Idiot; or Lunatic. Write the respective infimities opposite the name of the afflicted person.
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