Form E. RETURN OF PAUPERS IN WORKHOUSES (Lunatics and Idiots Excepted)—continued.

	Initial Letters of Christin Name or Names, and of Surname.		Religious Profession.	Education.	Age (last Birthdand Sex.	Rank, Profession, or Oc	Rank, Profession, or Occupation.		Particulars as to Marriage.				Locality.		Disease (if any).		Hospital.	If Deaf & Dumb; Dumb only;
Number.	Suri	ame.	State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denominations should not be described by the vague term "Protestant," but the name of the particular Church, Denomination, or Body, to which they belong should be entered.]	Whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Insert opposite ea name the Ages of Males and of Fem- in their respecti	State the former Rank,	State whether now "Able" or "Unable" to follow his or her usual occupation.	Whether	State for each Married Woman entered on this Schedule the Number of		WHERE BORN.	WHERE FROM.	Write the word "IRISH" in this column opposite the		How long		Blind; Lame; or Decrepit:	
	Christian Name.	butterne.			For Infants under year, write the ay in months, as "un I month," "I mon "2 months," etc. Ages of Ages Males. Femal	one employment of each Person, (Children attending School th, should be described as Scholars).		"Married," "Widower," "Widow," or "Single,"	Completed years the present Marriage has lasted, if less than one year, write "un- der one."	alive, wri	te" None."	If in Ireland, state in what County or City; if elsewhere, state the name of the Country.	in y; Town or Townland from whence admitted.	Write the word "IRISH" in this column opposite the initials of each person who speaks IRISH only, and the words "IRISH and ENGLISH" opposite the initials of those who can speak both languages. In other cases no entry should be made in this column.	State the Particular Disease under which the Person laboured on above date, and, if the result of injury, the Particular Injury which caused the illness.	Years, Months.	Whether in Hospital? "Yes" or "No."	Write the respective infirmities opposite the initials of the afflicted person.
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Approved,

Dublin Castle,

J. B. DOUGHERTY,

20th December, 1910.

WILLIAM J. THOMPSON, Registrar-General, EDWARD O'FARRELL, DANIEL S. DOYLE,

Signature of Enumerator, and Rank in the Institution,

Commissioners.

Declared and Subscribed before me, the

_day of

For the purposes of the Act, 10 Edw. VII., and 1 Gco. V., Cap. 11.

1911.

Justice of the Peace.

do solemnly and sincerely declare that the foregoing Account, consisting of sheets, concerning all the Paupers in this Institution (except Lunatics and Idiots) has been truly and faithfully taken by me, and that, to the best of my knowledge, the same is correct so far as may be known. And I make this solemn Declaration conscientiously believing the same to be true, and by virtue of the provisions of the Statutory Declarations Act, 1835.

10 Edw. VII., and 1 Geo. V., Cap. 11, Secs. 3 and 7.

Sec. 3.—The governor, master, or chief resident officer of every prison, workhouse, barrack, hospital, or lunatic asylum, and of every public or charitable institution which may be determined upon by the Lord Lieutenant, shall act as and be the enumerator of the inmates thereof, and shall conform to such instructions as may be sent to him by the authority of the Lord Lieutenant for obtaining the returns required by this Act, so far as may be practicable, with respect to such inmates, but the initial letters only of the Christian names and Surnames of such inmates shall be stated in any such return.

Note.—This Declaration should be made before a Justice of the Peace, but Nor at Petty Sessions. It is exempt from Stamp Duty under 54 & 55 Vic., cap. 39.