

Application No. *47 1580*

W.E.

Date of receipt, *17. 2 .17* Disposed of,

EXTRACT FROM CENSUS RETURN OF 18

Full Name of Applicant, *Minnie Shortis (53-55 years of age)*

Address, *Miss Minnie Shortis
Fever Hospital, Carnick-on-Duiv.*

Full Names of Father and Mother of Applicant, *Betty Shortis*

Name of Head of Family (if other than Father) with which Applicant resided in 18

Relationship and Occupation,

Residence in 18 :

County, *None 7 ST. W.F.*

Barony, *Bap.*

Parish, *Unless you were born on or after 1 Jan. 1864*

Townland, *you could not obtain a ~~your~~ birth certificate*

Street (if in a town), *as Rep. of. R. did not commence in Ireland until that date.*

Place in Record Treasury,

Return searched by

[Signature]
17
20

Extract made by

Certified by

Form replaced by

Copy despatched to Applicant's Address.