

2/6

Application No.

*C*  
*17*

8525

Date of Receipt, *9*

*11*

Disposed of,

## EXTRACT FROM CENSUS RETURN OF 18

Full Name of Applicant,

*50 or 53 yrs.*

Address,

*J. J. Mannis Esq., Medical Officer,  
Mount Rivers, Caheriveen.*

Full Names of Father and Mother of Applicant,

*Joseph & Bessie*

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

*(Fitzmaurice)  
Mannis*

Relationship and Occupation,

Residence in 18 :

County,

Barony,

Parish,

Townland,

Street (if in a town),

*Cancel  
Referred to Reg. Genl  
2/6 recd.*

*39 122088  
C*

*4/11/17  
aef*

Place in Record Treasury,

Return searched by

Extract made by

Certified by

Form replaced by

Copy despatched to Applicant's Address.