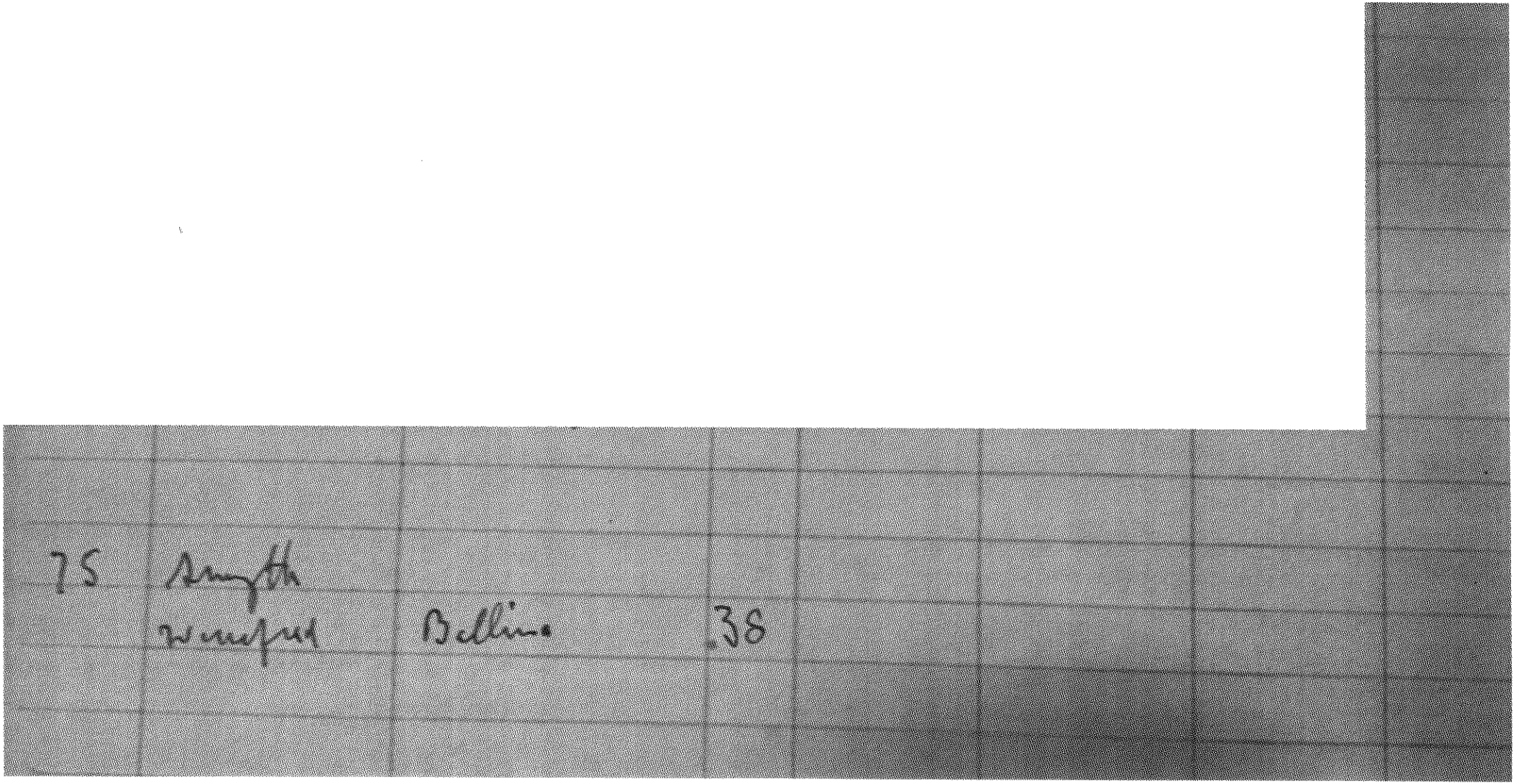
FORM NO. 4.

REGISTRATION OF

Records and Particulars Book of Maternity

	Particulars of Patient to be Entered on Reception into the Home.								Medical Attendant (if any) of Patient while in Home.		Confinement and Birth in Home. Confinement.			Birth.			
	Name.	Address.	Age.	Date of Reception.	Condition on Reception.	Number of previous pregnancies (full time or otherwise).	Name of Patient's Husband.	Occupation of Patient's Husband.	Name.	Address.	Date and hour.	Delivery normal or abnormal. If abnormal, give particulars.	Whether sepsis or other complication developed. If so, give particulars.	Sex of Infant.	Weight of Infant at birth.	Full time or premature. If premature, state degree of prematurity.	Whether born alive or stillborn.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]	[redacted]
75																	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]					
75	Smyth Winifred	Bellina	36						Nisbett	Tuam	16.9.? 8.?	Delivered by forceps Perineum [illegible] by [illegible]		Female	7½ lb	Full term	Alive
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]	[redacted]


75
Smyth
Baltimore
.38

Female	$7\frac{1}{2}$ ft	Full leaves	Clear

MATERNITY HOMES ACT, 1934.

Home known as Children Home Tuam

(Insert Name (if any) and Address of Home)

Miscarriage in Home			Death in Home			Discharge of Mother from Home		Removal of Child from Home							
									Particulars of Person Removing Child		Particulars of Person to whose Care Child is Removed				No.
Date and Hour of Miscarriage.	Period of Pregnancy.	Contributing Cause (if any) of Miscarriage.	Whether Mother or Infant.	Date and Hour of Death.	Cause of Death.	Date of Discharge.	State of Health on Discharge.	Date and hour of Removal.	Name.	Address.	Relationship (if any).	Name.	Address.	Relationship (if any).	
(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)
						25 7 5 6.30 P.M.	Normal	with	mother						

		16.7.9		
		8.1.4	Delivered by	
Nisbett.	Irene		Graafs	
			Pennens alias	
			by Dr. of Nisbett	

Research Facility - Birth Record

Brother

Cláruimhir / Registration Number: **1895244**

Breith a Chláraíodh i gCeantar / Birth Registered in the district of: **Ballina**

i limistéar an Phríomh-Chláraitheora / in the Superintendent Registrar's District of: **Ballina**

i gContae / in the County of: **Co. Mayo**

Uimh. No.	Dáta of Birth / Ionad Breithe Place of Birth	Ainm Name	Gnéas Sex	Ainm, Sloinne agus Ionad Chónaithe an Athar / Name and Surname and Dwelling-Place of Father	Ainm agus Sloinne an Máthar agus a sloinne roinh phósadh di / Name and Surname and Maiden name of Mother	Céim nó Gairm Bheatha an Athar / Rank or Profession of Father	Sinú, Cáilíocht agus Ionad Chónaithe an Fhaisnéiseora / Signature, Qualification and Residence of Informant	An Dáta a Chláraíodh / When Registered	Siniú an Chláraithora / Signature of Registrar	Ainm Baiste má tugadh é tar-éis chlarú na Breithe agus an Dáta / Baptismal Name if added after Registration of Birth and Date
160	1921. Fourteenth March Mullahawney	Edward	M.	Thomas Smith Mullahawney	Annie Smith formerly Ing. Lee	Farmer	Annie Smith Mother Mullahawney	Fourteenth May 1921.	Robt. Adamson Asst. Registrar.	

Research Facility - Birth Record

Grand Parents

Cláruimhir / Registration Number: **2020161**

Breith a Chláraíodh i gCeantar / Birth Registered in the district of: **Ballina**

i limistéar an Phríomh-Chláraitheora / in the Superintendent Registrar's District of: **Ballina**

i gContae / in the County of: **Co. Mayo**

Uimh. No.	Dáta of Birth / Date of Birth	Ainm / Name	Gnéas / Sex	Ainm, Sloinne agus Ionad Chónaithe an Athar / Name and Surname and Dwelling-Place of Father	Ainm agus Sloinne an Máthar agus a sloinne roinh phósadh di / Name and Surname and Maiden name of Mother	Céim nó Gairm Bheatha an Athar / Rank or Profession of Father	Sinú, Cáilíocht agus Ionad Chónaithe an Fhaisnéiseora / Signature, Qualification and Residence of Informant	An Dáta a Chláraíodh / When Registered	Siniú an Chláraithora / Signature of Registrar	Ainm Baiste má tugadh é tar-éis chlarú na Breithe agus an Dáta / Baptismal Name if added after Registration of Birth and Date
427	1923 Twentieth May Mullahowney	Thomas	M	Thomas Smyth Mullahowney	Annie Smyth formerly Hughes	Farmer	Annie Smyth Mother Mullahowney	Twentieth Aug. 1923	Robt. Adamson asst. Registrar.	

Research Facility - Birth Record

Brother

Cláruimhir / Registration Number: **2170403**

Breith a Chláraíodh i gCeantar / Birth Registered in the district of: **Ballina**

i limistéar an Phríomh-Chláraitheora / in the Superintendent Registrar's District of: **Ballina**

i gContae / in the County of: **Co. Mayo**

Uimh. No.	Dáta of Birth / Ionad Breithe Place of Birth	Ainm / Name	Gnéas / Sex	Ainm, Sloinne agus Ionad Chónaithe an Athar / Name and Surname and Dwelling-Place of Father	Ainm agus Sloinne an Máthar agus a sloinne roinh phósadh di / Name and Surname and Maiden name of Mother	Céim nó Gairm Bheatha an Athar / Rank or Profession of Father	Sinú, Cáilíocht agus Ionad Chónaithe an Fhaisnéiseora / Signature, Qualification and Residence of Informant	An Dáta a Chláraíodh / When Registered	Siniú an Chláraithora / Signature of Registrar	Ainm Baiste má tugadh é tar-éis chlarú na Breithe agus an Dáta / Baptismal Name if added after Registration of Birth and Date
274	19 24. Sixteenth December Mullaghawney. Ballina P.O.	John James.	m.	Thomas Smyth Mullaghawney.	Annie Smyth formerly Hughes.	Farmer	Annie Smyth mother Mullaghawney	Sixteenth November 19 25.	Wm J. Adamson Registrar.	

Research Facility - Birth Record

Sister

Cláruimhir
Registration Number } **2120327**

Breith a Chláraíodh i gCeantar
Birth Registered in the district of } **Ballina**

i limistéar an Phríomh-Chláraitheora
in the Superintendent Registrar's District of } **Ballina**

i gContae
in the County of } **Co. Mayo**

Uimh.	Dáta of Birth Date of Birth	Ainm	Gnéas	Ainm, Sloinne agus Ionad Chónaithe an Athar	Ainm agus Sloinne an Máthar agus a sloinne roinh phósadh di	Céim nó Gairm Bheatha an Athar	Sinú, Cáilíocht agus Ionad Chónaithe an Fhaisnéiseora	An Dáta a Chláraíodh	Siniú an Chláraithora	Ainm Baiste má tugadh é tar-éis chlarú na Breithe agus an Dáta
No.	Ionad Breithe Place of Birth	Name	Sex	Name and Surname and Dwelling-Place of Father	Name and Surname and Maiden name of Mother	Rank or Profession of Father	Signature, Qualification and Residence of Informant	When Registered	Signature of Registrar	Baptismal Name if added after Registration of Birth and Date
450	19 26. Twenty fourth February. Mullahowney Ballina P.O.	Kate	F.	Thomas Smith Mullahowney	Annie Smith formerly Hughes.	Farmer	Thos. Smith Father Mullahowney	Tenth May 19 26.	wm J Adamson. Registrar.	

Research Facility - Birth Record

Sister

Cláruimhir / Registration Number: **4864086**

Breith a Chláraíodh i gCeantar / Birth Registered in the district of: **Ballina**

i limistéar an Phríomh-Chláraitheora / in the Superintendent Registrar's District of: **Ballina**

i gContae / in the County of: **Co. Mayo**

Uimh. / No.	Dáta of Birth / Date of Birth	Ainm / Name	Gnéas / Sex	Ainm, Sloinne agus Ionad Chónaithe an Athar / Name and Surname and Dwelling-Place of Father	Ainm agus Sloinne an Máthar agus a sloinne roinh phósadh di / Name and Surname and Maiden name of Mother	Céim nó Gairm Bheatha an Athar / Rank or Profession of Father	Sinú, Cáilíocht agus Ionad Chónaithe an Fhaisnéiseora / Signature, Qualification and Residence of Informant	An Dáta a Chláraíodh / When Registered	Siniú an Chláraithora / Signature of Registrar	Ainm Baiste má tugadh é tar-éis chlarú na Breithe agus an Dáta / Baptismal Name if added after Registration of Birth and Date
223.	1928. First May. Mullaghawney Ballina R.D.	Bridget Mary.	F.	Thomas Smyth Mullaghawney	Annie Smyth formerly Hughes.	Farmer.	Annie Smyth mother Mullaghawney	Fifteenth August 1928	Wm J. Adamson. Registrar.	

COUNTY OF GALWAY.

INDOOR ADMISSION

Half-Year ending the last day of *September* 1949.

ADMITTED

	Name	Register No.	Age	Married	Unmarried	M.	F.	M.	F.	
			Years							
[redacted]						[redacted]		[redacted]		
12 5 49	Smyth Winifred	33	38	1						
[redacted]				[redacted]	[redacted]					

Book 8
admis.

[illegible] Galway

180 90

COUNTY OF GALWAY.

INDOOR ADMISSION

Half-Year ending the last day of *September* 1949.

ADMITTED.

Book 8
admis-

Date of Admission or Birth.	Name.	Register No.	Age	Married	Unmarried							Destination
	Name.		Years									
[redacted]												
16 7 49	Smith Winifred	61	Day								1	Born
[redacted]												

Loughrea Galway. 3 – 1 – 3 1 2 1 10 1

2

4 3 2 23 5 10 3 4 34 76 22 64 180 88

6 23 11 2 7 40 78 22 65 190 91

1 3 3 4 – 2 2 1 28 3

57 20 3 10 3 1 3 76 23 64 188 86

180 98

Book 9
admis. of
Winifred

Religious Denomination 10	If disabled, the description of disability 11	Name of Wife or Husband if not in Institution 12	Name and Address of Nearest Relative 13	No. of children if not in Institution 14	Observations on condition of Inmates when admitted 15	Date when discharged or died 16	Poor Law Maintenance Register (see note) 17
Catholic	[redacted]						
" "							
" "							
" "							
" "							
" "							
" "							
" "							
" "							
" "							
" "	Rev Canon Maloney Ballina P.P.		Mrs Thos Smith Bonfey Ballina. Mother			Discharged	6.3.50
" "	[redacted]						
" "							
" "							
" "							
" "							
" "							
" "							
" "							
" "							
" "							
" "							
" "							
" "							
" "							
" "							

Rev Canon Maloney. Ballina P.P.	Mrs Thos Smith. Crafey. Ballina. Mother	Discharged	6.3.32.

Form 22

CHILDREN'S REGISTER

No. on Register 1	Date when admitted 2	Last Register No. if previously admitted 3	Names of Inmates 4	Residence previous to Admission 5	Sex 6	Age 7	If adult, whether single, married, widowed or ... illegitimate 8	[illegible] 9
33	17. 5. '28 C		Smith Winifred	Ballina	Female	18yrs	Single	Housework

Note.—Insert the letter "P" before Register No. if chargeable for Maintenance, entry to be made in the last column in all such cases.

Book 9
Adm. of Council

Form 29

CHILDREN'S REGISTER

No. (See note)	Date when admitted to or when born in Institution	Last Register No. if previously admitted	Names of Inmates	Residence previous to Admission	Sex	Age	If adult, whether single, married, widower or widow. If child, whether orphan, deserted, legitimate or illegitimate	Employment or Calling
1	2	3	4	5	6	7	8	9
6E	16. 7. '48.		Smith Winifred Carmel	Born in this Home	Female	1 Day	Illegitimate	

Note.—Insert the letter "E" before Register No. if chargeable for maintenance, entry to be made in the last column in all such cases.

HOME, TUAM
(INDOOR).

Religious Denomination	If deserted, the description of [illegible]	Name of Wife or Husband if not in Institution	Name and Address of Nearest Relative	No. of children if not in Institution	Observations on condition of inmates when admitted	Date when discharged or died	Folio Maintenance Register (See note)
10	11	12	13	14	15	16	17
Catholic			[redacted]			[redacted]	
" "	[redacted]						
" "							
" "	[redacted]						
" "							
" "			[illegible] in the Home 1/0 33/49			Discharged	24.5.54.
" "	[redacted]		[redacted]			[redacted]	
" "			[redacted]				
" "	[redacted]	[redacted]					
" "	[redacted]						
" "	[redacted]		[redacted]				
" "	[redacted]						

Book 8
Discharge

Month of March 1932

DISCHARGED.

Date of Discharge or Death	Name	Register No.	Age Yrs	Mothers: Married	Mothers: Unmarried	Legitimate M.	Legitimate F.	Illegitimate M.	Illegitimate F.	Insert word "died" in case of death in Institution
	[redacted]	[redacted]						[redacted]	[redacted]	[redacted]
6. 3. 32	Smyth Winifred	33	39		1					
[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]
Discharged during month — Mayo. Galway				1	4	3	3	4	1	1 12
Died during month								2		2
Total Discharged and Died during month				1	6	3	3	6	1	1 14

5

Book 8

Discharge

CHILDREN'S HOME, TUAM.

AND DISCHARGE BOOK.

Month of May 19 54

DISCHARGED.

Date of Discharge or Death	Name.	Register No.	Age	The figure 1 to be entered in the column of the Class to which Inmate belongs. Mothers: Married	Mothers: Unmarried	Children: Legitimate M	Children: Legitimate F.	Children: Illegitimate M.	Children: Illegitimate F.	Insert word "died" in case of death in Institution.
28-5-54	Smith	Winifred Carmel	6m.					1		Died
Discharged during month ...				2	2	1	2	2		4
Died during month ...								1		1
Total Discharged and Died during month ...				2	2	1	2	3		5

Mothers ½
yearly
Returns Sept '49

COUNTY OF GALWAY.

RETURN OF UNMARRIED MOTHERS IN OR ADMITTED TO THE *Children's Home, Tuam* DURING THE HALF-YEAR ENDED THE *30th Sept.* 1949

Register No.	Name of Mother	Age in years	Date of Admission	Date of Discharge	Where and by whom brought up	Where Educated	Name and Address of nearest Relative	How employed prior to admission	Where employed prior to admission	Particulars of Children of Mother: Number of Children	Names of Children	Age of Children	Sex	Number of children in Institution	Names and Addresses of children outside Institution
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
[redacted]															
32	Cornell Winifred	22	17.5.49			Ballina	3rd Coy Gough Barracks Ballina	Working at Home	Ballina	1	Winifred Carmel Smith				
[redacted]															

Signed..Matron.

Date..

Signed..Chairman.

Date..

Signed..Secretary.

Date..

Note.—This Return is to be furnished to Local Government Department immediately after close of each half-year.

Ballina	Mrs. Mary Smyth, Ballina	Working about Ballina	1	Unified Carnell Smith Health Fund

Signed ______________________ Chairman

Date ______________________

Signed ______________________ Secretary

Date ______________________

Note. This Return is to be furnished to Local Government Department immediately after close of each half-year.

Mothers ½
yearly Returns
March 50

COUNTY OF GALWAY.

RETURN OF UNMARRIED MOTHERS IN OR ADMITTED TO THE Children's Home, Tuam DURING THE HALF-YEAR ENDED THE 31st March 1950

Number	Name of Mother	Age in years	Date of Admission	Date of Discharge	Where and by whom brought up	Where Educated	Name and Address of nearest Relative	How employed prior to admission	Where employed prior to admission	Particulars of Children of Mother					
										Number of Children	Names of Children	Ages of Children	Sex	Names of Children in Institution	Names and Addresses of Children outside Institution
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
					By Parents										
47	Smith	Winifred	38	17.5.49	6.3.50	Galway	Mrs Mary Smith, Barna	Housework	Galway	1	Winifred Samuel Smith	9	Female		

Signed ..... Matron

Date .....

Signed ..... Chairman

Date .....

Signed ..... Secretary

Date .....

NOTE.—This Return is to be furnished to Local Government Department (Assistance) after close of each half-year.

COUNTY OF GALWAY.

ERS IN OR ADMITTED TO THE Children's Home Home DURING THE HALF-YEAR ENDED THE 31st March 1960.

	Where Educated	Name and Address of nearest Relative.	How employed prior to admission.	Where employed prior to admission.	Particulars of Children of Mother				
					Number of Children.	Names of Children.	Ages of Children.	Sex.	Names of Children in Institution.	Names and Addresses of Children outside Institution.
	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
					1		"			
					1		"			
					1		"			
					1		mths			
	Galway	Mrs. Mary Smith, Galway	"	Galway	1	Winifred Carmel Smith	9	Female		
			"		1			"		
			"		1			"		
			"		1			"		
					1					
					1					
								"		
								"		
			"							
			"		1					
			"		1					

Monthly Returns
of Discharge
of Children

Carmel is not on
Monthly Return of
Children admitted in
July '49.

COUNTY OF GALWAY.

RETURN OF CHILDREN ADMITTED TO [illegible] DURING MONTH OF [illegible] 19[illegible]

Register Number	Name	Date of Birth	Legitimate or Illegitimate	Age	Sex	Date of Admission	Reason for Admission	Whereabouts of Parents	Religion	Medical Officer's Observations	Order of Board
1	2	3	4	5	6	7	8	9	10	11	12

Signed [illegible] Matron.
Date [illegible]

Signed [illegible] County Manager.
Date [illegible]

Signed [illegible] Secretary.
Date [illegible]

RETURN OF CHILDREN DISCHARGED FROM [illegible] DURING MONTH OF [illegible] 19[illegible]

Register Number	Name	Legitimate or Illegitimate	Date of Admission	Date of Discharge	Reason for Discharge	To whom discharged (if related, state relation)	Address to which sent on Discharge	By whom accompanied on Discharge	Observations
1	2	3	4	5	6	7	8	9	10
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Signed [illegible] Matron.
Date [illegible]

Signed [illegible] County Manager.
Date [illegible]

Signed [illegible] Secretary.
Date [illegible]

Signed *Sister M. Martha* Matron.

Date *1 June 1954.*

Signed .... County Manager

Date ....

RETURN OF CHILDREN DISCHARGED FROM .... DURING MONTH

Register Number 1	Name 2	Legitimate or Illegitimate 3	Date of Admission 4	Date of Discharge 5	Reasons for Discharge 6	To whom discharged (if related, what relation) 7
[redacted]						
61	Smith Winifred Carmel	"	16.7.52	24.5.54	Boarded Out	

Signed *Sister M. Martha* Matron

Date *18 June 1954.*

Signed .... County Manager

Date ....

Signed .... Secretary.

Date ....

DURING MONTH OF .... 19....

...rge	To whom discharged (if related, what relation).	Address to which sent on discharge	By whom accompanied on discharge	Observations
	7	8	9	10
[redacted]	[redacted]		[redacted]	
			[redacted]	[redacted]
[redacted]	[redacted]		" in "	"
...t			Nurse in Castlebar ambulance.	

County Manager.

Signed L. O'Lueney Secretary

Date 2.6.54.

½ yearly Returns of Children

None for Mayo for
March 53
March 54 + Sept 54

1. Number of Children shown in previous half-yearly Return	74
2. Number of Children since admitted from Parent	7
3. Number of Children since discharged	12
4. Number of Children who died during half-year	4
5. Number remaining at end of half-year	65

Signed ..... Matron.

Date .....

NOTE.—This Return to be furnished to Local Government Department immediately after close of e

	"		"		"
	"		"		"
	Legitimate		"		"
	Illegitimate		"		"
	"		"		"
	"		"		"
	"		"		"
	"		"		"
	"		"		"
	"		"		"
Barnal 16.7.49 Born	"	11mths Female	"	Mother in Castlebar Home	"

RETURN OF CHILDREN IN [illegible] FOR HALF-YEAR ENDED LAST DAY OF March 19[illegible]

Register Number. 1.	Name. 2.	Date of Birth. 3.	Date of Admission 4.	Whether Legitimate or Illegitimate. 5.	Age. 6.	Sex. 7.	State of Health. 8.	Whereabouts of Parents. 9.	Observations of Matron. 10.	Observations of Medical Officer. 11.	Orders of Co. Manager. 12.
									Normal	Normal	
				Illegitimate							
61	[illegible]	16.7.49	Born	"	[illegible]	Female		Mother discharged			

1. Number of Children shown in previous half-yearly Return ... 74
2. Number of Children since admitted ... 13 [illegible] 4 [illegible] Total 17
3. Number of Children since discharged 10
4. Number of Children who died during half-year 5
5. Number remaining at end of half-year 76

Signed [illegible] Matron.

Date 29th April [illegible]

Signed ______ Co. Manager.

Date ______

Signed ______ Secretary.

Date ______

COUNTY OF GALWAY.

RETURN OF CHILDREN IN Tuam Home FOR HALF-YEAR ENDED LAST DAY OF September 1949

Register Number	Name	Date of Birth	Date of Admission	Whether Legitimate or Illegitimate	Age	Sex	State of Health	Whereabouts of Parents	Observations of Matron	Observations of Medical Officer	Orders of Co. Manager
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
							Good		Normal	Normal	
[illegible]	Joseph Winifred Carroll	16.7.49	Born	Illegitimate	Female	[illegible]		Mother in this Home			
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]			

1. Number of Children shown in previous half yearly Return
2. Number of Children since admitted
3. Number of Children since discharged
4. Number of Children who died during half year
5. Number remaining at end of half year

Signed .... Matron

Date ....

Signed .... Co. Manager

Date ....

Signed .... Secretary

Date ....

			"		Genuine		
			"		"		
			"		"		
			"		"		
			Illegitimate		"		
			"		"		
			"		"		
			"		"		
			"		"		
			"		"		
61	Smith Winifred Barnell 16.7.49	Born	"	Smith Female	"	Mother discharged	

1 Number of Children shown in previous half-yearly Return ... 74

2. Number of Children since admitted 13 ad ... 4 Born ... Total ... 17

3. Number of Children since discharged 10

4. Number of Children who died during half-year 5

5. Number remaining at end of half-year 76

Signed Sister Hartnell Matron.

Date 29th April 1950

NOTE.—This Return to be furnished to Local Government Department immediately after close of each

COUNTY OF GALWAY. *Mayo*

RETURN OF CHILDREN IN *Children's Home, Tuam* FOR HALF-YEAR ENDED LAST DAY OF *September* 19[illegible]

Register Number.	Name.	Date of Birth.	Date of Admission.	Whether Legitimate or Illegitimate.	Age.	Sex.	State of Health.	Whereabouts of Parents.	Observations of Matron.	Observations of Medical Officer.	Orders of Co. Manager.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
							Normal		Normal	Normal	
				Illegitimate							
61	Smith Winifred	Bernd 16.7.49	[illegible]			Female		Mother in Castlebar Home			

1. Number of Children shown in previous half-yearly Return ... ...
2. Number of Children since admitted ... ...
3. Number of Children since discharged ... ...
4. Number of Children who died during half-year ... ...

Signed .... Matron.

Date ....

Signed .... Co. Manager.

Date ....

Signed .... Secretary.

Date ....

COUNTY OF GALWAY.

RETURN OF CHILDREN IN [illegible] FOR HALF-YEAR ENDED LAST DAY OF [illegible] 19[illegible]

Register Number	Name	Date of Birth	Date of Admission	Whether Legitimate or Illegitimate	Age	Sex	State of Health	Whereabouts of Parents	Observations of Matron	Observations of Medical Officer	Orders of Co. Manager
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted] Normal	Normal	
				Illegitimate			Good	mother discharged			
[illegible]	Smith Winifred [illegible]	16.7.09	Born				[illegible]				

1. Number of Children shown in previous half-yearly Return ... 74
2. Number of Children since admitted [illegible] ... 7
3. Number of Children since discharged ... 12
4. Number of Children who died during half-year ... 4
5. Number remaining at end of half-year ... 65

Signed [illegible] Matron.

Date

Signed Co. Manager.

Date

Signed Secretary.

Date

NOTE.—This Return to be furnished to Local Government Department immediately after close of each half-year.

COUNTY OF GALWAY.

RETURN OF CHILDREN IN [illegible] FOR HALF-YEAR ENDED LAST DAY OF [illegible] 1932

Register Number.	Name.	Date of Birth.	Date of Admission	Whether Legitimate or Illegitimate	Age.	Sex.	State of Health.	Whereabouts of Parents	Observations of Matron.	Observations of Medical Officer.	Initials of Co. Medical Officer.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
							Good				
							Good				
							Good				
48	[illegible]	[illegible] 1927	[illegible]		2½ yrs						

1. Number of Children shown in previous half-yearly Return ... 69
2. Number of Children since admitted ... 13
3. Number of Children since discharged ... 19
4. Number of Children who died during half-year ... 1
5. Number remaining at end of half-year ... 62

Signed [illegible] Matron

Date [illegible]

Signed ... Co. Manager

Date ...

Signed ... Secretary

Date ...

NOTE.—This Return to be furnished to Local Government Department immediately after close of each Half-year.

COUNTY OF GALWAY.

RETURN OF CHILDREN IN *Children's Home Tuam* FOR HALF-YEAR ENDED LAST DAY OF *September* 1952

Register Number	Name	Date of Birth	Date of Admission	Whether Legitimate or Illegitimate	Age	Sex	State of Health	Whereabouts of Parents	Observations of Matron	Observations of Medical Officer	Orders of Co. Manager
1	2	3	4	5	6	7	8	9	10	11	12
[redacted]			[redacted]	Illegitimate	[redacted]		Good	[redacted]	Good		
61	Smith Winifred [illegible]	16.7.49	Born		3yrs	Female		Mother discharged [redacted] 6.[illegible].50			
[redacted]					[redacted]			[redacted]		[redacted]	

1. Number of Children shown in previous half-yearly Return ... ...
2. Number of Children since admitted *Born and total* ... ...
3. Number of Children since discharged ... ...
4. Number of Children who died during half-year ... ...
5. Number remaining at end of half-year ... ...

Signed *[illegible]* Matron.

Date *[illegible]*

Signed .... Co. Manager

Date ....

Signed *[illegible]* Secretary

Date *[illegible]*

NOTE.—This Return to be furnished to Local Government Department immediately after close of each half-year.

Register Number	Name.	Date of Birth.	Date of Admission	Whether Legitimate or Illegitimate.	Age.	Sex.	State of Health.	Whereabouts of Parents.	Matron.
1.	2.	3.	4.	5.	6.	7	8.	9.	10.
[redacted]				Illegitimate	[redacted]		Good	[redacted]	Good
				"			"	mother discharged [redacted]	"
61	Smith Winifred Enid	16.7.49	Born	"	3yrs	Female	"	" " 6.3.50	"
[redacted]				"	[redacted]		"	[redacted]	"

COUNTY OF ~~GALWAY~~. Mayo

RETURN OF CHILDREN IN Childrens Home Tuam FOR HALF-YEAR ENDED LAST DAY OF 30th September 19[illegible]

Register Number	Name	Date of Birth	Date of Admission	Whether Legitimate or Illegitimate	Age	Sex	State of Health	Whereabouts of Parents	Observations of Matron	Observations of Medical Officer	Orders of Co. Manager
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
[redacted]				Illegitimate	yes [redacted]			[redacted]	[redacted]		
61	Smith Dunford Carmel	16/7/49	Born	"	4	"	Good	Not Known	Normal	Normal	
[redacted]				"	[redacted]		[redacted]	[redacted]	[redacted]		
									×	×	

1. Number of Children shown in previous half-yearly Return 56
2. Number of Children since admitted 7 Born, 3 Other Total 10
3. Number of Children since discharged 13
4. Number of Children who died during half-year —
5. Number remaining at end of half-year 53

Signed Sr. Catherine O'Sullivan Matron

Date 7.10.53

Signed .... Co. Manager

Date ....

Signed .... Secretary

Date ....

NOTE.—This Return to be furnished to Local Government Department immediately after close of each half year.

COUNTY OF GALWAY.

RETURN OF CHILDREN IN Children's Home, Tuam FOR HALF-YEAR ENDED LAST DAY OF September 1957.

Register Number.	Name.	Date of Birth.	Date of Admission	Whether Legitimate or Illegitimate.	Age.	Sex.	State of Health.	Whereabouts of Parents.	Observations of Matron.	Observations of Medical Officer.	Orders of Co. Manager.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Good	[redacted]	[redacted]		
	[redacted]	[redacted]	[redacted]	Illegitimate	[redacted]	[redacted]	"	[redacted]	Good		
	[redacted]	[redacted]	Same	"	do	Female	"	Mother discharged	"		
61	Smith Winifred Bernard	10.7.49	"	"	2½	"	"	" 16.3.50			
[redacted]	[redacted]	[redacted]	"	"	[redacted]	[redacted]	"	[redacted]	[redacted]		

1. Number of Children shown in previous half-yearly Return ... 65
2. Number of Children since admitted (Born 6, Ad. 5) ... 11
3. Number of Children since discharged ... 12
4. Number of Children who died during half-year ... —
5. Number remaining at end of half-year ... 64

Signed Sister [illegible] Matron

Date [illegible]

Signed ______ Co. Manager

Date ______

Signed [illegible] Secretary

Date [illegible]

Note.—This Return to be furnished to Local Government Department immediately after close of each half-year.