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## FORM A.

No. on Form B.

MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st of MARCH, 1901.

|     |         | NAME and SURNAME.  | and SURNAME.   RELATION to   RELIGIOUS PROPERTIES. |                              |   |                                    |  |  |  | on the night of SUNDAY, the 31st of MARCH, 1901.         |  |   |   |  |  |
|-----|---------|--|--|------------------------------|---|------------------------------------|--|--|--|--|--|---|---|--|--|
| -   | Number. | No Persons absent on the night of Sunday, March 31st, to<br>be entered here: Except those (not enumerated elsewhere;<br>who may be out at Work or Travelling, &c., during<br>that Night, and who return Home on Monday,<br>April 1st.  | Head of Family.                                    | ALLIGIOUS PROFESSION.        | EDUCATION.  | AGE.                               |  | SEX,                                     | RANK, PROFESSION, OR OCCUPATION.   | MARRIAGE.  | WHERE BORN.  | IRISH LANGUAGE.   | If Deaf and Durch   |  |  |
|     |         | that Night, and who RETURN HOME ON MONDAY, APRIL 1st.  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.  Christian Name.  Surname. |  |                              | State here whether he or she-<br>can "Read and Write," can<br>"Read" only,<br>or "Cannot Read." | Years<br>on last<br>Birth-<br>day. | n last Infants<br>birth- under<br>day. one | Write "M" for Males and "F" for Females. | 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.  Before filling this column you are requested to read the Instructions on the other side.] | Whether "Married." "Widower," "Widow," or "Not Married." | If in Ireland, state in what<br>County or City; if else-<br>where, state the name of<br>the Country. | Write the word "IRISH" in this column opposite the name of each person who speaks IRISH "Olly, and the words "IRISH & ENGLISH" opposite the names of those who can speak both languages. In other cases no entry should be made in this column. | If Deaf and Dumb; Dumb only; Blind; .mbecile or ldiot; or Lunatic.  Write the respective infirmities opposite the name of the afflicted person. |  |  |
| 1   | 2       | John Chambers  | Send   | Tresby Ferian                | Read twife  | 72                                 | -  | F  | Privato  | Hidaw  | 6. Smagh   |   | - Person.   |  |  |
|     | 3 2     | Samuel Chambers  | 1  | 10.1.1                       | 1. 1.   |                                    | -  | m  | your 1   | Married  |  |   |   |  |  |
| 1   | 4       | believe le   | 1 on   | Od son Strong                | 0. (.   | 35                                 |  | m  | Book Ruper   | Married  | · (·   |   |   |  |  |
| 1   | 5       | Jeen Jeen  | Derivant 1   | Thursh of Julano             | 1. 16   | 16                                 |  | Fr                                       | General Sewant   | It married   | 6: Antim   |   |   |  |  |
| 1   | 5       |  |  |                              |   |                                    |  |  |  |  |  |   |   |  |  |
| 1   |         |  |  |                              |   |                                    |  |  |  |  |  | 12  |   |  |  |
| 1 8 |         |  |  |                              |   |                                    |  |  |  |  |  |   |   |  |  |
| 9   |         |  |  |                              |   |                                    | -  | -  |  |  |  |   |   |  |  |
| 10  |         |  |  | *                            |   |                                    |  | -  |  |  |  |   |   |  |  |
| 111 |         |  |  |                              |   |                                    |  | +  |  |  |  |   |   |  |  |
| 12  | -       |  |  |                              |   |                                    |  |  |  |  |  |   |   |  |  |
| 13  | -       |  |  |                              |   |                                    |  |  |  |  |  |   |   |  |  |
| 14  | -       |  |  |                              |   |                                    |  |  | Y .  |  |  |   |   |  |  |
| 15  |         |  |  |                              |   | -                                  |  |  |  |  |  |   |   |  |  |
|     |         | I hereby certify, as required l  | by the Act 6                                       | 3 Vic., cap. 6, s. 6 (1), th | hat the   |                                    |  |  |  |  |  |   |   |  |  |

my, 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.

A. M. Connell C (Signature of Enumerator.)

I believe the foregoing to be a true Return.

Magaret Chawbers ( signature of Head of Family).