CENSUS OF IRELAND, 1901. (Two Examples of the mode of filling up this Table are given on the other side.)

RETURN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House of No. on Form B.

| mber. | No Persons absent on the night of Sunday, March 31st, to be entered here: Except those (not enumerated elsewhere) who may be out at Wolk or Thayelling. &c., during that Night, and who heturn Home on Monday, April. 1st. Subject to the above in | State whether | State here the particular Date | EDUCATION. | | AGE. | SEX. | RANK, PROFESSION OF | house on the | Ouse on the night of SUNDAY, the 31st of MARCH, 19 | | | |
|--------|---|--|--|------------------|------------------------------------|------------|--|---|---|--|--|---|--|
| Nu | 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. | or "Wife." "Son," Of Daughter, or other relative; | or Religious Denomination, to which each person belongs. [Members of Protestant Denominations are requested] | state home about | 3000 | | | | | WHERE BORN. | IRISH LANGUAGE. | | |
| i | Surname. | | "Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.] | | Years on last Birth- day. | it Infants | "M" for Males and "F" for Females. | or Children or young persons attending a home, should be returned as School, or receiving regular instruction at home, should be returned as Scholars. Before filling the statement of the should be returned as Scholars. | Whether "Married." "Widewer." "Widewer." "Not Married." | If in Ireland, state in what County or City; if else- where, state the name of the Country. | Write the word "I | - Cut was D | |
| 2 | | n of James | Roman Catholie | Kear | 75 | | 17 | 1 10000 | | | who can speak both languages. In other cases no entry should be made in this column. | Write the respect infirmities opposite name of the afflicted person | |
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| oregoi | I hereby certify, as required by bing Return is correct, according to t | the Act 63 Y | Vic. can 6 a 6 (1) | | | | | | | | | | |
| 0 | oing Return is correct, according to t | the best of m | Rnowledge and baling | the | | - | | | | | | | |
| | U | None : | Tall on or A | | | | | I believe the fregoing to b | pere/true Ref | | | | |

Signature of Head of Family).