CENSUS OF IRELAND, 1901.

(Two Examples of the mode of filling up this Table are given on the other side.)

FORM A.

No. on Form B._

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

Number.	NAME and SURNAME.	RELATION to Head of Family. State whether "Head of Family," or "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	State here the particular Religion, or Religious Denomination,	EDUCATION.	AGE.		SEX.	RANK PROFESSION OF	1			
	No Persons ABSENT on the night of Sunday, March 31st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Work of TRAVELLING, &c., during 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 can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birthday.	Months		RANK, PROFESSION, OR OCCUPATION. 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."	WHERE BORN. If in Ireland, state in what County or City; if elsewhere, state the name of the Country.	Write the word "Innu" in this column opposite the name of each person who speaks Innu only, and the words "Innu only, and the words "Innu only, and the words "Innu of the manuages. In other cases no entry should be made f:	If Deaf and Dumb only; Blind; Blind; Imbecile or Idiot or Lunatic. Write the respective infirmities opposite to make of the afflicted person.
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2	Bridget Sty	wife		an Read swrife	1.8		7		.,	Cobavan		
3	Mary toy	Daughter			14		7	schola	not married	,		
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	I hereby certify, as required											

tily, 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.

(Signature of Bnumerator.)

I believe the foregoing to be true Return.

(Signature of Head of Family).