ENSUS 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. 66

EN 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 of MARCH, 1901. RELATION to Head of Family. RELIGIOUS PROFESSION. EDUCATION. RANK, PROFESSION, OR me ABSENT on the night of Sunday, March 31st,

1 .	who may be out at WOR	H or TRAVELLING, &c., during	9)						OCCUPATION.	-ANNIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dum
Number	Subject to the above instruction family should be writed wife, Children, and Wisitors, Boar Christian Name.	and the incrementated elsewhere to the conduction of the Head of the Helatives; then those of ders, Servants, &c.	State whether "Head of Family, or "Wife," "Son, if "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denominations are requested not to describe themselves by the vague term "Protestant," but to enter the name of the Particular Church Denomination, or Body, to which they belong.]	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last	under 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 County or City; if else- where, state the name of the Country.	Write the word "IRISE" in this column opposite the name of each person who speaks IRISE only, and the	Blind; Imbecile or Idiot or Lunatic.
1	Film	Rioo		R 1 +		,	+	,	to read the Instructions on the other side.]			opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	Write the respecti infirmities opposite name of the afflicted person.
2	Dane	Ries	wile	Mar MA	de de	73		14.	Shopkuper !	Marin	County Ca	van frien	gran li
3	Dane	KRiss	An	May als	A. 20	20	-4	1	Dalustus	Mari	out o	U	-3-
4	Tran	ess Rice	4 Day	hter orander	Ragueia	10		M.	Baker	not Ma	in de a	0	
5	Maggu	Mullig	ess And	and do do	Read Thris	E	1	4	Museum	worker	in Lungs	×	
6	Michiga	1 Riel		de do	Ristruct	60		14.	Bake	ro Man		No.	
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15	T1)	certify, as required											

I hereby certify, 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.

I believe the foregoing to be a true Return.