CENSUS OF IRELAND, 1901.

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

FORM A.

| | NAME and SURNAME. | RELATION to | 1. | | 4 | | | i - aroue in this i | douse on th | e night of SUND | AY, the 31st of I | MARCH 190 |
|----|--|---|---------------------------------|---|------------------------------------|------------------------------------|--|--|---|------------------------------|--|---|
| | 1 Sunday, March 91 | TALLES TO TESTITION | THE PROPERTY. | EDUCATION. | 1 | AGE. | SEX. | RANK, PROFESSION, OR OCCUPATION. | MARRIAGE. | WHERE BORN. | | |
| | who may be out at Works or Travelling, de., during that Night, and who return Home on Monday. April 1st. Subject to the above instruction, the Name of the Heather Family should be written first; then the names his Wife, Children, and other Relatives; then those Visitors, Boarders, Servants, &c. Christian Name. Surname. | or "Wife," "Son, "Daughter," or of of other relative; of "Visitor," "Boarder," "Servant," &c. | Denomination, or Body, to which | State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." | Years on last Birth- day. | Months for Infants under one Year. | Write "M" for Males and "F" for Females. | | Whether "Married." "Widower," "Willow," or "Not Married." | If in Ireland, state in what | Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, 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 Dunb only; Blind; imbecile or Idia or Lunatic. Write the respect |
| | Hranci Megee | Husbant | -Raman Cattolie | Read Write | 160 | | | | | 100 | entry should be made in this column. | Write the respect infirmities opposite name of the afflicted person. |
| | mary Milger | 11/20 | p. 0. HO. | P 7 71.7 | 30 | | 2 | Jarmer | Morried | Co Caran | | |
| | 0 | rige | Coman Catholic | read and Mule | | | # | Farmer | married | Co Cavan | 烈 美質量 | |
| 1 | | | | | | - | | | | | | |
| 1 | | | | | | | | | | | T. V. Barrier | |
| 1 | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | |
| - | | | | * | | | | | | | | |
| 1- | | | | | | | | | | | | |
| - | | | | | | | | | | | | |
| | | | | | | - | _ | | | | 1 | |
| 1 | | | | | | _ | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| - | | | | | | | | | | | | |
| - | | | | | | | | PARTIES AND ADDRESS OF THE PARTIES AND ADDRESS O | | | | |
| | | | | | | | | | | | | |
| | I hereby certify, as require | d by the Act (| 3 Vic., cap. 6, s. 6 (1), t. | hat the | | | | | | | | |
| T | egoing Return is correct, according | g to the best | Tall a 3 h | lief. | | | | I believe the foregoing | to be a true] | Return. | | |