CENSUS OF IRELAND, 1901.

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

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

| Number | | | State here the particular Religion, or Religious Denomination, to which each person belops | | AGE. | | | slept or abode in this i | MARRIAGE. | WHERE BORN. | | |
|--------|---|---------------|--|--------------|-------------------------|---|--|---|---|--|--|---|
| - | 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. | Servant," &c. | name of the Particular Church, Denomination, or Body, to which they belong.] | | Years on last Birthday. | Months for Infants under one Year. | 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 Schokers. Before filling this column you are requested to read the Instructions on the other side. | Whether "Married." "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 "IRIBE" in | If Deaf and Dumb only; Blind; Imbecile or Idle or Lunatie. |
| 2 | John Bus | 200min | Church of Selora | Read + wouth | 60 | - | m | V | " | 7 | who can speak both languages. In other cases no entry should be made in this column. | Write the respection infirmities opposite name of the afflicted person, |
| 3 | Lellia Byons. | Daughter. | latural of helona | llo | 28 | 1 | m | Farm Dewant | Diday | Leova | | |
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| | I hereby certify, as required by going Return is correct, according to | | | | | - | - | • | | | | - |

James Westert legy Signature of Enumerator.)

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