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 on the night of SUNDAY, the 31st of MARCH, 1901.

a per	No Persons ABSENT on the night of Sunday, March 31st, to be entred here: EXCEPT those (not enumerated elsewhere) who may be out at Work or 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 whether "Head of Family," or "Wife," "Son," "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."	AGE.		SEX.	slept or abode in this I	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	
						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 Scholars. Before filling this column you are requested to read the Instructions on the other side.	Whether "Married." "Widowar," "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 "IRISH" in	If Deaf and Dum Dumb only; Blind; ambecile or Idiot or Lunatic.
	settilia	Libson	tod of family	Churchof Seland	Read + write	5-5-		4	U			ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite to name of the afflicted person.
2								1	Former	Widow	bolaran		
3													
5									7	## 50 A S			
6													
9			-										
1													
-				* 1									
	I hereby	certify, as required by	v the Act 69	Vic., cap. 6, s. 6 (1), the									
fore	going Return is	correct, according to	the best of	wic., cap. 6, s. 6 (1), the my knowledge and believe	at the ef.				1 believe the foregoing to	be a true R	atum		
			1/2	hes lite a	Signature of Enu				9 1.1.	0.	lson (sign		