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._

URN 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.

	NAME and SURNAME.		RELATION to	T								, the old of I	AROH, 1901.
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 or Travelling, &c., during that Night, and who return Home on Monday, April 1st.		Head of Family	RELIGIOUS PROFESSION.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb;
Number.	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.		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."	Years on last Birth- day.	Months for Infants under one Year.	Write "M" for Males and "F" for Females.	School, or receiving regular instruction at home, should be returned as Scholars.	Whether "Married." "Widow." "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 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.	Dumb only:
1	Christian Name.	Surname.	Stead	they belong.]	1	-		0	[Before filling this column you are requested to read the Instructions on the other side.]			ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite the name of the afflicted person.
1	Bernaid	melullagh	family	Koman Kaihale	Carmot Ked	1/6	-	m	Farmer	Wiasine.	Cavan		
2	michael	mollus Keny	Sonlan	. 20	Readqurete	-40		Z	farmers Son	manai	1 00		
3	maarfaul	mouskay	Graid	07	Read & write	235		7		married	00		
4	mary	molenkey	Daugh	, 00	Januar Land	3	•	7		ل	DU		
5	Amil	meluskey	Dange	- 20	<u></u>	2		7			200		The state of the
6	Ellen	my luskey	Laught	20	د		1	7	_	_	00		
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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.

Cornelles Sullevan for (Signature of Enumerator.)

I believe the foregoing to be a true Return.