CENSUS 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. 9

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.**

Number.	NAME and SURNAME. No Persons ABSENT on the night of Sunday, March 31st, to be entered here: EXCEPT those (and 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.		RELATION to Head of Family. State whether "Head of Family," or "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	RELIGIOUS PROFESSION. 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.]	EDUCATION. State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	AGE.		SEX. Write "M" for Males and "F" for Females.	RANK, PROFESSION, OR OCCUPATION. 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.]	MARRIAGE. Whether "Married," "Widower," "Widow," or "Not Married."	WHERE BORN. If in Ireland, state in what County or City; if elsewhere, state the name of the Country.	IRISH LANGUAGE. 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 Dumb; Dumb only; Blind; Imbecile or Idiot; or Lunatic. Write the respective infirmities opposite the name of the afflicted person.
	Christian Name.	Surname.				Years on last Birthday.	Months for Infants under one Year.						
1	Philip	Foy	Head of Family	R. Catholic	Read & Write	68		M.	Farmer	Married	Co. Cavan		
2	Mary	Foy	Wife	R. Catholic	Read	70		F.	Wife	Married	Co Cavan		
3	Mary	Foy	Daughter	R. Catholic	Read & Write	34		F.	Daughter	Not Married	Co Cavan		
4	Maggie	Foy	Daughter	R. Catholic	Read & Write	23		F.	Daughter	Not Married	Co Cavan		
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

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.

John Preston Jon *(Signature of Enumerator.)*

I believe the foregoing to be a true Return.

Philip Foy *(Signature of Head of Family).*