CENSUS OF IRELAND, 1

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

FORM A.

of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on RANK, PROFESSION, OR OCCUPATION. MARRIA SEX. AGE. EDUCATION. RELATION to Head of Family. RELIGIOUS PROFESSION. NAME and SURNAME. No Persons ABSENT on the night of Sunday, March 31st. to be mitered here: EXCEPT those (not enumerated elsewhere) who may be out at WORK or TRAVELLING, de., during that Night, and who RETTEN HOME ON MONDAY, APBIL 1st. State here the particular Religion, or Religious Denomination, to which each person belongs. Members of Protestant Denomina-tions 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 the Particular Rank, Profession, Trad or other Employment of each perso Children or young persons attending School, or receiving regular instruction home, should be returned as Scholars. Months for Infants under one Year. Wheth "Marri "Widow "Widow r "Not M State whether ' Head of Family, r ' Wife,' ' Son, ' Daughter,' or other relative; ' Visiter,'' ' Boarder,'' ' Servant,' &c. "M" for Males and "F" for Females Years on last Birth-day. State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." 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. Before filling this column you are request to read the instructions on the other sid Surname Christian Name. Fe Hia Farmer Coman Catholie Read & Write 65 Ha of Family ynch dolt 1 At m Labourer Read & Write M 32 6 hitto hili son ynch Atma 2 M Labourer 99 Read Write Witto Som ynch FJ Farmers Daught. Vot me 3 Demtra 6 itto lead 4 Hrite Vaughter unch Margarel 4 hotma Bitto 20 ead q Write aughter 5 Dre yne to hot ma. M Read & Write an Ditto phu yne wen 6 M tho Aitto Read 9 Write boures La Doarder prady 7 Han Form Vervaut hathe Aitto Read Write Mar Hadden 20 8 Mat Serraut 9 10

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.

TRADES RANDER

distanti a Accultas

.

11

12

13

14

15

"pation,

50

utumpo

I believe the foregoing to

Such Coundly for (Signature of Enumerator.)

.

Ind

the		O. on Form B. X, the 31st of M	and the second se	
5. 	WHERE BORN. If in Ireland, state in what County or City; if else- where, 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 langu- ages. 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.	
5.5	-Coloran. Coloran.			•
ed ed	Coloran			
ed id	Colarau Colarau Colarau			
a tı	rue Return.	_(Signature of Head	d of Family).	