CENSUS OF IRELAND,

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

FORM A.

.

RETURN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House

odun none for

1	NAME and SURNAME.	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	A	JE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MAR
	No Persons ABSENT on the night of Sunday, March 31st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at WORE OF TRAVELLING, dc., during that Night, and who BETURN HOME ON MONDAY, APARL 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, Servanis, &c. Christian Name. Surname.	State whether	State here the particular Religion, or Religious Denomination, to which each person belongs. Members of Profestant Denomina- tions are requested not to describe inemseives by the vague term "Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.]	or "Cannot Read."	Years on last Birth- day.	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.]	"M "Wi "Wi
1	Patrick Carolan !	ed of fa	mil Bom in Cat	ih Wread Write	57	My.	M	Framer	de
2		brifes.	Baman Catholis	Whead Write		#	F	Farmero wife	ella
3	John Carolan.	Son	Roman batha	he Wead With	13	da	M	France Sonc Not	1 m
4	Bridget Carolan.	Daughter	Roman bath	lie Wread White	= 12	the	J	Scholar No	F M
5	Patrick Carolan	Son	Roman baths	lie Wread Writ	10	- Cal	M	restoration waters and and	ot d
6	Thomas barolan.	Son	Roman Cathol	ie Wread WHI	-8	X	M	Schol as yo	otall
7									
9					-		-		
10		· ·			-	1	-		1
11		1							
12									
13									
14			and the second					A State State State	
	I hereby certify, as requir foregoing Return is correct, accord	ing to the be	et 63 Vic., cap. 6, s. 6 (1 est of my knowledge and Studdie Co	l belief.				I believe the forego	

		o. on Form B.						
on the night of SUNDAY, the 31st of MARCH, 1901.								
E.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only; Blind;					
		Write the word "IntsH" in this column opposite the name of each person who	Imbecile or Idiot; or Lunatic.					
ried."	If in Ireland, state in what County or City; if else- where, state the name of the Country.	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.	Write the respective infirmities opposite the name of the afflicted person.					
ied	Co lavan	English						
ed	to bavan	English						
el	60 Cavan	English	1					
ed	Lo Gavan	English						
ior	00	lenglish						
-	100	English						
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