Total,
Approved, HARRED ubling 1st

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. /

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.

	NAME and SURNAME. 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. 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.		RELATION to Head of Family	RELIGIOUS PROFESSION.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb;
Number.			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.]	or "Cannot Read."	Years on last Birth- day.	under	and "F" for	State the Particular Rank, Profession, Trade, or other Employment of each person. Children or young persons attending a	Whether "Married." "Widower," "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 & RNGLISH" opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	Dumb only; Blind; Imbecile or Idiot; or Lunatic. Write the respective infirmities opposite the name of the afflicted person.
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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.

Jak Huddle Con (Signature of Enumerator.)

I believe the foregoing to be a true Return.

Owen Carolan

___(Signature of Head of Family).