TRELAND, 1901.

Set Plant and the mode of filling up this Table are given on the other side.)

FORM A.

No. on Form B. 14

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.

A. C.	and SURNAME.		RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only;
Number,	one americ on the wight of Sunday, March 32st, to entered here: EXCUPT those (not commerciate elamphere) who may be out at Work or Travelling, de, during that Night, and who return House on Monday, Armil 1st. Armil 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, Servanta, de.		State whether "Head of Family," or "Wife," "Son," "Daughter," or other relative;	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 vacue term.	State here whether he or she can "Resd and Write," can "Head" only, or "Cannot Read."	Years on last	Months for Infants under	Write "M" for Males	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.	Whether "Married," "Widower,"	If in Ireland, state in what County or City; if else-	Write the word "Inish" in this column opposite the name of each person who speaks Inish only, and the words "Inish & English"	Imbecile or Idiet; or Lunatic.
	his Wife, Children, and Visitors, Box Christian Name.	Surname.		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.]		Birth- day.	one Year.		Before filling this column you are requested to read the Instructions on the other side.]		where, state the name of the Country.	opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	Write the respective infirmities opposite to name of the afflicted person.
1	Susan	Devlin	Het of Camily	Roman Catholic do	Read only	65		T	Farmer	widow	Co Cavan		
2	Eugene	Devlin	Son	do	Read Fronte	35		M	do	Notmarried	do.		
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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.

ohn Aprilo Const

(Signature of Enumerator.)

I believe the foregoing to be a true Return.

Susany Devlin

____(Signature of Head of Family).

mark Witness: - John Morris Conex