Seaford Milos

CENSUS OF IRELAND, 1901.

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

FORM A.

No. on Form B. 4

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. | RELATION to | RELIGIOUS PROFESSION. | EDUCATION. | AGE. | 8 | SEX. | RANK, PROFESSION, OR OCCUPATION. | MARRIAGE. | WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dumb Dumb only; Blind; |
|---------|--|---|---|--|--|--------|--|--|--|--|---|---|
| Number. | No Persons ansert on the night of Sunday, March Mrt, to be entered here: ENGERT those (not enumerated elsewhere) who may be out of Wong or Thavelling, de., during that Night, and who mercun Home on Monday, Arms. 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 Vinters, Boarders, Servants, &c. | State whether "Head of Family, or "Wife, "Son," "Daughter," or other relative, "Vister," "Boarder," | State here the particular Religion, or Religious Denomination, to which cach person belongs. [Members of Protestant Denominations are requested not to describe theirselves by the vague term "Protestant," but to enter the name of the Particular Church, Denomination, or body, to which they belong.] | State here whether he or she can "head and write," can "head only, or "Cannot head." | Years to on last Infa Birth- und day. Ot Yes | ints 3 | Write M" for Males and F" for emaiss. | School, or receiving regular instruction at home, should be returned as Scholars. | 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 "larsn" in this column opposite the name of each person who speaks lints odly, and the words "larsn & Evotasn 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 operate to name of the afflicted person. |
| 1 | Myles Rully Lohn Reilly Bernard Reilly | N. Famil | Catholick | Read Strite | 50 | _ | 16, | Carpenter | Widower | caran Co | | |
| 2 | Alice Rilly | Daught | | So | 15 | - | %. | scholar | | Do | | |
| 3 | Lohn Reilly | Son | 20 | Sto | 9 | | 16 | seholar | | 20 | | |
| | Bernard Reiler | son | 200 | 20 | 7 | _ - | 16 | Scholar | | 20 | | |
| 5 | | 3. | • | A STATE OF THE STA | - | _ | | | | 20 | | |
| 6 | | | | | 1 | 1 | | | 1 | 4 | | |
| 7 | | | | | | - | | | | | | |
| 8 | | | . 97 | | | - | | | | | | |
| 9 | | | 15 | | | - | | | | | | |
| 0 | | | 4 | | | 4 | - | | | | - | |
| 1 | | 1 | | | | _ | | | | | | |
| 2 | | | | | | - | | - to 10 | | | | |
| 3 | | | | | - | _ | | | | | | |
| 4 | | | | | | - | _ | 1 | | | | - |
| 5 | | | | | 13 | | | | 1 | | | |

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.

Martin Ruhan Constiguature of Enumerator.)

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believe the foregoing to be a true Retur

Myles Heisely

(Signature of Head of Family).