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.

Number,	NAME and SURNAME. No Persons assess on the night of Sunday, March 31st, to	"Head of Family," or "Wife," "Son," "Datghter," or other relative; "Visitor," "Boarder," "Servant," de.	[Members of Protestant Denomina- tions are requested not to describe themselves by the vague term "Protestant," but to enter stie name of the Particular Church, Denomination, or Body, to which they belong.]	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb;
	No Persons absent on the night of Sunday, March 31st, to be entered here: EXCEPT those (not caumerated elsewhere) usho may be out at Wons or TRAYELLING, de., during that Night, and who nevern 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, Boardors, Servants, de. Christian Name. Surname.				Years on last Birth- day.	Months for Infants under one Year.		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.	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 "Isish" in this column opposite the name of each person who speaks Irish only, and the words "Isish & ENGISH" 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.

(Signature of Enumerator.)

I believe the foregoing to be a true Return.