IRELAND, 1901.

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

FORM A.

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

(Signature of Head of Family).

Persons agreement on the night of Sumlay, March Met, to be entered here: Except those (not enumerated einstehens) who may be out at Work or Thavelling, de, derices	RELATION to Head of Family.		EDUCATION.	A	GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.		
who may be out at Wonn or Thavezellon, fre, during that Night, and who servers House on Monnay. APRIL 184. Subject to the above instruction first: then the name of the Family should be written first: then the name of his Wife, Children, and other Relatives; then there of Visitors, Boarders, Sorvania, &c. Christian Name. Surname.	n/ 1	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.]	State here whether he or she can "Rend and Write," can "Read only, or "Cannot Read."	Years on last lighth- 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 Schooler. Before filling this column you are requested to read the Instructions on the other side.]		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 linest only, and the words "IRISH & ENGLISH" opposite the names of those who can speak both languages. In other cases no entry should be made in this column,	If Deaf a Dumi Bl Imbecile or L Write the infirmities name afflicted
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I hereby certify, as required by				-	-						

(Signature of Enumerator.)