O Handle Dall

## 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.

uber.	NAME and SURNAME.  No Fernous absent coethe night of Sunday, Murch Mst, to be endered here: Except those (out commended chewhere) who may be out at Wome or They ellers, fc., during that Night, and othe instant Home on Monday.  Arms let.  Subject to the above instruction, the Name of the Head of the Family should be written first, then the names of his Wife, Chalten, and other Relatives; then those of Visitors, Boarders, Servants, &c.  Christian Name.  Surname.		State whether "Head of Family." or "Wife." Son, "Daughter," or other relative; "Visiter," "Boarder," "Servant," do.	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.]	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb;
					State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last In Birth- day.	under one Year.	"F" for Females.	home, should be returned as Scholars.  Before filling this column you are requested to read the instructions on the other side.]	" Wislow," or " Not Married."	If in Ireland, state in what County or City; if cise- where, state the name of the Country.	Write the word "Inish" in this column opposite the name of each person who speaks Inish only, and the words "Inish & Engush" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Dumb only; Blind; Imbecilesor Idiot or Lunatic.  Write the respective infirmities opposite in 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 Foumerator.)

I believe the foregoing to be a true Return.

Wa Mittougall Cll. (Signature of Head of Family).