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. 14

	No Persons absent on the night of Sunday, March 31st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Work or Travelling, de., during that Night, and who returns Home on Monday. 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 Helatives; then those of Visitors, Boarders, Servants, do.		Head of Family.	RELIGIOUS PROFESSION. 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.				Maria Company	anghe of BUND	AI, the Sist of I	IARCH, 1901.
1						AGE,		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dum
					State here whether he or she can "Read and Write," can "Read" only, or "Cannot Bead."	Years on last Birth- day.	Months for Infants under one	Write "M" for Males and "F" for	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," "Widow,"	If in Ireland, state in what County or City; if else- where, state the name of	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, and the words "IRISH & ENGLISH"	If Deaf and Dumb Dumb only; Blind; Imbecile or Idiot or Lunatic.
8	Christian Name.	Surpame.	Berrant," to	Denomination, or Body, to which they belong.]			rear.	Females.	Before filling this column you are requested to read the instructions on the other side.]	"Widow," or "Not Married."	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.
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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.

Michael Parker Cont (Signature of Enumerator.)

I believe the foregoing to be a true Return.

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(Signature of Head of Family).