CENSUS OF IRELAND, 1901.

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

FORM A.

(Signature of Head of Family).

Aynes

- decorate	TURN of the MEMBERS of this NAME and SURNAME. No Persons ABSENT on the night of Sunday, March Met, to	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.		IGE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	STATE OF THE PARTY		AI, the sist of	HARCH,
-	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 return 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, Boarders, Servants, de. Christian Name. Surname.	State whether "Head of Family," or "Wife," "Son," "Daughter," or other relative; "Visitor," "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.]	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birthday.	Months for Infants under one Year.		State the Particular Part State	Whether "Married." "Widow," or "Not Married."	WHERE BORN. If in Ireland, state in what County or City; if elso- where, state the name of the Country.	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH 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 and Dumb o Blind Imbecile or Cun. Write the reinfirmities opportunities oppor
	Eliza Hynes	Wike	a Roman Catholic	Read o write	35		14.	Agricultural Faloures	Married	County Carren	this column.	afflicted p
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	I hereby certify, as required by											