rolly and any au ganting in IRELAND, 1901. (Two Examples of the mode of filling up this Table are given on the other side.) FORM A. MBERS 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.

No. on Form B. 4

180		NAME and SURNAME.	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only; Blind:
4	Number.	Jo 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 TRAYELING, dc., during that Night, and who RETTEN 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, &c.		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 Birth- 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 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 "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.	Write the respective infirmities opposite the mame of the afflicted person.
1	1	Jauga Reynolds	Head Branie	Roman Caffette	Read and Win/2	62		m	Zarnar.	harriad	G. Cavan	ч	~
		Margaret Reynolas	aux.	Roman Catholia	Read and with	50		Z		Marriad	y. bovan	u	-
1	2	Benard Remolas	Jon	Roman Catholic	Carrie D. Medo	18.		m	Timeso for	hop married	6 Caran		Idiaf.
734	3	Janys Ryulas	for	Roman Catholin	Read Twich	17		Tu	Faturo Con	Winarra	& Lovan	•	
	4 5	Palice R Royalos	ton	Roman Catholic	Read Writing	16		m	Farmos fon h	Morrie	G. Lovan	~	
1		Homan Robustas	for.	Roman Caflistee	Read Willi	4		m	Tatueto Fon	Mierrice	Olavan		
	7	Ganora Reguelas	fon	Roman Catholice	Reactowity	17	.	m	Zatmeto Son	Muria	6 Torian		•
	8					_							
	9				/		-						
	10					-	-	-					
	11			7		-	-	-					
1	12	•				-	-	-					
	13					-							
	14					-	-						
	15	The second secon	A Sherilla	District Total Child		_			196				4

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.

James Keynolds (Signature of Head of Family).