## 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. 2

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.

Number.	NAME and SURNAME.  No Persons absent on the night of Sunday, March, be entered here: Except those (not enumerated elsewho may be out at Work or Travelling, de., dithat Night, and who return Home on Monday April 1st.	RELATION to Head of Family	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 vagne 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
	that Night, and who return Home on Mondo' APRIL 1st.  Subject to the above instruction, the Name of the H the Family should be written first; then the name his Wife, Children, and other Relatives; then the Visitors, Boarders, Servants, &c.  Christian Name. Surname.			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.	"M" for Males	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." "Widow," "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.	If Deaf and Dumb Dumb only; Blind; .mbecile or Idiot; or Lunatic.  Write the respective infirmities opposite th name of the afflicted person.
1	mary aun Brady	Head of Fam	4 Roman Catholic	Read varite	00		¥	House keepsen	widow	County Census		
	John Brady	Don	Roman Catholic	Read xwrite	21		M	Grocers Assistant	Not maria	Leounty Caran		
3	mary Levesa Brady	Daughter	Roman catholic	Read variete	13		F	House keepen Grocere Assistant Scholar 1	Not marrie	County Caran		
4												
5		1										
6												
7								1				
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9				•		_			•			
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1						-						1
2			•									
3							-					
5												
5	I hereby certify, as requ	ined by the Act	69 Via 6 6 (2)									

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.

Mary ann Brady. (Signature of Head of Family).