

IRELAND, 1901.

No. on Form B. 62

FORM A.

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.

RETURN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c.,												IRISH LANGUAGE.	If Deaf and Dumb or Blind, or Lame.	
Number.	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 or Blind, or Lame.	
	Christian Name.	Surname.				Years on last Birthday.	Months for Infants under one Year.							
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, &c., 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, &c.														
State whether "Head of Family," "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder," "Servant," &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."														
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 elsewhere, 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 name of infirmities of name of afflicted person.														
1	James	Lynch.	Head	Catholic	Read & Write	28		M.	Baker	Married	Lovan			
2	Ellen	Lynch.	Wife	do	do	25		F.	do	do	do			
3	Philip J.	Lynch.	Son	do	do	10		M.	Scholar	not married	Lovan			
4	John H.	Lynch.	do	do	do	8		M.	do	do	do			
5	Michael	Lynch.	do	do	do	6		M.	do	do	do			
6	Lorna	Lynch.	do	do	do	4		M.	do	do	do			
7	Andrew	Lynch.	do	do	do	3		M.	do	do	do			
8	Charles	Lynch.	do	do	do	1		M.	do	do	do			
9	William	McDonna.	Apprentice	do	do	14		M.	Apprentice Baker	do	do			
10														
11														
12														
13														
14														
15														

I believe the foregoing to be a true Return.

by the Act 63 Vic. cap. 6. s. 6 (1), that the

I believe the foregoing to be a true Return.

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.

Alfred George (Signature of Enumerator.)

Lorna Lynch (Signature of Head of Family)