

OF IRELAND, 1901.

FORM A.

No. on Form B. 100

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.		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; Imbecile or Idiot; or Lunatic.
	Christian Name.	Surname.				Years on last Birthday.	Months for Infants under one Year.						
1	James	Roden	Head of Family	R. C.	Read Write	34		M	Lower Second Clerk	Not Married	Ci Carra, Ireland	English	
2	Margt	Roden	Sister	R. C.	"	45		F	D. Servant	"	"	"	
3													
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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.

Alexandra George (Signature of Enumerator.)

I believe the foregoing to be a true Return.

James Roden (Signature of Head of Family).

Instructions for filling up the column of Occupation.
 A person following more distinct Occupations than one, should insert each of them in the order of their importance.
 COMMERCIAL CLERK, COMMERCIAL TRAVELLER, SWORMAN—always to add in what branch of business.
 14. In TRADES, MANUFACTURES, or other Business, Master should, in all cases, be distinguished.
 15. WORKERS in MANUFACTURES, and generally in the Machine Arts, should distinctly state the particular name of work, and the material. Where they are not implied in the name, as in Book-binding, they should be returned thus—“Watchmaker.”
 The Titles of PEERS and other PERSONS OF RANK to be returned as well as any important Office they may hold.
 PARLIAMENT, MAGISTRATES, ALDERMEN, Officers, to state their profession or rank of title.
 The Titles of PEERS and other PERSONS OF RANK to be returned as well as any important Office they may hold.

FAMILY RETURN—FORM A.
 Prepared in pursuance of the Act 63 Vic., cap. 6.
 County: _____
 District: _____
 No. of Person: _____
 Subject: _____
 Name: _____
 Address: _____
 Date: _____