IRELAND, 1901.

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

FORM A.

No. on Form B. 5

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.

| | NO Persons ABSENT on the night of Sunday, March 31st, to be out red here: Except those (not enumerated elsewhere) who may be out at Work or Travelling, &c., during that Night, and who return Home on Monday, APRUEN Hot. | | RELATION to Head of Family, "Head of Family," or "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c. | State here the particular Religion, or Religious Denomination, to which each person belongs | EDUCATION. | AGE. | | SEX. | RANK, PROFESSION, OR OCCUPATION. | MARRIAGE. | WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dumb; |
|---------|--|----------|---|---|--|------------------------------------|---|--|---|--|--|--|--|
| Number. | | | | | 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. | Dumb only; Blind; imbecile or Idiot; or Lunatic. |
| | Christian Name. | Surname. | | they belong.] | | 100 | | | so read the instructions on the other side. | | | entry should be made in this column. | afflicted person. |
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| | | | | | STATE OF THE REAL PROPERTY. | | | | | | | | |
| 15 | Thombo | | 11 11 | 20 V: 2 2/1) | | | | 1 | STREET, | | | | |

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.

I believe the foregoing to be a true Return.