old Minds

## 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.

|         | NAME and SURNAME.  | RELATION to<br>Head of Family.  | RELIGIOUS PROFESSION.   | EDUCATION.   | A                               | GE.                      | SEX.                       | RANK, PROFESSION, OR OCCUPATION.  | MARRIAGE.  | WHERE BORN.  | IRISH LANGUAGE.  | If Deaf and Dumb;<br>Dumb only;   |
|---------|--|---|---|--|---------------------------------|--------------------------|----------------------------|---|--|--|--|---|
| Numbor. | No Persons ADSENT on the night of Sunday, March 31st, to<br>be entered here: EXCEPT those (not enumerated elsewhere)<br>who may be out at Work or Travelling, &c., during<br>that Night, and who retren Home on Monday,<br>APRIL 1st.  Subject to the above instruction, the Name of the Head of | or Wile, 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<br>can "Read and Write," can<br>"Read" only,<br>or "Cannot Read." | Years<br>on last In<br>Birth- u | Months<br>for<br>Infants | The Control of the Control | School, or receiving regular instruction at home, should be returned as Scholars. | Whether "Married." "Widower," "Widow," or "Not Married." | If in Ireland, state in what<br>County or City; if else-<br>where, state the name of<br>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.   | Blind;<br>imbecile or Idiot;<br>or Lunatic.   |
|         | Subject to the above instruction, the Name of the Head of the Family should be written first; then the names of his Wite, Children, and other Relatives; then those of Visitors, Boarders, Servants, &c.  Christian Name. Surname.   |   |   |  |                                 | under<br>one<br>Year.    |                            |   |  |  |  | Write the respective<br>infirmities opposite th<br>name of the<br>afflicted person. |
| 1       | James Frose  | of Family   | Koman Catholic  | head & write.  | 45                              |                          | 16                         | To armed  | marries  | to Caran   |  | - 1   |
| 2       | Mary 4 cx  | Wife  | Koman bathols   | e read & write   | 34                              |                          | 4                          |   | married  | Le bavas   | -  | -   |
| 3       | Kose Fore  | Sister  | Koman Catholo   | e read & write   | 35                              |                          | 4                          | Farmers Sister  | hot married  | to bavan   | -  |   |
| 4       |  |   |   |  |                                 |                          |                            |   |  |  |  |   |
| 5       | See a se   |   |   |  |                                 |                          |                            | -   |  |  |  |   |
| 6       |  |   |   |  |                                 |                          |                            |   |  |  |  |   |
| 7       |  |   | 18984   |  |                                 |                          |                            |   |  |  |  |   |
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| 9       |  |   |   |  |                                 |                          |                            |   |  |  |  |   |
| 10      |  |   |   |  |                                 |                          |                            |   |  |  |  |   |
| 1       |  |   | •   |  |                                 |                          |                            |   |  |  |  |   |
| 2       |  |   |   |  |                                 |                          |                            |   |  |  |  |   |
| 3       |  |   |   | •  |                                 |                          |                            |   |  |  |  |   |
| 14      |  |   |   |  |                                 |                          |                            |   |  |  |  | ÷ ,   |
| 5       |  | Electronic Services   |   |  |                                 |                          |                            | Section Section 1   |  |  |  |   |

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.

Michael Gillen (Signature of Enumerator.)

I believe the foregoing to be a true Return.

James Low (Signature of Head of Family).