CENSUS OF IRELAND, 1901.

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

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 No. on Form B. 9

	NAME and SURNAME. 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, de., during that Night, and who beturn Home on Monday, APRIL 1st.		RELATION to Head of Family.	Thereson.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.		
-	Subject to the above instru the Family should be wr his Wife, Children, and a Visitors, Boar Christian Name.	PRIL 1st. PRIL 1st.	or "Wife," Son," of "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.] [Indicatant] - Irich Church Chur	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	day.	Infants under one	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.	If Deaf and Dumb Dumb only; Blind; .mbecile or Idiot; or Lunatic. Write the respective infirmities opposite the name of the afflicted person.
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r	I hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the regoing Return is correct, according to the best of my knowledge and belief.								I believe the foregoing to be a true Return.				
			Valk	Dowan.	(Signature of Enu	Thomas Robinston (Signature of Head of Family).							