## OF IRELAND, 1901.

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

## FORM A.

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, No. on Form B. 17

mber.	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.				EDUCATION.	AGE.		SEX.	slept or abode in this E	MARRIAGE.	WHERE BORN.	Parameter and the second	AND REAL PROPERTY.
No	Subject to the above instru- the Family should be wr his Wire, Children, and c Visitors, Boar Christian Name.	action, the Name of the Head of itten first; then the names of other Relatives; then these of ders, Servants, &c.  Surname.	or "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,"	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	If Deaf and Du Dumb only Blind; Imbecile or Idi or Lunatic.  Write the respect infirmities opposite name of the afflicted person.
2	John	Smith	Son	Roman batholis	Cannot Read Read Winter	81		ell	7	Witomes	Co Cavan	Irish & English	name of the afflicted person
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form	I hereby ce	ertify, as required b	by the Act 63	Vic., cap. 6, s. 6 (1), th	at the								
Tore	going Return is o	orrect, according t	to the best of	Wic., cap. 6, s. 6 (1), the my knowledge and beliefellen	ef.				I believe the foregoing to	be a true R	eturn.		