orord ,Anna,

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. No Persons ABBENT on the night of Sunday, March 21st, to be entered here: EXCEPT those (not enumerated clarabers)	RELATION to Head of Family.	State here the particular Religion, or Religious Denomination,	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb;
Number.	No Persons ARRENT on the night of Sunday, March 31st, to be entered there: EXCEPT those (not enumerated elsewhere) who may be out at Works or Travezzino, &c., during that Night, and who returns Home on Monday. Subject to the above instruction, the Name of the Head of the Family should be written first; then the names of his Wife, Chilberon, and other Relatives; then those of Visitors, Boarders, Servants, &c. Christian Name. Surname.			State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years In	Months for Infants	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.]		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. Write the respective infirmities opposite the name of the afflicted person.
						under one Year.						
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4	William & Whyte	don	do	lende brete	7		m	00	\$0	20		
5	Call may thete	dength	do	Cannot read	5		4	80	80	40		
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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.

I believe the foregoing to be a true Return.

____(Signature of Enumerator.)

(Signature of Head of Family).

W. J. Dagg