Sank, Pront.

## 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. 23

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 AMERIT on the night of Sunday, Murch Slat, to  | 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  |
|---------|--|---|---|--|------------------------------------|---|---|--|--|--|--|---|
| Number. | No Persons ament on the night of Sunday, Murch Slet, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Work or Travelline, de., during that Night, and who arrows Hour on Monnay.  APRIL 1st.  Subject to the above instruction, the Name of the Head of the Family should be written first; then the names of his Wife, Children, and other Relatives; then those of Vissters, Boarders, Servants, do.  Christian Name.  Surname. | State whether "Head of Family," or "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder," "Servant," do. | 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<br>Birth-<br>day. | Months<br>for<br>Infants<br>under<br>one<br>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<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. | Dumb only; Blind; Imbecile or Idiot; or Lunatic.  Write the respective infurmities opposite the name of the afflicted person. |
| ı       | Sessie Garrette  | Had of f  | mil Roman Cottant   | ¿ Read twite   | 52                                 |   | A                                       | Farmer   | widow  | Co. Cavan  | o hish You   | lester  |
|         | John Garrity   | Soul  | Coman forthat   | Read write   | 19                                 |   | mo                                      | Farmers Son  | rof-marrie   | O Co Caran   | Gigliolo   |   |
|         | Benny Garritty   | Son   | Roman Cathol  | ¿ led rotil  | 14                                 |   | m                                       | go 1   | Amaria   | o Co Carre   | - theylas  | 60  |
| le le   | Carrier Garrier  | Daugh   | Frankatholis  | geo with   | 12                                 | 0   | f                                       | Scholar t  | of marie   | O Caran  | Englis   | lo  |
|         | 60   | -   |   |  | -16-2                              | 4   |   |  |  |  |  |   |
| 3       | Carried and a second   |   |   | -  |                                    |   |   |  |  |  |  |   |
|         |  |   |   |  |                                    |   |   |  |  |  |  |   |
| 1       | - 147  |   |   |  |                                    |   |   |  |  |  |  |   |
|         |  |   |   |  |                                    |   |   |  | 36   |  |  |   |
|         |  |   |   |  |                                    | 1   |   |  |  |  |  |   |
| ı       |  | 401516  |   |  |                                    |   |   |  |  |  |  |   |
| 2       |  |   |   |  |                                    |   |   |  |  |  |  |   |
| ŀ       |  |   |   |  |                                    |   |   |  |  |  |  |   |
| 1       |  | -   |   |  |                                    |   |   |  |  |  |  |   |
| 5       |  |   |   |  |                                    |   |   |  |  |  |  |   |
| fi      | I hereby certify, as required<br>pregoing Return is correct, according   | to the best   |   |  |                                    | 1   |   | I believe the foregoing  | ///  | no Her   | Signature of Head o  | f Family).  |