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.

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

Number.	be entered here: EXCEPT these (not enumerated eisenshere) who may be out at Worker Travelling, its, thering that Night, and who returns Home on Mondat. APRIL let. 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 Visitors, Boarders, Servants, &c. Christian Fame. Surname.		RELATION to Head of Family. State whether "Head of Family." or "Wife." "Son." other relative; "Varior," "Boarder," "Servant," de.	RELIGIOUS PROFESSION. 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.]	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumi
					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 "Iarsu" in this column opposite the	If Deaf and Dum Dumb only; Blind; Imbecile or Idiot or Lunatic. Write the respective infirmities opposite infirmities afficited person.
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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.

_(Signature of Enumerator.)

I believe the foregoing to be a true Return.

__(Signature of Head of Family).

lestress man. John