CENSUS OF IRELAND, 1901.

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

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.

	that Night, and who recovery that ELLING, &c., during	0			AGE.		SEX.	slept or abode in this I	MARRIAGE.	The second second second	, the bist of h	MARCH, 1901.
Numb		State whether "Head of Family," or "Wife," Son. of "Daughier," of other relative; "Visitor," "Boarder," "Servant," de.	State here the particular Religion, or Religious Denomination, to which each person belongs. (Members of Protestant Denomina- tions are requested not to describ-	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	\	Months	write	State the Particular Rank, Profession, Trade, or other Employment of each person.		WHERE BORN. If in Ireland, state in what County or City; if elsewhere, state the name of the County in the County	Write the word "Insan" in this column opposite the name of each person who speaks Insan only, and the words "Insan & 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; Imbecile or Idiot; or Lunatic.
		"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.]		Years on last Birth- day.	Infants under one Year.	"M" for Males and "F" for Females.		Whether "Married." "Widower," "Widow." or "Not Married."			
1	Hannah Calvert	Head of g	Churchof Treland	read Church	100		10	ou sile osner side.)		the Country.	opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	Write the respective infirmities opposite th name of the afflicted person.
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	I hereby certify, as required by oing Return is correct, according to						-		•			