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. 9

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.	RELATION to	RELIGIOUS PROFESSION.	EDUCATION.		GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	WARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb Dumb only; Blind;
	No Persons ABSENT on the night of Sunday, March Hel, to be entered here; EXCEPT those (not enumerated elembers) who may be out at WORK or TRAVELLING, do., during that Night, and who RETURN HOME ON MONDAY, APRIL 184. Subject to the above instruction, the Name of the Head of the Family should be written first; then the name of his Wife, Children, and other Reinitive; then the same of Visitors, Boarders, Servants, &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 euter 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 Birthday.	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 this column opposite the nauce 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.	Write the respective infirmities opposite is name of the afflicted 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.

Muntel A Composignature of Enumerator.)

(Signature of Head of Family).