CENSUS OF IRELAND, 1901.

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

F	0	R	M	A.

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.

1	No Persons ABSENT on the night of Sunday, March 21st, be entered here: EXCEPT those find enumerated elsewher who may be out at Works or TRAVELLING, de., during that Night, and who serven Home on Monday, APRIL 1st.	RELATION to Head of Family	RELIGIOUS PROFESSION.	EDUCATION.	1	IGE.	SEX.	RANK, PROFESSION, OR	louse on th	ne night of SUND	AY, the 31st of 1	MARCH, 1901
Num	the Post of the above instruction, the Versey A.	State whether "Head of Family," or "Wife," Son," f "Daughter, or	State here the particular Religion, or Religious Denomination, to which each person belongs.		1	1	-	JOCOPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dum
	Christian Name. Surname.	other relative; "Visitor," "Boarder," "Servant," &c.	or Religious Denomination, to which each person belongs. (Members of Protestant Denomina- tions are requested not to describe themselves by the vague term "Frotestant," but to enter the name of the Partienlar 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 Birth- day.	Otto	# 64 TO 40 #	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.	AL AND A STATE OF THE STATE OF	If in Ireland, state in what County or City; if else- where, state the name of	Opposite the service for	Imbeciles I Idio or Lunatic.
	Hilliam Durns	Family	Presbyterian !	Read + Write	1/1	1 4	1 m	0,0	and married."	the Country.	who can speak both languages. In other cases no entry should be made in this column.	Write the respecti infirmities opposite name of the afflicted person.
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oren	I hereby certify, as required be oing Return is correct, according	y the Act 63	Vic., cap. 6, & 6 (1) the									

(Signature of Enumerator.)

(Signature of Head of Family).