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. Y

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 Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	1	GE.	SEX.	RANK, PROFESSION, OR			-			200
	No Persons address on the night of Sunday, March Met, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Works or Thavellays, de., during that Night, and who return Hour on Monday.  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, de.  Christian Name.  Surname.	10	State here the particular Religion, or Religious Denomination, to which each person belongs.  [Members of Protestant Denominations are requested not to describe		AUE.		SEA.	OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.		If Deaf and Dumi Dumb only;	
				State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth- day.	one "	Write "M" for Males and "F" for Females.	State the Particular Rank, Profession, Trade, or other Employment of each person. Children or young person 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 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.		Blind; Imbecile or Idiot; or Lunatic.  Write the respective infirmities opposite the name of the afflicted person.	
				or "Cannot Read."										
1	Usrgaret William sou	Hof Form	ly Resbyterian	read Fronte	55	-	7.	house keeper	Widow	Co. Cavan	-	"	11	• •
2	June . do.	Daught	u do.	do. do.	25	-	do	, ,	notmar	ied 60. "	",	"		,
3	William . Lo.	Son.	. do.	do. do.	23		m	Farmer	not ma	rud.lo. "	"	,,	"	"
4	John M. do .	do.	. do	do do.	21.		do	ur.	do do	· do.do.	"	,,	"	**
5	Ligge Williamson	Daug	ter. do.	do. do	18.	"	7	., "	do. do	do. do.	,,	"	"	"
6														
7							,							
8														
9														
0 -														
1														
2 _							4							
3 _														
5														A. I.

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 Beturn.

Milliamson (Signature of Head of Family).