CENSUS OF IRELAND, 1901.

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

FORM A.

(Signature of Head of Family).

	NAME and SURNAME. No Persons ADMENT on the night of Sunday, March 31s to make may be out at Work or The manuscrated closely who may be out at Work or The manuscrated closely	RELATION to Head of Family	RELIGIOUS PROFESSION.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.		The state of the s	AY, the 31st of I	MARCH, 1901.
Number	Subject to the above instruction, the Name of the Head of the Family should be written first; then the names of the Pamily should be written first; then the names of the relatives; then those of Visitors, Boarders, Servants, &c.	State whether	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 eater the name of the Particular Church, Denomination, or Body, to which they belong.]		Years on last Birth- day.	Years on last Birth-day. Months for Infants under one Year.	Write "M" for Males and "F" for Females.	State the Particular Bank, Profession, Trade, or other Employment of each person. Children or young persons attending a School, or receiving regular instruction as 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 of ENGLISH" opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	
1 2 3 4 5 6 7	11 11	Son Son Daughter	Catholic Catholic Catholic Catholic	read swrite	41 37 35		J M M M	Farmer Farmer	Hodow	Ireland C. Can	Braglish Conglish Congli	Write the respecti infirmities opposite name of the afflicted person.
9 -												
-						1						
L	I hereby certify, as required					+						

bath une farrelly

Daniel Farrelly . (Signature of Enumerator.)