Manufacture of Page 1 August 1 Poppoor

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. 1

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.

Fumber.	No Persons assess on the night of Sunday, March 21st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Work or TRAVELLING, &c., during that Night, and who RETERS HOME ON MONDAY, APRIL 1st.		RELATION to Head of Family, "Head of Family," or "Wife," Son, "Daughter," or other relative; "Visitor," "Boarder," "Servant," &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 enter the name of the Particular Church, Denomination, or Body, to which they belong.]	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb:
					State here whether he or she can "Reed and Write," can "Read" only, or "Cannot Read."	Years on last	Months for Infants under one Year.	Write "M" for Males and "F" for Females.	OCCUPATION. 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 Scholarz. Before filling this column you are requested to read the Instructions on the other side.]	Whether "Married." "Widower," "Widow,"	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.	Dumb only; Blind; Imbecile or Idiot or Lunatic. Write the respective infirmities opposite to 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.

(Signature of Enumerator.)

I believe the foregoing to be a true Return.

__(Signature of Head of Family).