up the column he

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.

1	NAME and SURNAME. No Persons absent on the wight of Sunday, March 21st, to	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	A	GE.	SEX.	RANK, PROFESSION, OR	MARRIAGE.	WUFPE POPE		
ł	No Persons absent on the wight of Sunday, March 21st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Works or Travelling, de., during that Night, and who astrues Home on Monday, APRIL 1st. 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, Bourders, Servants, &c. Christian Name. Surname.		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.)	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth- day.	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.		WHERE BORN, If in Ireland, state in what County or City; if elsewhere, state the name of the Country.	Write the word "Inish" in this column opposite the name of each person who speaks Inish only, and the words "Inish & English" opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	If Deaf and Dumb or Blind Imbecile or or Luna Write the resinfirmities oppname of the control of
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	I hereby certify, as required											

(Signature of Enumerator.)

melli signature of Head of Family).