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

FORM A.

No. on Form B. 2

DEFURN 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.

	be embered here: EXCEPT those (not enumerated elsewhere) who maybe out at WONE or TRAVELLING, &c., during that Night, and who RETURN HOME ON MONDAY, APAIL 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, Boarders, Servants, &c.  Christian Name. Surname.		RELATION to Head of Family.	State here the particular Religion, or Religious Denomination, to which each person belongs. (Members of Protestant Denomina-		EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN,	IRISH LANGUAGE.	If.Deaf and Dumb; Dumb only;
Number.						State here whether he or she can "Read and Write," can "Read " only, or " Cannot Read."	Years Months on last Birthday. Wear.	Infants	"M" for Males and "F" for	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.]	"Married." "Widower," "Widow,"	If in Ireland, state in what County or City; if eise- where, state the name of the Country.	Write the word "IRISH" in this column opposite the name of each person who speaks laish 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.	Imbecile or Idiot; or Lunatic.
								one Year.						Write the respective infirmities opposite in name of the afflicted person.
1	Mary	Gargan	Asamely	Goman &	atholie	Tead a write	36		ď	_	Widow	B. Househau		
2	Tohns	Galgan	Son	Joman ;	astrolie	Read & Write	28		16	Farmer Don	Married	& Cavan		
3		- 0					4					*		
5						N. A. I.								
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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.

I believe the foregoing to be a true Return.

Mary Gargan

\_(Signature of Head of Family).