Dabban nmuloo ant qu pailing los

IRELAND, 1901.

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

FORM A.

No. on Form B. 2

s 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.

| | No Persons ABSENT on the night of Sunday, March Met, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Wonx or TRAVELLING, &c., during that Night, and who METTEN 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, Boarders, Servants, &c. Christian Name. Surname. | | State whether "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 OCCUPATION. | MARRIAGE. | WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dumb; |
|---------|--|-------|---|---|------------|---------------------------------------|--------------------------|------|---------------------------------------|--------------------------------|--|--|---|
| Number. | | | | | | Years on last In Birth- day. | Months for Infants | | home, should be returned as Scholars. | "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 the 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.

I believe the foregoing to be a true Return.

Mcholas Brad (Signature of Head of Family).