CENSUS OF IRELAND, 1901.

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

| lumber, | NAME and BURNAME. No Persons ABBENT on the night of Sunday, March 31st, to be entered here: Except those (not enumerated elsewhere) who may be out at Work or Travelling, dc., during that Night, and who return 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. | | RELATION to Head of Family | RELIGIOUS PROFESSION. | EDUCATION. | RVAN | VANTS, &c., wh | | o slept or abode in this | House on the picht | | No. on Form B. | |
|---------|---|------------------------|---|--|---|----------------------------|--------------------------|---|--|--|---|--|---|
| 1 | | | "Head of Family," or "Wife," "Son," "Daughter," or other relative | or Religious Denomination, to which each person belongs. [Members of Protestant Denomina- | | + | AGE. | SEX. | State the Particular Rank, Profession, Trade. | MARRIAGE | | DAY, the 31st of MARCH 1 | |
| 1 | | | "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.] | State here whether he or she can "Read and Write," can "Head" only, or "Cannot Read," | Years on last Birth- | Months for Infants | Write "M" for | | - Laurent Laur | WHERE BORN. | LANGUAGE. If Dead | |
| 1 2 | Rose | Kully | | | | | under one Year. | Write "M" for Males and "F" for Female: | 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.] | Whether "Married," "Widower," "Widow," or "Not Married." | If in Ireland, state in what County or City; if else- where, state the name of the County. | | If Deaf and Dumb ou Blind Imbedile or or Luna |
| 3 | | | | Remar Contholis | Cannot Read | 60 | | 4. | 4 | | | who can speak both langu- ages. In other cases no | Write the responsion infirmities opposinate of the afflicted person |
| 4 | | | - | | | - | 1 | 1 | 1 day | Edver | Cobaran | , | auncted person |
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| egoin | I hereby certi | fy, as required by the | e Act 63 Vi | c., cap. 6, s. 6 (1), that the knowledge and belief. | | - | 1 | | | - | | | |
| | | rect, according to the | best of my | knowled 6 (1), that th | ле | | | | I believe the foregoing to be a | - | | | - |