## 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. 12

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.

	NAME and SURNAME.  No Persons absent on the night of Sunday, M be entered here: EXCEPT those (not enumerated who man be out.)	RELATION to	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	1		, 5250 01 10	IARCH, 1901
	that Night, and who RETTERN HOME ON APRIL 1st.  Subject to the above instruction, the Name of the Family should be written first; then the his Wife, Children, and other Relatives; the Visitors, Boarders, Servants, &c.  Christian Name.  Surname	onday,  State whether "Head of Family, or "Wife," "Son, "Daughter," or other relative; "Visiter." "Boarder," "Servant," &c.		"Read" only,	Years on last Birth- day.	Months for Infants under one Year.	Write "M" for Males	RANK, PROFESSION, OR 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 Scholars.  Before filling this column you are requested to read the Instructions on the other side.]	"Married." "Widower."	WHERE BORN.  If in Ireland, state in what County or City; if elsewhere, 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.	If Deaf and Dur Dumb only; Blind; Imbecile or Idic or Lunatic.  Write the respect infirmities opposite name of the afflicted person.
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	I hereby certify, as re											

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.

Peter Marron