CENSUS OF IRELAND, 1901.

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

FORM A.

(Signature of Head of Family).

ır.	NAME and SURNAME. No Persons absent on the night of Sunday, March 31st, to be entered here: Except those (not enumerated elsewhere) who may be out at Work or Travelling, &c., during that Night, and who BETURN HOME ON MCNDAY, APRIL 1st.	Head of Family			AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WIERE BORN.		IARCH, 1901
Numb	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 of "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	to which each person belongs. [Members of Protestant Denomina-	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.]	Whether "Married," "Widower"	If in Irland, state in wh Couny or City; if else where state the name 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 Dum Dumb only; Blind; Imbecile or Idio or Lunatic.
1 2	Pat Boyle	Head wife	R. Catholic	Read	60		16.	4		60. Cara		Write the respect infirmities opposite name of the afflicted person.
3	Thomas Boyle	Son	or Catholic	Renda unt	12	•	J. 16.	11.	married		2	
5 .	Robert - Boyle	Son	R. Catholic	oannot read	6 2		J. 16	Scholar Injant-	"	Co Cava	2	
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1	I hereby certify, as required				+		-					