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. 19

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

ď	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 return Home on Monday, April 1st.	RELATION to Head of Family		EDUCATION.	A	GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and D
-	that Night, and who RETURN HOME ON MODAY, 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.	name of the Particular Church, Denomination, or Body, to which they belong.]		Years on last Birth- day.	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," "Widow." "Widow." or "Not Married."	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.	If Deaf and I Dumb on Blind; Imbecile or I cr Lunat Write the respinfirmities opportunities opportunities opportunities of the afflicted personal control of the afflicted pers
1	Julia Monte	Head	R Catholic	Readonly	60	-	J.	Farmer	Widow	Co Couran		afflicted per
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	I hereby certify, as required						+					

10000 (Signature of Enumerator.)