Part Part Story , Miles , ,

## 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. 14

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.

Number.	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 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.		EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb
				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 "Read" only, or "Cannot Read."	Years on last Birthday.	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," "Widow," or "Not Married."	If in Ireland, state in what County or City; if elso- 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 these who can speak both languages. In other cases no entry should be made in this column.	If Deaf and Dumb only; Blind; Imbecile or Idle or Lunatic.  Write the respecting infarmities opposite name of the afflicted person.
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I hereby certify, as required by the Act 63 Vi	ic., cap. 6, s. 6 (1), that	t the
foregoing Return is correct, according to the best of my	knowledge and belief	£
UV	Silman	
Thomas	Lilman	(Signature of Enumerator.)

I believe the foregoing to be a true Return.

(Signature of Head of Family).