## 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.

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.

					1		SEX.	RANK, PROFESSION, OR	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb:
NAME and SURNAME.		RELATION to Head of Family.	RELIGIOUS PROFESSION.	ESSION. EDUCATION.		AGE.		OCCUPATION.	AARRIAUS.			If Deaf and Dumb; Dumb only; Blind; Imbecile or Idiot;
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 Travelline, &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.			State have the particular Religion.	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.	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.]	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 name of those who can speak both languages. In other cases no entry should be made in this column.	Write the respective infirmities opposite the name of the afflicted person.
Christian Name.		0	of Roman		1		7	Ilma backer	married	br. Cavan	Irish & Gra	il
1 Hary 2 Gose	Harrelly	Daug Mer	Catholic.	read I write	2/		7	Housekeeper Domestie Servant	not yourned	Laron	English	
3	0				-							
		3.00										
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14										*	NAME OF BRIDE	
15	I hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the											

I hereby certify, as required by foregoing Return is correct, according to the best of my knowledge and belief.

(Signature of Enumerator.)

Harif Harrelly (Signature of Head of Family).