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. 2

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.	RELATION to	RELIGIOUS PROFESSION.	EDUCATION.	A	E.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb Dumb only; Bline;
Number.	be entered here: EXCEPT for such many're out at Work, that Night, and who at Ara Shaper to the above instruc- tive Family should be win- his Wife, Children, and of Visitors, Board	eight of Sunday, March 31st, to see (not enumerated cisewhere) or TRAVELLING, &c., during struck Home on Monnat, all 1st. ction, the Name of the Head of then first: then the names of ther Relatives; then those of lors, Servants, &c.	Delians one	name of the Particular Church, Denomination, or Body, to which	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth- day.			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 else where, state the name of the Country.	Write the word "Inish" in this column opposite the name of each person who speaks Inish only, and the words "Inish & English opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	Write the respective infarmities opposite in name of the afflicted person.
1	Mary.	Smyth	Lervart	Mubatholie	Redd of Write	60		F	General Servant	Widow	Cavan		
2	1	/				_							
3													
4			-			1							
5						\vdash	-	-					
6				3							247 7		
7			-										
8						-	-	-					
9						1		1.					
10	-		-		-	1		1					
11							-	-					
			1										
12						1							
13			-					1					
14						-	-	-		-	1 1 1 1 1 1		
15					lating state								

	I hereby certify,	as required	by	the	Act	63	Vic., cap. 6	, S.	6 (1),	that 1	th
formationa	Return is correct	t according	to	the	best	of	my knowle	dge	and l	belief.	

Thomas Gilman (Signature of Enumerator.) I believe the foregoing to be a true Return.

_(Signature of Head of Family).