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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.

ETURN 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 Head of Family RELIGIOUS PROFESSION. EDUCATION. RANK, PROFESSION, OR No Persons ABSENT on the night of Sunday, March Mat, the entered here: EXCEPT these (not enumerated elsewhere who may be out at WORK or TRAVELLING, de., during that Night, and who METURN HOME ON MONDAY, APRIL 181. AGE. SEX. MARRIAGE. WHERE BORN. If Deaf and Dumb;
Dumb only;
Blind;
Imbecile or Idiot; IRISH LANGUAGE. OCCUPATION. State here the particular Religion, State here the particular Religion, or Religions benomination, or being on the Religious benomination, to which cach jerson 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 the Particular Rank, Profession, Trade or other Employment of each person Children or young persons attending a School, or receiving regular instruction a home, should be returned as Scholars. Write the word "Insar" Subject to the above instruction, the Name of the Head of the Family should be written first; then the names of his W.fe, Children, and other Relatives; then those of Visitors, Boarders, Servants, &c. 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 langu-ages. In other cases meentry should be made in this column. State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." ior Infants under one Year. Years on last Birth-day. Whether "Married." "Widower," "Widow," or "Not Married. or Lunatic. If in Ireland, state in what County or City; if else-where, state the name of the Country. Before filling this column you are requested to read the Instructions on the other side. Write the respective infirmities opposite the name of the afflicted person. Lead write 10 11 12

I hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the foregoing Return is correct, according to the best of my knowledge and belief.

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Howar Reddy (Signature of Enumerator.)

I believe the foregoing to be a true Return.

(Signature of Head of Family).