Appling O Duri OF IRELAND, 1901.

(Two Examples of the mode of filling up this Table are given on the other side.)

FORM A.

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.

	No Persons ABERNT on the night of Sunday, March 31st, to be entered here: EXERT those incl enumerated elsewhere; who may be out at Wonse or Travelline, de., during that Night, and who revers Horse or Monday. APAIL 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, do.		Head of Family. State whether "Head of Family," or "Wife," "Soo." "Daughter," or other relative; "Visitor," "Boarder," "Boarder," "Servant, "&c.	State here the particular Religion, or Religious Denomination, to which each person belongs. Members of Protestant Denomina-	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf
Number					b.ate 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	Write "M" for Males and "F" for	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.	Whether "Married" "Widower," "Widow,"	If in Ireland, state in what County or City; if else where, state the name of	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 Dumb Dumb only; Blind; Imbecile or Idiot; or Lunatic.
1	Felipe	Sheridan		Roman Patholis	Readtwrite		Year.	remales.	Before filling this column you are requested to read the Instructions on the other side.]	or "Not Married."	11 /1	opposite the names 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.
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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.

I believe the foregoing to be a true Return.

Thereday (Signature of Head of Family).

_(Signature of Enumerator.)