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. 3

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. Christian Name.	Surname.	RELATION to Head of Family. State whether "Head of Family," or "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	RELIGIOUS PROFESSION. 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.]	EDUCATION. State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	AGE. Years on last Birthday.	AGE. Months for Infants under one Year.	SEX. Write "M" for Males and "F" for Females.	RANK, PROFESSION, OR OCCUPATION. 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.)	MARRIAGE. Whether "Married," "Widower," "Widow," or "Not Married."	WHERE BORN. If in Ireland, state in what County or City; if elsewhere, state the name of the Country.	IRISH LANGUAGE. 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. Write the respective infirmities opposite the name of the afflicted person.
1	Michael	Carrol	Head of Family	Roman Catholic	Cannot read	50	-	M	Farmer	Married	Co. Cavan	—	—
2	Margret	Do	Wife	Do	Read only	50		F		Do	Do		
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

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.

Thomas J. Early Const *(Signature of Enumerator.)*

I believe the foregoing to be a true Return.

his
Michael + Carrol
mark Witness Thomas J Early Const *(Signature of Head of Family).*