CENSUS OF IRELAND, 1901.

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

FORM A.

| Ara hjeet to the above metruc o Pamily should be are | TURN HOME ON MONDAY, | | | aboution. | IGE. | | SEX. | State the Particular Rank, Profession, Trade, or other Employment of each person. Children or young persons attending a School, or receiving regular instruction as home, should be returned as Scholars. Before filling this column you are requested to read the instructions on the other side.] | MARRIAGE. | WHERE BORN. If in Ireland, state in what County or City; if elsewhere, state the name of the Country. | Write the word "larse" in this column opposite the | If Deaf and Dumb Dumb only; |
|--|----------------------|--|---|---|---|---|---|--|--|--|--|--|
| No Persons ABREST on the night of Sunday, March Het, to it to entered here: EXCEPT those (not enumerated elementary) the may be out at Work or Theyellers, de., during that Night, and who METURE 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, Soarden, Servanta, de. Christian Name. Surname. | | State whether "Head of Family," or "Wife," "Son," "Damphter," or other relative; "Visiter," "Boarder," "Servant," &c. | State here the particular Religion, or Heligious 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.] | 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. | Write "M" for Males and "F" for Females | | | | | |
| awolnes | Reilly | Head y Family | Roman Catholic | Read & White | 26 | | 2 | to read the Instructions on the other side.] | O | and Country. | who can speak both languages. In other cases no entry should be made in this column. | Write the respecti infirmities opposite 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.

strella Dernott Cornet (Signature of Enumerator.)

I believe the foregoing to be a true Return.

(Signature of Head of Family).