Aggrand D. Handle Dudies State December

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.

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

-		d SURNAME. might of Sunday, March 32st, less (not counterated clarecher	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	A	GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and
		might of Sunday, March Hes. Lose (not enumerated elementer to Thavelline, ofc., durin lincon Home on Monnar, Bill let. Letion, the Name of the Head litten first; then the names o ther Relatives; then those o ders, Servants, do. Surname.		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 Rody, 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	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.	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 "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 D Dumb onl Blind; Imbecile or I or Lunat Write the resp infirmities oppositions and of the afflicted pers
1	House	Grady	H. Frank	Kemen Steler	Camer Kend	50	2-	m	Carpenter	Marrie	la feitim		
-	Elward	Brake	Sha	50	Need North	18	-	n	Degnotres	00	Cofavan		
1	Mary fine	Braly	Daughte	- DO	80	17		×	Scholer	ut Merko So	20		
	Wines	Brady	lon	50	<u>An</u>	15		m	00	DO	50		
1	Marfaret	Brety	Danka	50	20	13	``	m 7	40	40	00		199
	Yaffiek 1	Bray	Son	80	00	10		m	NO NO	80	80		
	uu laa	sray	Daught	00	00	7	-	7	50	80	so		
The second second										AACE			
										STATE OF			

(Signature of Enumerator.)

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 knewledge and belief

I believe the formoing to be a true Retur

rafles (Signature of Head of Family).

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