Approved D. H. range Deliver State De

## 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.

	No Persons ADMENT on the night of Sunday, March Hat, to be entered here: ENCEPT these (not enumerated elsewhere) who may be not at Wonz or TRAVELLING. Sec., during		RELATION to Head of Family.  State whether "Head of Family," or "Wife," "Sen," "Daughter," or other relative; "Visiter," "Boarder," "Servant," de.	RELIGIOUS PROFESSION.  State here the particular Beligion, 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.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb Dumb only:
					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.)	The second secon	If in Ireland, state in what County or City; if else- where, state the name of the Country.	Write the word "IRBH" in this column opposite the name of each person who speaks IRBH only, and the words "IRBH & ENGLINE" 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 in 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 lest of my knowledge and belief.

(Signature of Enumerator.)

I believe the foregoing to be a true Return

(Signature of Head of Family)