Total 2 Castle, mar. 1900.

ENSUS 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.

| Number. | CONTRACTOR SUPPLIES | | or "Wife," Son," "Daughter," or other relative; "Visikor," "Boarder," "Servant," do. | 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. | AGE. | | SEX. | RANK, PROFESSION, OR OCCUPATION. | MARRIAGE. | WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dumb |
|---------|---------------------|----------|--|--|--|--|-----------------------------------|---|--|-----------|--|--|--|
| | | | | | State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." | Years on last Birth-day. Month for Infant under under One Year. | Months for Infants under | 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 as home, should be returned as Scholars. Before filling this column you are requested to read the instructions on the other side.] | | If in Ireland, state in what County or City; if else- where, state the name of the Country. | Write the word "Inter" in this column opposite the name of each person who speaks IREN only, and the words "IREN & ENOLISH" 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 infamilies opposite the name of the afflicted person. |
| | | | | | | | Year. | | | | | | |
| 1 | Priaget | mª Yover | Head of Family | Roman Cacholi | Headonly | 60 | | F | farmer | Widow | Clavar | | |
| 2 | Peter | " " | Son | | Head swrite | 25 | | M. | V vo | notmannie | ,, ,, | | |
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I hereby certify, as required by the Act 63 Vic., cap. 6, a. 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.

Briage 1x m Loveon (signature of Head of Family).

James Fooly Cox St

(Signature of Enumerator.)