## CENSUS OF IRELAND, 1901.

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

## FORM A.

	NAME and SURNAME.	RELATION to	1					To a code in this	douse on the	e night of SUND	AY, the 31st of M	<b>IARCH</b> , 1901
	Mo Persons absent on the night of Sunday, March 31st, to be entered here: Except those (not enumerated elsewhere) who may be out at Wolk or Travelling, &c., during that Night, and who return Home on Monday, APRIL 1st.	mead of Family.		EDUCATION.	1	IGE.	SEX.	PANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	
Mund	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, Boarders, Servants, &c.  Christian Name.  Surname.	State whether "Head of Family," or "Wife," "Son." "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	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.]	b-ate here whether he or she can "Road and Write," can "Road" only, or "Cannot Road."	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 Scholers.  Before filling this column you are requested to read the instructions on the other side.]	Whother "Married." "Widows," "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 "Inne" in this column opposite the	If Deaf and Dumbonly; Blind; Imbecile or Idle or Lunatie.  Write the respectinfirmities opposite name of the affilioted person.
1	Bernard megovern	Hof James					m.	Postman	married	bo bavan		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.

I believe the foregoing to be a true Return.

(Signature of Enumerator.)