## 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. 12.

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 M

	NAME and SURNAME.  No Persons ABBENT on the night of Sunday, March 31st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Work or Travelling, &c., during that Night, and who return Home on Monday, April 1st.	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	,	GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	IARCH, 1901
Number,	that Night, and who RETURN 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, Chileren, and other Relatives; then those of Visitors, Boarders, Servants, &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.]	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth-	Months for Infants under one Year.	Write "M" for Males and "F" for	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.	Whether "Married," "Widower," "Widow,"	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	If Deaf and Dumb Dumb only; Blind; Imbecile or Idiot; or Lunatic.
	Christian Name. Surname.	100	1			Year.	Females	Before filling this column you are requested to read the Instructions on the other side.]	or "Not Married."			Write the respect infirmities opposite name of the afflicted person
9	Samuel Johnston	family	11 15 1		64		F	Farmer	Widow	County Cavar		
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	I hereby certify, as required					36.3						

foregoing Return is correct, according to the best of my knowledge and belief.

Patrick W. Laughlin (Signature of Enumerator.)

(Signature of Head of Family).