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NSUS 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. 4.

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.

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1		NAME and SURNAME. No Persons ABSENT on the night of Sunday, March 31st, to		RELIGIOUS PROFESSION. State here the particular Religion, or Religious Denomination, to which each person belongs. [Membere 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;
1		No Persons absent on the night of Sunday, March 31st, to be ent red here: EXCEPT those (not enumerated elsewhere) who may be out at Work or Travelling, de., during that Night, and who return Home on Monday, APRIL 1st.			State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years . f on last Info Birth- un	Months for Infants under	Write "M" for Males and	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.		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 abould be made in this column.	
		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.					under one Tear.	der and Fr for Females					Write the respective infirmities opposite the name of the afflicted person.
	1	Isabella Anderson	Head	Church Sheland	Read & Write	72		F	Farmer	Widow	lo Cavan		
		Robert Anderson		Churchofreland	Read+Write	30		M	~		leo Cavan		
	3	Annie Anderson	Daughter	Church Sheland	Read+ Write	2.8		F	1 ,	Not Married	le Cavan	688	
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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.

Patrick W. Laughlin (Signature of Enumerator.)

I believe the foregoing to be a true Return.

Isabella Anderson

(Signature of Head of Family):