Total. Approved D. Hardel Dubit Sird Precent

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.

Number.	NAME and SURNAME. No Persons ABSENT on the night of Sunday, be entered here: EXCEPT those (not enumeral	March 31st, to ed elsewhere)			EDUCATION.	AGE.		SEX. Write "M" for Males	School or receiving recolar instruction at	Whether "Married."	WHERE BORN, If in Ireland, state in what County or City: if else	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, and the words "IRISH & ENGLISH"	If Deaf and Dumb Dumb only; Blind; Imbecile or Idiot; or Lunatic.
	No Persons absent on the night of Sunday, March 31st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Work or TRAYELLING, &c., during 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, Children, and other Relatives; then those of Visitors, Boarders, Servants, &c.		ether amily," "Son," [Members of tions are reative;	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- day.	Infants						
	Christian Name. Surnar	"Board "Servant	er, "Protestan name of the Denomination of the	"Protestant," but to enter the name of the Particular Church, Depondantion, or Body, to which the Liong.]	or "Cannot Bead."	day.	one Year.	and "F" for Females.		Whether "Married." "Widower," "Widow," or "Not Married."	County or City; if elsewhere, state the name of the Country.	opposite the name of those who can speak both languages. In other cases no entry should be made in this column.	Write the respective infirmities opposite th name of the afflicted person.
1 2	John Gibne	y 1597	mily bas	tholix	cannot Read	66		M	Farmer	not llarrie	Eavan		
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The state of the s	- 4												
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1	I hereby certify, as			Exercise !									

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.

hu Manage Con (Signature of Enumerate

I believe the foregoing to be a true Return.

_(Signature of Head of Family).

Withes

mork John Muramara Con