CENSUS OF IRELAND, 1

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

FORM A.

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RETURN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on NAME and SURNAME. RELATION to Head of Family. RANK, PROFESSION, OR OCCUPATION. **RELIGIOUS PROFESSION.** EDUCATION. AGE. SEX. MARRIAGE 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 TRAVELLING, dc., during that Night, and who RETURN HOME ON MONDAY, APRIL 1st. State here the particular Religion, or Religious Denomination, to which each person belongs. Members of Protestant Denomina-tions 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 whether Head of Family, " Wife," " Son, " Daughter," or other relative; " Vistor," " Boarder," " Servant," &c. State the Particular Rank, Profession, Tra or other Employment of each pers Children or young persons attending School, or receiving regular instruction home, should be returned as Scholars. Month for Infants under one Year. State here whether he or she can "Read and Write," can "Read " only, or " Cannot Read." Years on last Birth-day. "M" fo Males and "F" fo Subject to the above instruction, the Name of the Head o the Family should be written first : then the names of his Wife, Children, and other Relatives; then those of Visitors, Boarders, Servants, &c. Before filling this column you are requested Christian Name. Surname. the fife Romen Carlas Cannot here of Son Mona Carlots Cannot here 28 bida nell margaret 1 farmer heils Farmeri Son and ma Edwan h 2 h'Sulla Brandes Roma Carlino Reas - brile 25 Thomas har Sche Leader M. M. 3 m 5 6 7 8 9 10 11 12 13 14 15 I hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the I believe the foregoing to be a foregoing Return is correct, according to the best of my knowledge and belief. magan Win Lynch bonst (Signature of Enumerator.)

Approved . HARRED ublif 21st December 1900.

Total

No. on Form B. /		
WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb:
If in Ireland, state in what County or City ; if else where, state the name of the Country.	Write the word "IRNE" in this column opposite the name of each person who speaks IRNE out, and the words, "IRNE & ENGLISE"	Dumb only; Blind; Imbecile or Idiot; or Lunatic.
	words in the arms of ince- opposite the annes of ince- who can speak both langa- ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite the name of the afflicted person.
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