CENSUS OF IRELAND, 1901.

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

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. No Persons assent on the night of Sunday, March 31st, to be entered here: ENCEPT those (not enumerated elsewhere who may be out at Work or Travelling, de., during that Night, and who serven Home on Monday, APRIL 1st. AGE. RANK, PROFESSION, OR OCCUPATION. SEX. MARRIAGE. State here the particular Religion WHERE BORN. State whether
"Head of Family,"
" Wife," "Son,
" Daughter," or
other relative,
" Visitor,"
" Boarder," IRISH LANGUAGE. 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.] If Deaf and Dumb; 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. 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. Dumb only;
Blind;
mbecile or Idiot; Write the word "IRISH"; this column opposite the name of each person where speaks IRISH only, and the words "IRISH & ENGLISH opposite the names of those who can speak both languages. In other cases mentry should be made in this column. State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." Years on last Birth-day. If in Ireland, state in what County or City; if else-where, state the name of the Country. or Lunatic. Christian Name. Servant, &c. Before filling this column you are requested to read the instructions on the other side. firmities opposite the name of the afflicted person. Farmer 10 11 12 13 14 15 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. ames laughan onto (Signature of Enumerator.) Signature of Head of Family). Sames Laughew Const