

# 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. 17

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. |          | RELATION to Head of Family. | RELIGIOUS PROFESSION. | EDUCATION.       | AGE.                    |                                    | SEX. | RANK, PROFESSION, OR OCCUPATION. | MARRIAGE. | WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dumb; Blind; Imbecile or Idiot; or Lunatic. |
|---------|-------------------|----------|-----------------------------|-----------------------|------------------|-------------------------|------------------------------------|------|----------------------------------|-----------|-------------|-----------------|---------------------------------------------------------|
|         | Christian Name.   | SURNAME. |                             |                       |                  | Years on last Birthday. | Months for Infants under one Year. |      |                                  |           |             |                 |                                                         |
| 1       | Hugh              | M. Jovan | Head of Family              | Roman Catholic        | Can Read & Write | 30                      | 0                                  | M    | Publican                         | Married   | Cavan       | English         |                                                         |
| 2       | Ednie             | M. Jovan | Wife                        | Roman Catholic        | Can Read & Write | 29                      | 0                                  | F    | Publican                         | Married   | Cavan       | English         |                                                         |
| 3       |                   |          |                             |                       |                  |                         |                                    |      |                                  |           |             |                 |                                                         |
| 4       |                   |          |                             |                       |                  |                         |                                    |      |                                  |           |             |                 |                                                         |
| 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 foregoing Return is correct, according to the best of my knowledge and belief.

*M. Jovan*

(Signature of Enumerator.)

I believe the foregoing to be a true Return.

*Hugh M. Jovan*

(Signature of Head of Family):