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. 26

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.

	NAME and SURNAME. No Persons amount on the night of Sunday, March Size, to be entered here: EXCEPT these (not enumerated elementers) who may be out at Wone or Theyrilline, du, during that Night, and who extrust Horn or Hornar, April, int. Subject to the above instruction, the Name of the Head of the Pamily should be written first; then the names of his Wife, Children, and other Belatives; then those of Vinifors, Boarders, Survanta, &c. Christian Name. Survante.		RELATION to Head of Family." State whether "Head of Family." or "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	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.]	EDUGATION.	TOR.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISE LANGUAGE.	If Deaf and Dumb; Dumb only;
1					State here whether he or she oan "Bead and Write," can "Read" only, or "Cannot Read."	Years on last Birthday.	Months for	Write	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 Scholarz. 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 "IRBER" in this column opposite the name of each person who speaks IRBER only, and the words "IRBER & ENGLISH" opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	If Deaf and Dumb; Dumb only; Blind; Imbecile or Idiot; or Lunatic. Write the respective infirmities opposite the mame of the afflicted person.
i							Months for Infants under one Year.	Write "M" for Males and "F" for Fernales					
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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.

(Sign

(Signature of Enumerator.)

Make & Celly

(Signature of Head of Family).

P. m. Lowas