CENSUS OF IRELAND, 1901.

(Two Examples of the mode of filling up this Tuble 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. NAME and SURNAME.

20	de entered here	: Except the	out (not enumerated elevation				1 1000	10 g-45 d		OCCUPATION.		THERE BORN.	IRISH LANGUAGE.	If Doof and Dumb
1	be entered here: EXCEPT those (not enumerated elevelers, who may be out at WORK or TRAVELLING, do., during that Night, and who REFURN HORE OR MORRAY, APRIL 18th. 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 Viniden, Boarden, Survania, do.		Name and Publisher and Address of	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 oan "Bead and Write," can "Read "only, or "Cannot Bead."	Yourse on last Birth- day.	Months for Infants under one Year.	Write "M" for Males and "F" for Females	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.	Whother "Married," "Widowe," "Widow," or "Not Married."	If in Ireland, state in what County or City, if else- where, state the name of the Country.	Write the word "Imag" in this column opposite the name of each person who speaks Imag only, and the wards "Image & ENGLISH" offosite the name 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 Lunatio.	
-	Christian	7	0:	1/	Denomination, or Body, to which they belong.]				remaies	Before filling this column you are requested to read the Instructions on the other side.]			ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite to mame of the afflicted person.
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I hereby certify, as required by the Act 63 Vic., cap. 6, a. 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.

(Signature of Head of Family).

am towaw (Signature of Enumerator.)