ENSUS OF IRELAND, 1901. (Two Examples of the mode of filling up this Table are given on the other side.)

the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House No. on Form B. 6

| Numb | No Persons ABSENT on the night of be entered here: EXCEPT those (no sale may be out at Work or The that Night, and who RETURN APPLE 18. Subject to the above instruction, 22 the Parallel | APRIL ISE. | State whether "Head of Family." | RELIGIOUS PROFESSION. 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. | State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." | AGE. | | SEX. | RANK, PROFESSION, OR OCCUPATION. | MARRIAGE. | e night of SUN | DAY, the 31st of 1 | MARCH, 190 |
|---------|--|--|--|---|---|------------------------------------|---|---|--|--|--|--|--|
| 1 | his Wife, Children, an Visitors, Bo | traction, the Name of the Hea written first; then the names d other Relatives; then those arders, Servants, &c. | State whether Head of Family, or "Wife," "Son," Daughter, "or other relative; "Visitor," Boarder," | | | | | | | | WHERE BORN. | | |
| 1 | francis | lassia | Servant," de. | moy belong.) | | Years on last Birth- day. | for Infants under one Year. | 'M' for Males and 'F' for emales. | 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. Before filling this column you are requested to read the instructions on the other side. | Whether "Married." "Widower," "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 "IRISH" in this column opposite the name of each person who speaks IRISH only, and the words "IRISH & 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 only; Blind; .mbecile or Idio or Lunatic. |
| 2 | fatherine | Yanian | Pecarte | Roman Cetholis | Read only | 60 | 10 | mi | 0 | | the Country. | who can speak both languages. In other cases no entry should be made in | Write the respecti infirmities opposite name of the afflicted person. |
| 3 | | 1 | - asia | 20 | Read oney | 46 | 1 | 7 | . farmin | notmornia | la lavan | | afflicted person. |
| 1 - | | | | | | | | + | | rd marie | Yavan | | |
| 5 - | | | | | | | | | | | | | |
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| | .a. ac. | | | | | | | | | | | | |
| foregoi | I hereby cer ing Return is co | tify, as required by | the Act 63 Vi | ic., cap. 6, s. 6 (1), that t | ha | | | | | | | | |
| | | according to | the best of my | knowledge and belief. | 40 | | | | I believe the foregoing to be | e a true D | | | |