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 VIIITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of No. on Form B._

umber.	NAME and SURNAME. No Persons absent on the night of Sanday, March Mst. to be entered here: EXCEPT those most enumerated elsewhere; that Night, and who have an Travelling that Night, and who have no Monday. 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. Christian Verse		Head of Famil	State here the particular Religion,	EDUCATION.	T	AGE. SI		X. RANK, PROFESSION, OR OCCUPATION.	House on the	No. on Form B e night of SUNDAY, the 31st of MARCH, 19		
2			"Head of Family, or "Wife," Son, "Daughter," Cr other relative;	Manufacture person belongs			Months				WHERE BORN.	IRISH LANGUAGE.	If Deaf and D
	Balherine Owen	Surname.	Servant, de.	"Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they below:	state here whether he or she can "Read and Write," can "Read only, or "Cannot Read."	on last Birth- day.	ist Infants infants under one	write "M" for Males and "F" for Females	for Children or young persons attending a School, or receiving regular instruction at home, should be returned.	de, on. 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.	in imbecile or Idio
3 4	Owen	bedy	Son	le manbatho	c Read Write	37	*	J.	Before filling this column you are requested to read the instructions on the other side.] Farmet Jarmet	Hidow Notharia	Lo bavan	ages. In other cases no entry should be made in this column.	Write the respection infirmities opposite name of the afflicted person.
5_													
6 _							_						
-			1					-					
							-						
				-				+					
								+					
						ATT							
rego	I hereby certi- ing Return is cor		F-11-5	Vic., cap. 6, s. 6 (1), that my knowledge and belief.			1	1	I believe the foregoing to	be a true Re	turn.	ature of Head of Far	¥ .