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.

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 MARCE

	NAME and SURNAME. No Persons absent on the night of Sunday, March 31st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be set that	RELATION to Head of Family.	RELIGIOUS PROFESSION.		ATION.	4	GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	
	who may be out at Work or Travelling, &c., during that Night, and who herrorn Home on Monday, April 1st. 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 Name. Surname.	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.]	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."		Years on last Birth- day.	Months for Infants under one Year.	Write "M" for Males and "F" for Females.		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	If Deaf and Durb only; Blind; Imbecile or Idic or Lunatic. Write the respect infirmities opposite name of the afflicted person.
1	Indel Tyrck	Seed	Momen Catholie	Ready		31	-	7	Shophuper	maried	Cavan		
2	m, 10.10	Bour Les	90	A	Do	58	_	7	hruscheeper	Widow	So		
-	m.01. / ///	Roarder	200	do	20	19	•	F	Shop assistant	Not maired	As		
-	Midfet Shelidan.	Constant	Les	000	محم	16		7	Shop assistant	let meries	So		
			Les										
						SF.X							
										Alteria			
-													
١	I hereby certify, as required								,				· ·

by 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.

an Com (Signature of Enumerator.)

I believe the foregoing to be a true Return

Sudfel Lynche (Signature of Head of Family).