Approved D. HARREL Dublin Clastle Comber, 1900.

## GENEUS OF RELAND CENSUS RELAND, 1901.

## 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.  No Persons ABSENT on the night of Sunday, March 31st, to be entered here: EXCEPT those (not enumerated elsewhere)   | RELATION to<br>Head of Family.  | RELIGIOUS PROFESSION.  | EDUCATION.   | 1                                  | GE.                                | SEX.                                    | RANK, PROFESSION, OR OCCUPATION.   | WARRIAGE.  | WHERE BORN.  | IRISH LANGUAGE.  | If Deaf and Dur |
|---------|--|---|--|--|------------------------------------|------------------------------------|---|--|--|--|--|-----------------|
| Number. | who may be out at Work or Travelling, &c., during that Night, and who return 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<br>can "Read and Write," can<br>"Read" only,<br>or "Cannot Read." | Years<br>on last<br>Birth-<br>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 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<br>County or City; if else-<br>where, state the name of<br>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. | Dumb only;      |
| 1       | Satrick barroll  | Head of Frie  | Roman batholic   | Read qurile  | 55                                 | -                                  | ell.                                    | Tobacco Spinner  | Married  | County of Cavay  | Irish & English  |                 |
| 2       | Eliza barroll  | wife  | Roman batholic   | Read t write   | 46                                 | -                                  | F.                                      | House Heeper   | Married  | Bounty of Laway  | - Chylling   |                 |
| 3       | Satrich Carroll  | Son   | Noman batholic   | Mad of write   | 28                                 | _                                  | ell.                                    | Pig Dealer   | not married  | County of Cavan  |  |                 |
| 4       | P Carroll  | Lon de  | Moman Callete  | Rad Twice  | 25                                 |                                    | ell.                                    | Farm Lewont  | Widower  | County of barry  |  |                 |
|         | Dige barroll   | Daughter  | Noman Catholic   | Madrunte   | 23                                 | -                                  | 7                                       | General Servant  | nd-morned  | Courts of Barrer   |  |                 |
|         | senge barroll  | son_  | Nom an bothdie   | Readown  | 20                                 | -                                  | ell                                     | Farm Servant-  | nd-married   | bounty of Farmy  |  |                 |
| -       |  | 7   |  |  |                                    |                                    |   |  |  | . 0  |  | ,               |
| -       |  |   |  |  |                                    |                                    |   |  |  |  |  |                 |
| -       |  | - 1   | •  |  |                                    |                                    |   |  | ·  | ~  |  |                 |
| -       |  |   |  |  |                                    |                                    |   |  |  |  |  |                 |
| -       |  |   |  |  |                                    |                                    |   |  | v.   |  |  |                 |
| -       |  |   |  |  |                                    |                                    |   |  |  |  |  |                 |
| -       |  |   |  |  |                                    |                                    |   |  |  |  |  |                 |
|         |  |   |  |  |                                    |                                    |   |  |  |  |  |                 |

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.

(Signature of Enumerator.)

I believe the foregoing to be a true Return.

Patrick Cartell (Signature of Head of Family).