IRELAND, 1901.

(Two Examples of the mode of filling up this Table are given on the other side.)

FORM A.

No. on Form B.

MBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night

P	nons absent on the night of Sunday, March 31st, to intered here: Except those (not enumerated elsewhere) the may be out at Work or Travelling, Ac., during that Night, and who return Home on Monday, April 1st.		RELATION to Head of Family.		EDUCATION.	A	GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf a
		TURN HOME ON MONDAY, IL 1st. tion, the Name of the Head of ten first; then the names of her Relatives; then those of ers, Servants, &c. Surname.	"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.	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 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 a Duml Bl Imbecile or L Write the infirmities name afflicted
	Arthur	Limas	Head	Church of heland	head & write		1	m		married		English	
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	011,	1	, 1	, 00	40	14		m	Shola	00	00	00	
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	The state of the			63 Vic., cap. 6, s. 6 (1), t.									

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.

I believe the foregoing to be a true Return.

Ques Junas (Signature of Head of Family).

Signature of Enumerator.)