OF IRELAND, 1901. CENSUS

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

FORM A.

No. on Form B. 6

DEFURN 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 right of Sunday, March 21st, to be each red here: EXCEPT those instemmentated elsewhere; who may be out of Work or Travelling. See, during that Night, and who serves Home on Monday. Areal let. Subject to the above instruction, the Name of the Head of the Family should be written first; then the names of his Wite, 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;	State here the particular Religion, or Religious Denomination, to which each person belongs. Members of Protestant Denomina- tious are requested not to fescribe	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only;
Mussibar.					State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth- day.	one	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 "Inish" in this column opposite the name of each person who speaks Inish only, and the words "Inish & English opposite the names of those who can speak both lauguages. In other cases no entry should be made in this column.	Blind; ambecile or Idiot; or Lunatic. Write the respective infirmities opposite the name of the afflicted person.
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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.

I believe the foregoing to be a true Return.

Signature of Enumerator.)

(Signature of Head of Family).