## 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 D 0

nber.	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 out at Work or Travelling, éc., 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, Servanta & Travelling of the Parish of the Head of Visitors, Boarders, Servanta & Travelling of the Head of Visitors, Boarders, Boarders, Boarders, Boarders, Boarders, Boarders, Boarders, Boarde			EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.			MARCH, 190	
			State whether	State here the particular Religion, or Religious Denomination, to which each person belongs. (Members of Frotestant Denomina- tions are requested not to describe themselves by the trees.	State here whether he or she can "Read and Write," can	Years on last	for it	Write	State the Particular Rank, Profession, Trade.		WHERE BORN.	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, and the words "IRISH & ENGLISH" opposite the name.	If Deaf and Du Dumb only Blind; .mbecile or Idi
	Christian Nama	2	"Servant," &c.	"Protestant," but to enter the name of the Particular Church, Denomination, or Body to which	or "Cannot Read."	Birth-day.	one Year	"F" for	home, should be returned as Scholars.	TTAGOW,	If in Ireland, state in what County or City; if else- where, state the name of the Country.	speaks insin only, and the speaks insin only, and the words "Irish & English" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Write the resp infirmities oppo- name of th
2	Fanny	blanke.	Hof Family	Protestant brok bhus	he Read only	70	-	F	Farmer  Farmer  James Son  Scholor	Widow	Colavan	this column.	afflicted pers
3	Yaman	00 6	e di		read twill	40		$\mathcal{M}$	Farmers Son	not mornide	. 20-		_
4	inny	b larine	Frand, Unld	20 00	00	12	-	7	Scholor	1.00.	Co mayo .	_	v
5 _								-			-		
5 -													
-													
3 _								-					
-								-					
-								-					
-		7.						+					. 18
-								-					
-								-					
-								-					
								-					
c.	I hereby	certify, as required	by the Act (	63 Vic., cap. 6, s. 6 (1), the	hat the								
ore	going Keturn is	s correct, according	to the best of	of my knowledge and be	lief.				I believe the foregoing	to be a true I	Return.		