## CENSUS OF IRELAND, 1901.

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

FORM A.

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. RELATION to RELIGIOUS

1.	No Persons absent on the beentered here: EXCEPT who may be out at Wor	te night of Sunday, March 31st, to those (not enumerated elsewhere ask or Travelling, &c., during RETURN HOME ON MONDAY, PRIL 1st.	Head of Family		EDUCATION.	A	GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	
Number		RETURN HOME ON MONDAY, PRIL 1st.  PRIL 1st.  ritten first; then the names of other Relatives; then those of other Relatives; then those of rders, Servants, &c.  Surname.	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	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	If Deaf and Dum Dumb only; Blind; Imbecile or Idiot or Lunatic.  Write the respective infirmities opposite infirmities opposite afflicted person.
1	John	Trans	1 James	Propolario Chiocofia	Lead + ky il	60		16	Incum bent	w.	11	this column.	name of the afflicted person.
2	( thyales	Keans	Dangs	P. Episcopia	rad + Write	3,		7	- Carninger	2 12	2 Mayo		
3	Lenge	Tyans	Son	P. Epiocopala	Zead & Write	128		16	Farmer -	not man	addus no	fo -	_
4	Will, any	Byers .	Lewans	1. Episcopal	Zal swite	28		4	Working age		ed From af	-	_
100	Jane	Byons	Sewan	the Upiacopa	L. Reus & wort	27		.7	In door Servant	los man	and farm		_
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15	Ihavi	1:0		63 Vic. cap 6 s 6 (1)									

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.

Tak Dervan (Signature of Enumerator.)

I believe the foregoing to be a true Return.

John Keane (the (Signature of Head of Family).