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## 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 B. 10

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) 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. |          | or "Wife," "Son." "Daughter," or other relative; "Visitor" | State here the particular Religion,<br>or Religious Denomination,                  | EDUCATION.   | AGE.                               |  | SEX.                            | RANK, PROFESSION, OR OCCUPATION.  | MARRIAGE.  | where born.  | IRISH LANGUAGE.  | If Deaf and Dumb;  |
|---|--|----------|--|--|--|------------------------------------|--|---------------------------------|---|--|--|--|--|
|   |  |          |  |  | 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<br>for<br>Infants<br>under<br>one | Write "M" for Males and "F" for | 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. | 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<br>this column opposite the                                | Dumb only;   |
|   | Christian Name.  | Surname. | "Boarder," "Servant," &c.                                  | name of the Particular Church,<br>Denomination, or Body, to which<br>they belong.] |  |                                    | Year.                                    | Females.                        | Before filling this column you are requested<br>to read the Instructions on the other side.]  | or "Not Married."  | the Country.   | who can speak both languages. In other cases no entry should be made in this column. | Write the respective<br>infirmities opposite the<br>name of the<br>afflicted person. |
| 1 | Julia  | megure   | Glad of Family   | Roman Catholes   | Read and write   | 25                                 |  | et.                             | Farmer  | Widow  | Comintanan   |  |  |
| 2 | Daniel .   | mequire  | Son  | Roman Catrolie   | Cannot Read  | _/_                                | -  | m                               |   | not moved  | County Javan   |  | _ (  |
| 3 | girles   | M. T.    | Son  | Roman Catholic   | Carmot Read  | 1                                  | -  | M                               |   | not morned   | Country Javan  |  |  |
| 5 | Julia  | shuamen  | thece!   | Roman Catholic   | Kees and horits  | _//                                | -  | 27.                             | Scholar   | Tool mortace   | County County  |  | _  |
| 6 |  |          |  |  |  |                                    |  |                                 |   |  | A PO   | - 1  |  |
| 7 |  |          |  |  |  |                                    |  |                                 | •   |  |  |  |  |
| 8 |  |          |  |  |  |                                    |  |                                 |   |  |  |  |  |
| 9 |  |          |  |  |  |                                    |  |                                 |   |  |  |  |  |
| 0 |  |          |  |  |  |                                    |  |                                 |   |  |  |  | N. S. S.   |
| 1 |  |          |  |  |  |                                    |  |                                 |   |  |  |  |  |
| 2 |  |          |  |  |  |                                    |  |                                 |   |  |  |  |  |
| 3 |  |          |  |  |  |                                    |  |                                 |   |  |  |  | 7.   |
| 4 |  |          |  |  |  |                                    |  |                                 | •   |  |  |  | -0   |
| 5 |  |          |  | Ch Via and C a C (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,

ionature of Fnumerator

I believe the foregoing to be a true Return.

Julia A Guire (Signature of Head of Family).