on annuos ous Occupation (Two Examples of the mode of filling up this Table are given on the other side,) FORM A. ORN 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.

Number.	NAME and SURNAME.	State whether "Head of Family," or "Wife," "Son," f "Daughter," or other relative	State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denominations are requested not to describe	State here whether he or she can "Read and Write," can "Read only, or "Cannot Read."	Years on last Birthday. Months for Inflants under one Year.	"M" for Males and "F" for	home, should be returned as Scholars.	Whether "Married." "Widower." "Widow,"	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 names of those who can speak both languages. In other cases no entry should be made in this column.	If Deaf and Dumb; Dumb only; Blind; imbecile or Idiot; or Lunatic. Write the respective infirmities opposite the name of the afflicted person.
	No Persons Aesent on the night of Sunday, March 31st, the entered here: Except those (not enumerated elsewhere who may be out at Work or Travelling, de, 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								If in Ireland, state in what County or City, if else- where, state the name of the Country.		
	the Family should be written first; then the names of his Wife, Ch. ideen, and other Relatives; then those of Visitors, Boarders, Servants, &c. Christian Name. Surname.										
1	They Coyle	A of fami	How an Catholic	Be ad and write	49	A	Farmer	Widow	Co Cavan		
2									74 T		
3		411				Tana a			14 3 14 3		
5		V (1)				Ü	, 3 mm 24 - 2			leit he	
6		4 2					SACT PROPERTY.				
7								id to in i			
9							A LONG TOWN A STORY		12 1		491
10				TENER TO A T					11		
11						5 1 1 1 S	4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		- 1		
12								e 3	Number of the second		
14									3 4		
15							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-315 -12-4	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.

I believe the foregoing to be a true Return.

(Signature of Head of Family).

No. on Form B.

(Signature of Enumerator.)