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

FORM A.

No. on Form B. 37

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.

The said of	Persons ABSENT on the	Persons ABSENT on the night of Sunday, March 31st, to entered here: EXCEPT those (not enumerated elsewhere) who may be out at Work or Travelling, de., during that Night, and who BETURN 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.		RELIGIOUS PROFESSION.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	
Number.	Subject to the above instruc- the Family should be writ- his Wife, Children, and ot Visitors, Board			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.	home, should be returned as Scholars.	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 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 langu- ages. In other cases no entry should be made in this column.	If Deaf and Dum Dumb only; Blind; Imbecile or Idiot or Lunatic. Write the respection
	Christian Name.	Surname.	"Servant," &c.	(h) 0					Before filling this column you are requested to read the Instructions on the other side.]	7		ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite the name of the afflicted person.
1	Michael	Con.	Ha offamily	Homan Catholic	Cauret red	60		De	Farmer	Dranies	Co. Cavan		
2	mary 1	Con	wife	_ Dr	Carnet read	58		4		Thanied	Do		
3	Henry	Con	An		Coaust read	22		m	Fames Los	Not marie	1 Do		
4	marea	Con	Doughte	90	Convotred	25		7	Farmer Daughter	Athanie	20-		
5								•	0				
3													
-													
-							_	_					
-							_	_					
-							_ -						
-													
-													
-													
L		ertify as position 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 Inumerator.)

_(Signature of Head of Family).