Septem Humos an

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. 2

UEN 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 SURNAN No Persons absent on the night of Sune be entered here: EXCEPT those (not enun who may be out at Work or Travell that Night, and who return Home APRIL 1st.		RELIGIOUS PROFESSION.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	
Number.	Subject to the above instruction, the Nathe Family should be written first: the his Wife, Children, and other Relative Visitors, Boarders, Servant	State whether "Head of Family or "Wife," "Sor other names of s; then those of s, &c. "Boarder," "Servant," &c.	to which each person belongs. "[Members of Protestant Denominaritions are requested not to describe themselves by the vague term "Protestant," but to enter the paging of the Protestant,"	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." "Widowe," "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 "Inish" in this column opposite the name of each person who speaks Inish only, and the	If Deaf and Dumb Dumb only; Blind; .mbecile or Idiot; or Lunatic. Write the respective
1	Bridget Gall	igau Hoffmin			46		H	1	4.0		opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	Write the respective infirmities opposite th name of the afflicted person.
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	I bombo: 0		t 63 Vic., cap. 6, s. 6 (1), t						Martin 1			

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.

(Signature of Enumerator.)

I believe the foregoing to be a true Return.

(Signature of Head of Family).