Depost utintos

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. 3

FURN 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. | RELATION to | RELIGIOUS PROFESSION. | PRUGIFICA | 1 | | | l name and this h | | | | |
|---------|--|---|--|---|------------------------------------|---|--|--|--|--|--|---|
| | No Persons absent on the night of Sunday, Ma be entered here: Except those (not enumerated who may be out at Work or Travelling, de that Night, and who herver Home on Mo April 1st. | Head of Family | 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." | AGE. | | SEX. | RANK, PROFESSION, OR OCCUPATION. | MARRIAGE. | WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dumb |
| Number. | that Night, and who BETURN HOME ON Me APRIL 1st. Subject to the above instruction, the Name of the Family should be written first; then the his Wife, Children, and other Relatives; then Visitors, Boarders, Servants, &c. | | | | 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. Pefore 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 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. |
| | Christian Name. Surname. | those of "Visitor," "Boarder," "Servant," &c. | | | | | | | | | | |
| 1 | Thomas Consty | Haf family | Bonsu Catholice | Read and write | 62 | | h | Farmer | Manie | Co Cavan | | |
| 2 | Alice Consty | wife | 20 | Read and write | | | F | | Marriea | Qu. | | in the second |
| 3 | Thomas Smith | Uncle | Do. | Read audinto | 60 | | m | | Not marie | - Sto- | | |
| 4 | Fridet Galligo | s Sote in Law | - Dr- | Head and write | 28 | | ye | | Not maries | 90 | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | 10 | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | 29 16-1 -14 - 5000 | | Principal Styling | Seattle Control | | | | | | | | |

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.

(Signature of Enumerator.)

I believe the foregoing to be a true Return.

(Signature of Head of Family).