STATE OF THE PARTY OF THE PARTY

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.

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 Works or Travellling, 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 his Wife, Children, and other Relatives; then those of Visitors, Boarders, Servants, &c. Christian Name. Surname.		RELATION to Head of Family. State whether "Head of Family," or "Wife, "Son," "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	State here the particular Religion, or Religious Denomination, to which each person belongs.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only;
Number.					State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Inf Birth- un day.	Months for Infants under one Year.	Write "M" fer Males and "F" for Females	ate the Particular Rank, Profession, Trade, rother Employment of each person. children or young persons attending a school, or receiving regular instruction at tome, should be returned as Scholars. efore filling this column you are requested o read the Instructions on the other side.		If in Ireland, state ir 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 words "Irish & English" opposite the names of those who can speak both languages. In other cases no entry should be made in this column,	Blind; Imbecile or Idiot; or Lunatic. Write the respective infirmities opposite the name of the afflicted person.
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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.

James Henry Conof (Signature of Enumerator.)

I believe the foregoing to be a true Return.

nal f Smith g (Signature of Head of Family).