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.

TURN 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 be entered here: EXCEPT those (not enumerated else- side means.)	RELATION to Head of Family	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
Number.	who may be out at Wonx or Thavellino, de., de that Night, and who return Home on Mond.  Subject to the above instruction, the Name of the H the Family should be written first; then the nam his Wife, Children, and other Relatives; then the Visitors, Boarders, Servants, &c.	State whether		State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	on last Birth-day.	Months for Infants under	Write "M" for Males and "F" for Females.	Children or young persons attending a School, or receiving regular instruction at home, should be returned as Scholars.		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.	Dumb only; Blind; Imbecile or Idiot; or Lunatic.  Write the respective infirmities opposite the name of the afflicted person.
	Visitors, Boarders, Servants, &c.  Christian Name. Surname.	"Boarder," "Servant," dc.				one Year.						
1	anne July	head for	the Catholic	read	54		1	Farmer	widow	Co Cavan		,
2	Michael Luly	1	As Catholice		22		m			G Cavan		/
3	Michael Tully	Son	Ro Cotholie	Cannot read	12	F	m	V farmers son	notmarried	lo Cavan		
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	Charles to me		STREET, ST. FOR	Laboration of								

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.

anne Tulley

(Signature of Head of Family).

emy (Signature of Fnumerator.)

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