Maria Committee of the state of

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/

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)	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	A	GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumi
	No Persons absent on the night of Sunday, March 31st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at Work or TRAVELLING, &c., during that Night, and who neturn Home on Monday. Apail 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.	State whether "Head of Family," or "Wife," "Son." "Daughter," or other relative; "Visitor," "Boarder,"	State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denomina- tions 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.		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 words "Inish & ENGLISH" opposite the names of those	If Deaf and Duml Dumb only; Blind; Imbecile or Idiot or Lunatic.
	Christian Name. Surname.	"Servant," de.	Denomination, or Body, to which they belong.]	b		Year.	Females.	Before filling this column you are requested to read the Instructions on the other side.]	or "Not Married."	the Country.	opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Write the respecti infirmities opposite name of the afflicted person.
1	P. T. man Canal	Daughter	Coman Caflodie	Read write	25	-	7	tarmers saught	homarrie	6 Covan		_
2	Towns maken	Boother 12	Bomanbatholie	Kead rurite	93	_	m	Famer son	Mymaria	7 1		
3	Terevel mapahon	Stother	Koman Catholic	Head wit	21	•	n	Farmers Son	Mmarrie	G Carre	-	-
	1	1										
	M	7		•								
	20	Λ.	9.						*			
	1024	,	and Carl				-					
1	(Sall	0 00	ha.									
-	calle me	310	100/									
-	The work	ar (01/									
-	Contract V	'										
-	Med John Col	1							11			
-	to for my	/										
•			NEW YORK OF THE PARTY OF THE PA	LANGE LANGE			1		New Park			

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.

www (Signe

(Signature of Head of Family).