

# CENSUS OF IRELAND, 1901.

## FORM B. 1.—HOUSE AND BUILDING RETURN.

County, Galway E.B. Parliamentary Division, South Galway Poor Law Union, Loughrea District Electoral Division, Loughrea Townland, Graigine  
 Parliamentary Borough, - City, - Urban District, - Town or Village, - Street, - Barony, Loughrea Parish, Loughrea

Note A.—When a Townland or Street is situated in two Parliamentary Divisions, or in more than one District Electoral Division or Parish, or is partly within and partly without a Parliamentary Borough, City, Urban District, Town, or Village, a separate Return should be made for each portion.

| HOUSES.                   |                            |                                                                                                                        |                                                                    |                                                                    |                                                                                                                                                                          |                                                                                                                                                        |                                                                                                                                                                                                          |                                                                                          |                                                                                                                | FAMILIES, &c.                                                                                                                                           |                                         |                                                        |                                                                |                                         |                                     |                                                                     |                                                                                                                        |                                                              |  |
|---------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------|-------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|
| No. of House or Building. | Whether Built or Existing. | State whether Private Dwelling, Public Building, School, Manufactory, Hotel, Public-house, Lodging-house, or Shop, &c. | Number of Out-Offices and Farm-buildings as returned on Form B. 2. | Is House Inhabited<br>—<br>Yes<br>or<br>No,<br>as the case may be. | PARTICULARS OF INHABITED HOUSES.                                                                                                                                         |                                                                                                                                                        |                                                                                                                                                                                                          |                                                                                          |                                                                                                                | CLASS OF HOUSE.<br>When Total in Col. 10 is:—<br>1 or 2, enter "4th"<br>3, 4, or 5, "3rd"<br>6, 7, 8, 9, "2nd"<br>10, or 11, "1st"<br>12 or over, "1st" | No. of distinct Families in each House. | Name of the Head of each Family residing in the House. | No. of Rooms occupied by each Family.<br>(See Note B at foot.) | Total Number of Persons in each Family. | Date on which Form A was collected. | Number of Persons in each Family who were sick on 31st March, 1901. | Name of the Landholder (if any) on whose Holding the House is situated, whether that name appears in column 18 or not. | No. on Form M. 1 if House is on the Holding of a Landholder. |  |
|                           |                            |                                                                                                                        |                                                                    |                                                                    | WALLS.<br>If Walls are of Stone, Brick, or Concrete, enter the figure 1 in this column; if of Thatch, Wood, Mud, Wood, or other perishable material, enter the figure 0. | ROOF.<br>If Roof is of Slate, Iron, or Tiles, enter the figure 1 in this column; if of Thatch, Wood, or other perishable material, enter the figure 0. | ROOMS.<br>Enter in this column:—<br>For each House with 1 Room, the figure 1 only<br>For Houses with 2, 3, or 4 rooms, 2, 3, or 4<br>5 or 6 " 5<br>7, 8, or 9 " 6<br>10, 11, or 12 " 7<br>13 or more " 8 | Windows in Front.<br>State in this column the exact Number of Windows in Front of House. | Total the Figures you have entered in columns 6, 7, 8, & 9, and enter the Total for each House in this column. |                                                                                                                                                         |                                         |                                                        |                                                                |                                         |                                     |                                                                     |                                                                                                                        |                                                              |  |
| (Col. 1.)                 | (Col. 2.)                  | (Col. 3.)                                                                                                              | (Col. 4.)                                                          | (Col. 5.)                                                          | (Col. 6.)                                                                                                                                                                | (Col. 7.)                                                                                                                                              | (Col. 8.)                                                                                                                                                                                                | (Col. 9.)                                                                                | (Col. 10.)                                                                                                     | (Col. 11.)                                                                                                                                              | (Col. 12.)                              | (Col. 13.)                                             | (Col. 14.)                                                     | (Col. 15.)                              | (Col. 16.)                          | (Col. 17.)                                                          | (Col. 18.)                                                                                                             | (Col. 19.)                                                   |  |
| 1                         | Built                      | Private Dwelling                                                                                                       | 13                                                                 | yes                                                                | 1                                                                                                                                                                        | 0                                                                                                                                                      | 9                                                                                                                                                                                                        | 4                                                                                        | 14                                                                                                             | 1st                                                                                                                                                     | 1                                       | Matthew Bowes                                          | 9                                                              | 7                                       | 2 Apr                               | -                                                                   | Matthew Bowes                                                                                                          | 1                                                            |  |
| 2                         | Built                      | do                                                                                                                     | 7                                                                  | yes                                                                | 1                                                                                                                                                                        | 0                                                                                                                                                      | 3                                                                                                                                                                                                        | 3                                                                                        | 7                                                                                                              | 2nd                                                                                                                                                     | 1                                       | Patrick Neil                                           | 3                                                              | 7                                       | 2 Apr                               | -                                                                   | Patrick Neil                                                                                                           | 3                                                            |  |
| 3                         | do                         | do                                                                                                                     | 5                                                                  | yes                                                                | 1                                                                                                                                                                        | 0                                                                                                                                                      | 3                                                                                                                                                                                                        | 2                                                                                        | 6                                                                                                              | 2nd                                                                                                                                                     | 1                                       | Patrick Gurly                                          | 4                                                              | 2                                       | 2 Apr                               | -                                                                   | Michael Ryan                                                                                                           | 2                                                            |  |
| 4                         | do                         | do                                                                                                                     | -                                                                  | no                                                                 | -                                                                                                                                                                        | -                                                                                                                                                      | -                                                                                                                                                                                                        | -                                                                                        | -                                                                                                              | -                                                                                                                                                       | -                                       | -                                                      | -                                                              | -                                       | -                                   | -                                                                   | Matthew Bowes                                                                                                          | 1                                                            |  |

Note B.—If one Room is occupied by more than one Family, the Names of the Heads of Families so occupying it should be bracketted together in Col. 13, thus:—  
 John Jones, Peter Murray, } and the figure 1 entered in Col. 14, opposite the middle of the bracket. See pattern Table in Instructions, page 9. [OVER]