## 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

BSENT on the night of Sunday, March 31st, to e. EXCEPT those (not enumerated elsewhere) out at Work or TRAVELLING, &c., during it, and who RETURN HOME ON MONDAY, APRIL 1st.  above instruction, the Name of the Head of should be written first; then the names of ildren, and other Relatives; then those of isitors, Boarders, Servants, &c.  Name. Surname.  ANA GASSIAY  ARSAILY  AND GASSIAY  AND GASSIAY  AND GASSIAY	or "Wife," "Son," "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	State here the particular Religion, or Religious Denomination, to which each person belongs.  [Members of Protestant Denominations 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."  And work Cannot Mand	Years on last Birthday.	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.  Before filling this column you are requested to read the Instructions on the other side.]	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.
ard Cassidy  al Cassidy  assidy  assidy	Ready family	Com an fatholic	Bead & went		Year.	"F" for Females	Before filling this column you are requested to read the Instructions on the other side.]  Aquicultury Laftower	or "Not Married."	01	opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	Write the respective infirmities opposite to name of the afflicted person.
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	hereby certify, as required	hereby certify, as required by the Act	hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), t	hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the	hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the	hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the	hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the	hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the		hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1) that the	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 Head of Family).

Bernara Early fore (Signature of Enumerator.)