CENSUS OF IRELAND, 1901.

(Two Examples of the mode of filling up this Table are given on the other side.)

FORM A.

	who may be out at Work or Travelling, &c., during that Night, and who retren Home on Monday, APRIL 1st. State whet		RELATION to Head of Family.		EDUCATION.	AGE. 8		BEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	The state of the s	AY, the 31st of I	TARCH , 1901
m bee.			State whether "Head of Family," or "Wife," "Son,"			1			A STATE OF THE STA			IRISH LANGUAGE.	If Deaf and Dum Dumb only;
-	Subject to the above instruction the Family should be written his Wife, Children, and other Visitors, Boarders, Christian Name.	Surname.	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."	Years on last Birth- day.	Year.	"M" for Males and "F" for	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.]	Whether "Married." "Widower."	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.	Blind; imbecile or Idio or Lunatic.
1	Alexander &	Davis 9	Head of Fan	6 Church of Ireland	Read & Write	62		and the same of	Farmerson		for forms	entry should be made in this column.	Write the respect infirmities opposite name of the afflicted person.
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	I hereby certi	fy as required 1	- 41 . 4	3 Vic., cap. 6, s. 6 (1), th									