CENSUS OF IRELAND, 1901.

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

FORM A.

No. on Form B. 30

RETURN of the MEMBERS of this FAMILY and their VICITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of SUNDAY, the 31st of MARCH, 1901.

	NAME and SURNAME.	RELATION to	RELIGIOUS PROFESSION.	EDUCATION.	AC	E.	SEX.	RANK, PROFESSION, OR	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	VCDCCD
Number.	No Persons absent on the night of Sunday, March be entered here: EXCEPT those (not enumerated else who may be out at Work or TRAVELLING, &c., d that Night, and who returns Home on Mond Arkel 1st. Subject to the above instruction, the Name of the H the Family should be written first; then the nar his Wife, Children, and other Helatives; then the Visitors, Boarders, Servants, &c. Christian Name. Surname.	State whether "Head of Family, or" Wife," "Son, ead of "Daughter," or	State here the particular Religion, or Religions 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.	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth- day.	under		State the Particular Rank, Profession, Trade, or other Employment of each person. Children or voung 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," "Widow."	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 Dum Dumb only; Blind; Imbecile or Idio or Lunatic. Write the respect infirmities opposite name of the afflicted person.
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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.

John Me alister

(Signature of Head of Family).