## CENSUS OF IRELAND, 1911.

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 2nd of APRIL, 1911.

| Number.  | NAME AND SURNAME.  No Persons absent on the Night of Sunday, April 2nd, to be entered here; except those (not enumerated elsewhere) who may be out at Work or Travelling, &c., during that Night, and who return Home on Monday, April 3rd.  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.  Christian Name.  Surname. |      | "Head of<br>Family," or<br>"Wife,"<br>"Son."   | RELIGIOUS PROFESSION.  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.] | EDUCATION.  | For Infants under one<br>year state the age in |                  | RANK, PROFESSION, OR OCCUPATION.   | PARTICULARS AS TO MARRIAGE. |  |                                     |                              | WHERE BORN.   | IRISH LANGUAGE.   | If Deaf and Dumb<br>Dumb only;<br>Blind;                                       |
|----------|--|------|--|---|---|--|------------------|--|-----------------------------|--|-------------------------------------|------------------------------|---|---|--|
|          |  |      |  |   | State here whether he<br>or she can "Read<br>and Write," can<br>"Read" only, or<br>"Cannot Read." |  |                  | 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. | "Married," "Widower,"       | years the present If no chil alive, writ   |                                     | hedule the                   | If in Ireland, state in what County or City; if clsewhere, state the name of the Country. | only, and the words                                       | Write the respec-<br>tive infirmities<br>opposite the name<br>of the afflicted |
|          |  |      |  |   |   | Ages   | Ages of Females. | Before filling this column you are requested to read the instructions on the other side.   |                             | than one<br>year, write<br>"under<br>one." | Total<br>Children<br>born<br>alive. | Children<br>still<br>living. |   | other cases no entry<br>should be made in<br>this column. |  |
|          | 1.   | 2.   | 3.   | 4   | 5.  | 6.   | 7.               | 8.   | 9.                          | 10.  | 11.                                 | 12.                          | 13.   | 14.   | 15.  |
| 1 2      | Benoud   | lomy | Head   | R.6   | Read which  | 36-  |                  | Harmer.  | Lugal                       |  |                                     | ~                            | baran   |   |  |
| 3        |  |      |  |   |   |  | 1                |  | •                           |  |                                     |                              |   |   |  |
| 5        |  |      |  |   |   |  |                  |  |                             |  |                                     |                              |   |   |  |
| 7        |  |      |  |   |   |  |                  |  |                             |  |                                     |                              |   |   |  |
| 8        |  |      |  |   |   |  |                  |  |                             |  |                                     |                              |   | J   |  |
| 10       |  |      |  |   |   |  |                  |  |                             |  |                                     |                              |   |   |  |
| 2        |  |      |  |   |   |  |                  |  |                             |  |                                     |                              |   |   |  |
| 18<br>14 |  |      |  |   |   |  |                  |  |                             |  | -                                   |                              |   |   |  |
| 15       |  |      | A STATE OF THE STA | STREET,   |   |  |                  |  |                             |  |                                     | 1                            |   |   |  |

I hereby certify, as required by the Act 10 Edw. VII., and 1 Geo. V., cap. 11, 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.

Burand formy Signature of Head of Family.