## OF IRELAND, 1911. CENSUS

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 2nd of APRIL, 1911.

|         | NAME AND SURNAME.  |            | RELATION<br>to Head of<br>Family. | RELIGIOUS<br>PROFESSION.   | EDUCATION.  | AGE (last Birthday) and SEX.   |                  | RANK, PROFESSION, OR OCCUPATION.  | PARTICULARS AS TO MARRIAGE.                         |   |                                     |                              | WHERE BORN.   | IRISH LANGUAGE.   | If Deaf and Dumb;<br>Dumb only;<br>Blind;                                   |
|---------|--|------------|-----------------------------------|--|---|--|------------------|---|---|---|-------------------------------------|------------------------------|---|---|---|
| Number. | 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. |            | State whether                     | ination, to which each person  | State here whether he<br>or she can "Read<br>and Write," can<br>"Read" only, or<br>"Cannot Read." | Insert Age opposite each name:—the Ages of Males in column 6, and the Ages of Females in column 7.  For Infants under one year state the age in months, as "under 1 month," "1 month," "2 months," &c. |                  | 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. [No entry should be made in the case of wives, daughters, or other female relatives solely engaged in domestic duties at home.] | Whether "Married," "Widower," "Widow," or "Single." | Completed<br>years the<br>present<br>Marriage<br>has lasted.<br>If less | present If no chil alive, writ      | orn alive to<br>Marriage.    | If in Ireland, state in what County or City; if elsewhere, state the name of the Country. | "IRISH & ENGLISH" opposite the names of those who can speak both languages. In other cases no entry | Write the respective infirmities opposite the name of the afflicted person. |
|         |  |            |                                   |  |   | of of  | 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. |   | should be made in<br>this column.   | 143   |
| 100     |  | 2.         | 8.                                | 4.   | 5.  | 6.   | 7.               | 8.  | 9.  | 10.   | 11.                                 | 12.                          | 13.   | 14.   | 15.   |
| _       | 906  | ORocke.    | Head four                         | Roman Catholic   |   |  |                  | Blacksmith  | married   |   |                                     |                              | lo barron   | 1 100   | 386   |
| -       | alice  | O Rocke    | Har fami                          | ,  | head and write  |  | 48               | _   | morried   | 15  | None                                |                              | dr  |   |   |
| 2       | Detick.  | Me Govern  | Lago                              | The second state of the second | read and write  |  |                  | apprenties blacksmith   | Lingle  |   |                                     |                              | do  |   |   |
| 4       | rame,  | vuo Jovern | Servard                           |  | · · · · · · · · · · · · · · · · · · ·   |  |                  | cojoji ca co  |   |   |                                     |                              |   | 100,000   |   |
| 5       | *  |            |                                   |  |   |  |                  |   | •   |   |                                     |                              |   |   |   |
| 6       |  |            |                                   |  |   |  |                  |   |   |   |                                     |                              |   |   |   |
| 7       |  |            |                                   |  |   |  |                  |   |   |   |                                     |                              |   |   |   |
| 8       |  |            |                                   |  |   |  |                  |   |   |   |                                     |                              | -   |   |   |
| 9       |  |            |                                   |  |   |  |                  |   |   | -   |                                     |                              |   |   |   |
| 10      |  |            |                                   |  |   |  |                  |   |   |   |                                     |                              |   |   |   |
| 11      |  |            |                                   |  |   |  |                  |   |   |   |                                     |                              | -   |   | /   |
| 12      |  |            |                                   |  |   |  |                  |   |   |   |                                     |                              | 0   |   | 1   |
| 18      |  |            |                                   |  |   |  |                  |   |   |   |                                     |                              |   |   |   |
| 14      |  |            |                                   |  |   |  |                  |   |   |   |                                     |                              |   |   |   |
| 15      | HW TO THE STATE OF   |            |                                   |  |   |  | 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 W MC omer belief.

\_Signature of Enumerator.

I believe the foregoing to be a true Return.

John O'Rou Signature of Head of Family.