# 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. 13

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. | | RELATION to Head of Family. State whether "Head of Family," or "Wife," "Son," "Daughter," or other Relative; "Visitor," "Boarder," "Servant," &c. | 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. State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." | AGE (last Birthday) and SEX. 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. | | RANK, PROFESSION, OR OCCUPATION. 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.] Before filling this column you are requested to read the instructions on the other side. | PARTICULARS AS TO MARRIAGE. | | | | WHERE BORN. If in Ireland, state in what County or City; if elsewhere, state the name of the Country. | IRISH LANGUAGE. 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. |
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| | | | | | | Ages of Males. | Ages of Females. | | Whether "Married," "Widower," "Widow," or "Single." | State for each Married Woman entered on this Schedule the number of:— Completed years the present Marriage has lasted. If less than one year, write "under one." | Children born alive to present Marriage. If no children born alive, write "None" in column 11. Total Children born alive. | Children still living. | | | |
| | Christian Name. | Surname. | | | | | | | | | | | | | |
| | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. |
| 1 | Randal J. | Slacke | Head of Family | Roman Catholic | Read & Write | 51 | | Farmer | married | 20 | 10 | 10 | Co Carlow | Irish & English | |
| 2 | Ellen | Slacke | Wife | do | do | | 40 | | do | | | | Co Wicklow | | |
| 3 | Mrs R | Slacke | Son | do | do | 18 | | | single | | | | Co Carlow | | |
| 4 | Richd H | Slacke | Son | do | do | 16 | | | do | | | | " | | |
| 5 | William J | Slacke | Son | do | do | 14 | | | do | | | | " | | |
| 6 | Susanna | Slacke | daughter | do | do | ~~1~~ 12 | | | do | | | | " | | |
| 7 | Agustus D | Slacke | Son | do | learning | ~~1~~ 9 | | | do | | | | City Dublin | | |
| 8 | Randal O | Slacke | Son | do | Can't read | 3 | | | do | | | | Co Carlow | | |
| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | |

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.

Wm Briers *Signature of Enumerator.*

I believe the foregoing to be a true Return.

R. J. Slacke *Signature of Head of Family.*

Torn Page(s)