## 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. 19

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. | 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. |                  | Family," or "Wife," "Son," "Daughter," or other Relative; "Visitor," "Boarder," "Servant," | ination, to which each person | EDUCATION.   |        |          | RANK, PROFESSION, OR OCCUPATION.  | PARTICULARS AS TO MARRIAGE.                         |  |                     |   | WHERE BORN.  | IRISH LANGUAGE.   | Blind;  |
|---------|--|------------------|--|-------------------------------|--|--------|----------|---|---|--|---------------------|---|--|---|---|
|         |  |                  |  |                               | State here whether he<br>or she can "Read<br>and Write." can   |        |          | 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," | years the present Marriage. If no children born alive, write "None" in column 11.  If less |                     |   | If in Ireland, state in what County or City; if elsewhere. | only, and the words "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. |
|         |  |                  |  |                               |  | Ages   | Ages     | Before filling this column you are requested to read the instructions on the other side.  |   | year, write<br>"under<br>one."   | te Children<br>born | Children<br>still<br>living.            |  | should be made in<br>this column.   |   |
|         | Christian Name.  | Surname.         | 20   |                               |  | Males. | Females. |   |   | 40   | alive.              |   | 49   |   | 15  |
|         | 1.   | 2.               | 3.   | 00                            | 5.   | 6.     | 7.       | 3. 0.1 / /  | 9.  | 10.  | 11.                 | 12.                                     | 13.  | 14.   | 15.   |
| 2       | Pele.  | M'Teigue.        | kad of fewer   | Q.6.                          | Read & write   | 43     |          | Worklouse Masker  | horned  |  |                     | -                                       | Lavan  |   |   |
| 3       |  |                  |  | <i>y</i>                      |  |        |          |   |   |  |                     |   |  |   |   |
| 4       |  |                  |  |                               |  |        |          |   |   |  |                     |   |  |   | -   |
| 5       |  |                  |  |                               |  |        |          |   |   |  |                     |   |  |   |   |
| 6       |  |                  |  |                               | 14   |        |          |   |   |  |                     |   |  |   |   |
| 7       |  |                  |  |                               |  |        |          |   |   | -  | -                   |   |  |   |   |
| 8       |  |                  |  |                               |  | 4      |          |   |   |  |                     |   |  |   |   |
| 9       |  |                  |  |                               |  | -      | 14       |   |   |  |                     |   | <u> </u>   |   |   |
| 10      |  |                  |  |                               |  |        |          |   |   |  |                     |   |  |   |   |
| 11      |  |                  |  |                               |  |        |          |   |   |  |                     |   |  |   |   |
| 12      |  |                  |  |                               |  |        |          |   |   |  |                     | *************************************** |  |   | ***************************************                                     |
| 13      |  |                  |  |                               |  |        |          |   |   |  |                     |   |  |   |   |
| 14      |  |                  |  |                               |  |        |          |   |   | -  |                     |   |  |   |   |
| 15      |  | The state of the | - deposit of the   | Marketti circulation          | MALE CONTRACTOR OF THE PARTY OF |        |          |   |   |  |                     |   |  |   |   |

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.

La Leigne Signature of Head of Family.