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.

| | 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. | | " Daughter." | 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. | year state the age in months, as "under 1 month," "1 month," "2 months," &c. | | 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. | | PARTICULARS AS TO MARRIAGE. | | | | WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dumb; Dumb only; Blind; Imbecile or Idiot; |
|----------|--|---------|----------------|---|---|--|----|--|-------|---|---|--|------------------------|-----------------------------------|--|---|
| Number. | | | | | State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." | | | | | Whether "Married," "Widower," "Widow," or "Single." | Completed years the present Marriage has lasted. If less | Children b present If no chil alive, writ | orn alive to Marriage. | state the name of the Country. | "IRISH & ENGLISH" opposite the names of those who can speak both languages. In other cases no entry should be made in this column. | Write the respective infirmities opposite the namof the afflieted person. |
| | | | | | | | | | | | than one year, write "under one." | born alive. | living. | | | |
| | | 2. | 3. | 4. | 5. | 6. | 7. | | 8. | 9. 10. | 10. | 11. | 12. | 13. | 14. | 15. |
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| | Danial J | whyte | Son | do do | _do do | 29 | | Yin | Smith | Single | | | | bob avan | | |
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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. John Jonara Goot

_Signature of Enumerator.

I believe the foregoing to be a true Return.

James Hyle Signature of Head of Family.