## 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.\_\_\_

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.  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.	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.	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.  Ages of Ages of Males.  Ages of Females.		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
ber.			State whether "Head of Family," or "Wife,"		or she can "Read and Write," can				Whether "Married," "Widower," "Widow," or "Single."	Completed years the	If no children born alive, write "None" in column 11.		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 nam of the afflicted person.
											Total Children born alive.	Children still living.		should be made in this column.	
	Christian Name.					6.	7.	8.	9.	10.	11.	12.	. 13.	14.	15.
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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.

Signature of Enumerator.

I believe the foregoing to be a true Return.

May or Seaus Signature of Head of Family.