## OF IRELAND, 1911. CENSUS

Two Examples of the mode of filling up this Table are given on the other side.

## FORM A.

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.   |             | RELATION<br>to Head of<br>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.   | 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.  Ages of Males.  Ages of Females. |    | 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.   | IRISH LANGUAGE.   | If Deaf and Dumb;<br>Dumb only;<br>Blind;                                   |
|---------|--|-------------|---|---|--|--|----|--|---|---|---|------------------------------|---|---|---|
| Number. |  |             | State whether "Head of Family," or "Wife," "Son," "Daughter," |   | State here whether he or she can "Read and Write," can   |  |    |  | Whether "Married," "Widower," "Widow," or "Single," | Completed<br>years the<br>present<br>Marriage<br>has lasted.<br>If less | present Marriage. If no children born alive, write "None" in column 11. |                              | in what County or<br>City; if elsewhere,<br>state the name of<br>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. |
|         |  |             |   |   |  |  |    |  |   | 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 this column.  |   |
|         | 1.   | 1. 2.       | 3.  | 4.  | 5.   | 6.   | 7. | 8.   | 9.  | 10.   | 11.   | 12.                          | 13.   | 14.   | 15.   |
| 1       | anne   | Mc Commack  | 497 7 W   | Roman Catholia  | Read a Write   |  | 68 | Farmes   | Single  | _   | -   | -                            | lo bavan  |   |   |
| 2       | Many   | Mac Commack | A ite   | Roman Catholic  | Read a Maili   |  | 65 |  | Single  |   |   | 1                            | Co Cavane   |   |   |
| 3       | Toany  | oro sormain | - Savar   | - Coman Odra CC   | regul F Wares  |  |    |  |   |   |   |                              |   |   |   |
| 4       |  |             |   |   |  |  |    |  |   |   |   |                              |   |   |   |
| 5       |  |             |   |   |  | 3  |    |  |   |   |   |                              |   |   |   |
| 6       |  |             |   |   |  |  |    |  |   |   |   |                              |   |   |   |
| 7       |  | 78199999    |   |   |  |  |    |  |   |   |   |                              |   |   |   |
| 8       |  |             |   |   |  |  |    |  |   | y, V 11   |   |                              |   |   |   |
| 9       |  |             |   |   |  |  |    |  |   |   |   |                              |   |   |   |
| 10      |  |             |   |   |  |  |    |  |   |   |   |                              |   |   |   |
| 11      |  |             |   |   |  |  |    |  |   |   |   |                              |   |   |   |
| 12      |  |             |   |   |  |  |    |  |   |   |   |                              |   |   |   |
| 18      |  |             |   |   |  |  |    |  |   |   |   |                              |   |   |   |
| 14      |  |             |   |   |  | KRE  |    |  |   |   |   |                              |   |   |   |
| 15      | FOR THE STATE OF T |             |   |   | ASSESSED FOR THE PARTY OF THE P |  |    |  |   |   |   |                              |   |   |   |

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. James Callaghan Const-Signature of Enumerator.

I believe the foregoing to be a true Return.

Signature of Head of Family.