## 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. Z

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 ANI  | D SURNAME.                                      | RELATION<br>to Head of<br>Family.                                  | RELIGIOUS<br>PROFESSION.   | EDUCATION.  | AGE (last Birthday) and SEX.   |    | RANK, PROFESSION, OR OCCUPATION.  | PARTICULARS AS TO MARRIAGE.                         |  |   |                              | WHERE BORN.   | IRISH LANGUAGE.  | If Deaf and Dumb;<br>Dumb only;<br>Blind;<br>Imbecile or Idiot;             |
|---------|---|---|--|--|---|--------------------------------|----|---|---|--|---|------------------------------|---------------|--|---|
| Number. | 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, |   | "Head of Family," or "Wife," "Son," "Daughter," or other Relative; | 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.] | State here whether he<br>or she can "Read<br>and Write," can<br>"Read" only, or<br>"Cannot Read." | year state the age in          |    | 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. | Whether "Married," "Widower," "Widow," or "Single." | entered on                                 | Children I present If no chi alive, wri |                              |               | 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. | Write the respective infirmities opposite the name of the afflicted person. |
|         | Boarders, Servants, &c.  Christian Name. Surname.   |   |  |  |   | Ages Ages of of Males. Females |    |   |   | than one<br>year, write<br>"under<br>one." | Total<br>Children<br>born<br>alive.     | Children<br>still<br>living. |               |  |   |
|         | 1.  | 2.  | 3.   | 4.   | 5.  | 6.                             | 7. | 8.  | 9.  | 10.  | 11.                                     | 12.                          | 13.           | 14.  | 15.   |
| 1       | Michael   | Webermott                                       | Ale 1 14 - : 00  | Roman batholie   | Read and write  | 35                             |    | Agricultural Caboures   | married   |  |   |                              | leavan        |  |   |
| •       |   | Medermon  | 10/  |  | Read and write  |                                | 30 |   | married   | 7  | 4                                       | 2                            | bavan         |  |   |
|         | Annie   |   | Wife   | 1 1  | owne and w file   | 1                              |    |   |   |  |   |                              | Cavan         |  |   |
| 3       | - V V V V V V   | Medermott.                                      | Son.   | \$0 \$1  |   |                                | 3  |   |   |  |   |                              | Cavan         |  |   |
| 4       | Lipyie  | Medermott                                       | Daugher  | 20 20  |   |                                | -  |   |   |  |   |                              |               |  |   |
| 5       |   |   |  |  |   |                                |    |   |   |  |   |                              |               |  |   |
| 6       |   |   |  |  |   |                                |    |   |   |  |   |                              |               |  |   |
| 7       |   |   |  |  |   |                                |    |   |   |  |   |                              |               |  |   |
| 8       |   |   |  |  |   |                                |    |   |   |  |   |                              |               |  | The same  |
| 9       |   |   |  |  |   |                                |    |   |   |  |   |                              |               |  |   |
| 10      |   |   |  |  |   |                                |    |   |   |  |   |                              |               |  |   |
| 11      |   |   |  |  |   |                                |    |   |   |  |   |                              |               |  |   |
| 12      |   |   |  |  |   |                                |    |   |   |  |   |                              |               |  |   |
| 13      | THE PROPERTY OF   |   |  |  |   |                                |    |   |   |  |   |                              |               |  |   |
| 14      |   | 1. A. A. S. |  | RESTRICTED STATE   |   |                                |    |   |   |  | 18                                      |                              |               | THE STATE OF   |   |
|         |   |   |  |  |   |                                |    |   | ALEGE SHOW  | Maria B                                    |   | 100                          | Fisher Carlot |  |   |

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.

Outsick State Some Event Signature of Enumerator.

I believe the foregoing to be a true Return.

Michael Desmot Signature of Head of Family.