## 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.

|         | 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, "Visitor, |                      | RELATION<br>to Head of<br>Family.                 | ligion, or Religious Denomination, to which each person belongs.  [Members of Protestant De- | 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. |  | RANK, PROFESSION, OR OCCUPATION.  | 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," |  | State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read." |  |  | 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.] | Whether "Married," "Widower," "Widow," or "Single," | entered                             | cach Married Woman on this Schedule the amber of:  Children born alive to present Marriage. If no children born alive, write "None" in column 11. |     | If in Ireland, state 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 | Write the respective infirmities           |
|         | Boarders, Servants, &c.  Christian Name. Surname.  | Ages<br>of<br>Males, |   |  |   | Ages of Females.   | Before filling this column you are requested to read the instructions on the other side. |   | than one<br>year, write<br>"under<br>one."          | Total<br>Children<br>born<br>alive. | Children<br>still<br>living.  |     | other cases no entry<br>should be made in<br>this column.                                 |  |  |
|         | 1.   | 2.                   | 3.  | 4.   | 5.  | 6.   | 7.   | 8.  | 9.  | 10.                                 | 11.   | 12. | 13.   | 14.  | 15.  |
| 1       | Michael  | Reating              | Hoyd of   | Roman batholis   | read o write  | 36   |  | Agricultural Labourer   | Single  |                                     |   |     | les Caran   |  |  |
| 2       | Jane   | Heating              | Sister  | Roman Catholic   | read swrite   |  | 38   |   | Single  |                                     |   |     | Co. Cavan   |  |  |
| 4       |  |                      |   |  |   |  |  |   |   |                                     |   |     |   |  |  |
| 6       | 180 C  |                      |   |  |   |  |  |   |   |                                     | 4   |     |   |  |  |
| 7       |  |                      |   |  |   |  |  |   |   | -                                   |   |     | 1.3   |  |  |
| 9       |  |                      |   |  |   |  | ,  |   |   |                                     |   |     |   |  | •  |
| 10      |  |                      |   |  |   |  |  |   |   |                                     |   |     |   |  |  |
| 12      |  |                      |   |  |   |  |  |   |   |                                     |   |     |   |  |  |
| 13      |  |                      |   |  |   |  |  |   |   |                                     |   | •   |   |  |  |
| 14      |  |                      | 74 -7 7   |  |   |  |  |   |   |                                     |   |     |   |  |  |
| 15      |  | Market Dr. Sales     | 70000   | CONTRACTOR OF THE PARTY.   | ELSON PLANE   |  |  |   |   | WALE 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.

I believe the foregoing to be a true Return.

Michael Reating Signature of Head of Family.

\_Signature of Enumerator.