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 8rd. 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. | | "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. | | | RANK, PROFESSION, OR OCCUPATION. | 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." | | | 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," | years the present Marriage has lasted. If less | | edule the | If in Ireland, state in what County or City; if elsewhere, state the name of the Country. | both languages. In other cases no entry | Write the respective infirmities opposite the name of the afflicted |
| | | | | | | Ages A of Males. Fer | Ages of Females. | Before filling this column you are requested to read the instructions on the other side. | | year, write "under one." | Total Children born alive. | Children still living. | | should be made in this column. | |
| | | 2. | 8. | | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 18. | 14. | 15. |
| | 1. | 504 00 | A | Catholio | | 75 | 1 | y armer | Widgwer | _ | - | | Cobavan | | _ |
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| 2 | William | Rilly | Jon | 00 | Ocean drowing | 26 | • | Jarmero Don | 2.00 | | | | 20 | _ | - |
| 3 | James | Reilery | don | 200 | Read fromle | 40 | - | DO | Single | | | | | | |
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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.

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_Signature of Head of Family.

Witness Jalothyro