## CENSUS OF IRELAND, 1911.

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.

|         | 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.  State whether "Head of Family," or "Wife," "Son," "Daughter," or other Relative; "Visitor," "Boarder," "Servant," | 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 | 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. |                        | 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.]   | PARTICULARS AS TO MARRIAGE.                         |   |   |   | WHERE BORN.   | IRISH LANGUAGE.   | If Deaf and Dumb;<br>Dumb only;<br>Blind;                                   |
|---------|---|------------|--|---|---|--|------------------------|---|---|---|---|---|---|---|---|
| Number. |   |            |  |   | State here whether he<br>or she can "Read<br>and Write," can<br>"Read" only, or<br>"Cannot Read." |  |                        |   | Whether "Married," "Widower," "Widow," or "Single." | Completed<br>years the<br>present<br>Marriage<br>has lasted.<br>If less<br>than one | Children b<br>present<br>If no chil<br>alive, writ<br>in colu | orn alive to<br>Marriage,<br>dren born<br>se "None" | If in Ireland, state in what County or City; if elsewhere, state the name of the Country. | 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 | Write the respective infirmities opposite the name of the afflicted person. |
|         | Christian Name.   | Surname.   | &c.  | Body to which they belong.]   |   | Ages<br>of<br>Males.   | Ages<br>of<br>Females. | Before filling this column you are requested to read the instructions on the other side.  |   | year, write<br>"under<br>one."  | Total<br>Children<br>born<br>alive,                           | Children<br>still<br>living.                        |   | this column.  |   |
|         | 1.  | 2.         | 3.   | 4.  | 5.  | 6.   | 7.                     | 8.  | 9.  | 10.   | 11.   | 12.   | 13.   | 14.   | 15.   |
| 1       | Ellen   | M: Ineney  | Head   | K. Catholic   | Read Write  | - 28   |                        | Tublican from   | Lingle  |   |   |   | Co Cavan  |   |   |
| 2       | Annie   | M. Inenne  | Siste !  | Relatholic  | Read Mite   |  | 23                     | Assistant line  | Lingle  |   |   |   | lo Cavan  |   |   |
| 3       | Patrick.  | Galligan   | Servant  | Roman batholic  | Read and Write  | 12   | -                      | general tie?  | Single  |   |   |   | Colaran   |   |   |
| 4       | · mr wr   | Janey With | arrang   | the section   | - caa ara a rig   | 100  |                        | Activities.   | enryce  |   |   |   | - Caran   |   |   |
|         |   |            |  |   |   |  |                        |   |   |   |   |   |   |   |   |
| 9       |   |            |  |   |   |  |                        |   |   |   |   |   |   |   |   |
| 6       |   |            |  |   |   |  |                        |   |   |   |   |   |   |   |   |
| 7       |   |            |  |   |   |  |                        |   |   |   |   |   |   |   |   |
| 8       |   |            |  |   |   |  |                        | 4   |   |   |   |   |   |   |   |
| 9       |   |            |  |   |   |  |                        | 1/1   |   |   |   |   |   |   |   |
| 10      |   |            |  |   |   |  |                        |   |   |   |   |   |   |   |   |
| 11      |   |            |  |   |   |  |                        |   |   |   |   |   | Service Services  |   |   |
| 12      |   |            |  |   |   |  |                        |   |   |   |   |   |   |   |   |
| 13      |   |            | .4   |   |   |  |                        |   |   |   |   |   |   |   |   |
| 14      |   |            |  | She all all and   |   |  |                        | National State of the State of |   |   |   | 9   |   |   |   |
|         |   |            |  |   |   |  |                        |   |   |   |   |   |   |   |   |

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.

Owen M Snerney Signature of Head of Family.