## 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 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.		"Son," "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.	year state the age in months, as "under 1 month," "1 month," "2 months," &c.  Ages Ages of of		RANK, PROFESSION, OR OCCUPATION.	PARTICULARS AS TO MARRIAGE.				WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb , Dumb only ; Blind ;
					State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."			person. Children or young persons attending a School, or receiving regular instruction at home, should be returned as Scholars.	Whether "Married," "Widower," "Widow," or "Single."	State for each Married Woman entered on this Schedule the number of :—			Write the word "IRISH" in this column opposite the	Imbecile or Idiot; or Lunatic.	
Number.										years the	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.	opposite the names of those who can speak both languages. In	Write the respec- tive infirmities opposite the name of the afflicted person.
											born	Children still living.		other cases no entry should be made in this column.	
	Christian Name.	Surname,					Females.				alive.	12.	40		
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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.

I believe the foregoing to be a true Return.

Sheil Signature of Head of Family.