

# 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. 1

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.

| Number. | NAME AND SURNAME. |          | RELATION to Head of Family.   | RELIGIOUS PROFESSION.   | EDUCATION.  | AGE (last Birthday) and SEX.   |     | RANK, PROFESSION, OR OCCUPATION.  | PARTICULARS AS TO MARRIAGE.                         |   |     | WHERE BORN.   | IRISH LANGUAGE.  | If Deaf and Dumb; Blind; Imbecile or Idiot; or Lunatic.                     |   |
|---------|-------------------|----------|---|---|---|--|-----|---|---|---|-----|---|--|---|---|
|         | Christian Name.   | Surname. | State whether "Head of Family," or "Wife," "Son," "Daughter," or other Relative; "Visitor," "Boarder," "Servant," &c. | 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 or she can "Read and Write," can "Read" only, or "Cannot Read." | Insert Age opposite each name:—the Ages of Males in column 6, and the Ages of Females in column 7.<br><br>For Infants under one year state the age in months, as "under 1 month," "1 month," "2 months," &c. |     | 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 <i>Scholars</i> . [No entry should be made in the case of wives, daughters, or other female relatives solely engaged in domestic duties at home.]<br><br>Before filling this column you are requested to read the instructions on the other side. | Whether "Married," "Widower," "Widow," or "Single." | State for each Married Woman entered on this Schedule the number of:— |     | 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 this column. | Write the respective infirmities opposite the name of the afflicted person. |   |
| 1.      | 2.                | 6.       |   |   |   | 7.   | 10. |   |   | 11.   | 12. |   |  |   |   |
| 1       | William           | McGovern | Head of Family  | Roman Catholic  | Read & write  | 36   | -   | Farmer  | Married   | -   | -   | -   | Co. Cavan  | -   | - |
| 2       | Annie             | McGovern | Wife  | R. Catholic   | Read & write  | -  | 35  | -   | Married   | 4   | 3   | 3   | " Leitrim  | -   | - |
| 3       | Patrick           | McGovern | Son   | R. Catholic   | Cannot Read   | 2  | -   | -   | Single  | -   | -   | -   | " Cavan  | -   | - |
| 4       | Michael           | McGovern | Son   | R. Catholic   | Cannot Read   | 2  | -   | -   | Single  | -   | -   | -   | " Cavan  | -   | - |
| 5       | John              | McGovern | Son   | R. Catholic   | Cannot Read   | 1  | -   | -   | Single  | -   | -   | -   | " Cavan  | -   | - |
| 6       | Bridget           | McGovern | Sister  | R. Catholic   | Read & write  | -  | 30  | -   | Single  | -   | -   | -   | " Cavan  | -   | - |
| 7       |                   |          |   |   |   |  |     |   |   |   |     |   |  |   |   |
| 8       |                   |          |   |   |   |  |     |   |   |   |     |   |  |   |   |
| 9       |                   |          |   |   |   |  |     |   |   |   |     |   |  |   |   |
| 10      |                   |          |   |   |   |  |     |   |   |   |     |   |  |   |   |
| 11      |                   |          |   |   |   |  |     |   |   |   |     |   |  |   |   |
| 12      |                   |          |   |   |   |  |     |   |   |   |     |   |  |   |   |
| 13      |                   |          |   |   |   |  |     |   |   |   |     |   |  |   |   |
| 14      |                   |          |   |   |   |  |     |   |   |   |     |   |  |   |   |
| 15      |                   |          |   |   |   |  |     |   |   |   |     |   |  |   |   |

} Twins

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.

*Thos Boyle Constable* Signature of Enumerator.

I believe the foregoing to be a true Return.

*William McGovern* Signature of Head of Family.