## 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 AMENT 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, |  | RELATION to Head of Family.  State whether "Head of Family," or "Wife," "Son," "Daughter," or other Relative; "Visitor," "Boarder," "Servant," &c. | 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. | For Infants under one |  | RANK, PROFESSION, OR OCCUPATION.   | PARTICULARS AS TO MARRIAGE.                |   |                              |  | WHERE BORN.  | IRISH LANGUAGE.                                    | If Deaf and Dumb<br>Dumb only;<br>Blind;<br>Imbecile or Idiot |
|---------|--|--|--|---|------------|-----------------------|--|--|--|---|------------------------------|--|--|--|---|
| Number. |  |  |  |   |            |                       |  | 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. |  | State for each Married Woman entered on this Schedule the number of :—  Completed years the present Marriage has lasted.  If less  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. | 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 | Write the respective infirmities opposite the name |   |
|         | Boarders, Servants, &c.  Christian Name. Surname.  | Ages A   |  |   |            | 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." |   | 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       | Meary  | Dolan  | wife   | Catholic  | Read       |                       | 69   | Farmer   | wedow                                      | 1-9   | 10                           | <u>-</u>   | Cavan  |  |   |
| 2       | 6P 1   | Dolan  | Lon  | Catholic  | W/L        | 33                    |  | Farmer Son   | single                                     | _   | -                            |  | Cavan  |  | _   |
| 3       | 1 1.   | V  | daughter   | 0 .0 0 .  | Read write |                       | 20   |  | Lingle                                     |   | -                            | -  | Caran  | -  |   |
| 4 5     | 11   | <b>A</b> 0   | daughte  | A . 0 .A  | Read write |                       | 19   |  | Lingle                                     |   | _                            | _  | Cavan  |  | ~   |
| 6       |  |  |  |   |            |                       |  |  |  |   |                              |  |  |  |   |
| 8       |  |  |  |   |            |                       |  |  |  |   |                              |  |  |  |   |
| 10      |  |  |  |   |            |                       |  |  |  |   |                              |  |  |  |   |
| 11      |  |  |  |   |            |                       |  |  | +  |   |                              |  |  |  |   |
| 12      | PARTIES N  |  |  |   |            |                       |  |  |  |   |                              |  |  |  | depto.  |
| 13      |  |  |  |   |            |                       |  |  |  |   |                              |  |  |  |   |
| 14      |  |  |  |   |            |                       |  |  |  |   |                              |  |  |  |   |
| 10      |  | No contract of the contract of |  |   |            |                       |  |  |  |   |                              | 1  |  |  |   |

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.

Di Delaney Const Signature of Enumerator.

I believe the foregoing to be a true Return.

Mary Dolan Signature of Head of Family.