CENSUS IRELAND, 1911. OF

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 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. Christian Name. Surname. | | 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. | 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. | | RANK, PROFESSION, OR OCCUPATION. | PARTICULARS AS TO MARRIAGE. | | | | WHERE BORN. | IRISH LANGUAGE. | Blind; |
|---------|--|-----------|--|---|---|--|------------------------|---|-------------------------------|--|--|------------------------------|---|--|---|
| | | | | | 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," | 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 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, state the name of the Country. | name of each person who speaks Irish | Write the respective infirmities opposite the name of the afflicted person. |
| | | | | | | Ages of Males. | Ages of Females. | Before filling this column you are requested to read the instructions on the other side. | | than one year, write "under one." | | Children still living. | | should be made in this column. | |
| | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. |
| 1 | William | Bradfield | Wead of Famel. | bh. of Ireland | Read Write | 28 | | blk in Holy Orders | married | | | | lo book | | |
| 2 | - 4 . | Bradfield | wife | bh. of Ireland | Read owrite | ~ 0 | 24 | evices ne person | married | 2 | one | one | bo Fermanack | | |
| 3 | Eva. Sylvia mare | | daughter | • / | | | 1 | | | | | | Co ferm Lnach | | |
| | Claud West | Reid | - 0 | the of Ireland | Read & Write | 56 | | Retired Land Lord | married | ex | | OF . | · Fermanagh | | |
| | tane | Reid | Relative | bh of heland | Read Write | 100 | 52 | | married | 25 | 6 | 6 | Formanach | | |
| 6 | Olive Winifred | | Relative | Ch of Ireland | Read Mrite | Wes. | 20 | | Single | | - | - | Jerm an agh | | |
| 7 | Sarah | Watson : | Servant- | Sh of Indland | Read White | | 19 | General Servant | single | | - | | bavan | | - |
| 8 | | | 1 | | | | | | | | | | | | |
| 9 | | | | | | | | | + | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 1:1 | | | DERES (13 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | 3 | | | | | | | | | | | | | | |
| 15 | - | | TO THE STATE OF | | | | | Carlo | | | | | West Co. No. Act. | | |

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. Mummons

_Signature of Enumerator.

I believe the foregoing to be a true Return.

William Bracheld Signature of Head of Family.