

1

IDENTIFYING NUMBER

COUNTRY	DISTRICT	MINOR	TOWN/ SPEC AREA	E.D. NUMBER	HOUSEHOLD NUMBER	NAME OF INDIVIDUAL				
C										

Surname	First Name	Middle Name
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IDENTIFYING CHARACTERISTICS - MIGRATION - EDUCATION - VOCATIONAL TRAINING

SEC. 1 ALL PERSONS

3 HOUSEHOLD NUMBER

4 INDIVIDUAL NUMBER WITHIN HOUSEHOLD

SEC. 2 ALL PERSONS

5 RELATIONSHIP TO HEAD OF HOUSEHOLD

6 SEX

7 AGE (IN COMPLETED YEARS)

8 MARITAL STATUS (14 YEARS AND OVER)

9 USUAL RESIDENCE

10 BIRTH PLACE

11 RACE

12 RELIGION

SEC. 3 ALL PERSONS LOCALLY BORN

13 NUMBER OF YEARS LIVED IN THIS DISTRICT

14 DISTRICT LAST LIVED IN

15 NUMBER OF DISTRICTS EVER LIVED IN

FOREIGN BORN ONLY

16 YEAR OF IMMIGRATION

SEC. 4 ALL AGES

17 TYPE OF SCHOOL OR UNIVERSITY NOW BEING ATTENDED

18 ATTENDANCE AT SCHOOL OR UNIVERSITY

19 HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT (INCLUDING PERSONS STILL AT SCHOOL)

SEC. 5 ALL PERSONS 15 YEARS AND OVER

20 OCCUPATION FOR WHICH TRAINED OR BEING TRAINED (WRITE)

21 METHOD BY WHICH VOCATIONAL TRAINING ACQUIRED

22 PERIOD OF TRAINING (FOR PERSONS WHOSE TRAINING HAS BEEN COMPLETED)

3 0 1 2 3 4 5 6 7 8 9

4 0 1 2 3 4 5 6 7 8 9

5 HEAD SPOUSE/PARTNER CHILD OF HD/SP OTHER REL BOARDER/REL DOMESTIC EMP/REL OTHER NOT STATED

6 MALE FEMALE

7 0 1 2 3 4 5 6 7 8 9

8 NEVER MARRIED MARRIED WIDOWED DIVORCED LEGALLY SEP NOT STATED

9(a) THIS HOUSEHOLD ELSEWHERE IN COUNTRY ABROAD NOT STATED

9(b) CHAT NG SG DISTRICT IN ST. VINCENT

9(c) U.K. U.S.A. CAN. T & T B'DOS GREN OTHER CARIB OTHER COUNTRY NOT STATED

10(a) CHAT NG SG DISTRICT IN ST. VINCENT

10(b) U.K. CAN. U.S.A. VEN. F.W.I. OTHER CARIB D.W.I. O.L.A. ALL OTHER NOT STATED

11 NEGRO/BLACK EAST INDIAN CHINESE AMER INDIAN PORTU GUESE SYRIAN/LEB WHITE MIXED OTHER RACES NOT STATED

12 ANGL BAPTIST HINDU CHURCH OF GOD METHODIST MORAVN PENT PRESBY/CONGR ROMAN CATH SEV. DAY ADVTST

13 0 1 2 3 4 5 6 7 8 9

14 CHAT NG SG DISTRICT LAST LIVED IN

15 1 2 3 4 5 6 7 8 9 OR MORE

16 BEFORE 1970 1970-72 1973-74 1975 1976 1977 1978 1979 1980 NOT STATED

17 NONE NSRY/INFANT PRI MARY SECOND OR COMP MULTI HIGH OTHER SECOND UNIV OTHER NOT STATED

18 FULL TIME STUDENT PART TIME STUDENT NOT APPLICABLE NOT STATED

19(a) NONE NSRY/INFANT PRI MARY SECOND OR COMP MULTI HIGH OTHER SECOND UNIV OTHER NOT STATED

19(b) 0 1-2 3-4 5-6 7 8 9 10 11+ NOT STATED

19(c) NONE PCE/SCHOOL LEAVING CP/CHS DIP/SSPE GCE(O) 1-4 GCE(O)5/SC/GCE(A)1 GCE(A) 2+ DIP DEG OTHER NOT STATED

20 20

21 (a) ON JOB AGRI COLL TEACH TRAIN COLL TECH SCH OTHER INST TRAIN PRIV STUDY HOTEL OTHER NOT STATED

21 (b) BEING TRAINED COMPLETED NOT STATED

22 UNDER 1/2 YEAR 1/2-1 YEAR 1-1 1/2 YEARS 1 1/2-2 YRS 2-2 1/2 YRS 2 1/2-3 YRS 3-3 1/2 YRS 3 1/2-4 YRS 4-4 1/2 YRS 4 1/2 YRS & OVER

23 WORKED SEEKING FIRST JOB OTHERS SEEKING WORK WANTED WORK AND AVAILABLE HOME DUTIES STUDENT RETIRED DISABLED OTHER NOT STATED

24 GOVT PRIV ENTER PRIV H'OLD UNPAID WORKER HAS OWN BUSINESS/FARM WITH PAID HELP W/OUT PAID HELP DID NO WORK NOT STATED

25 0 1 2-3 4-5 6-7 8-9 10-11 12 NOT STATED

26

27

28 WORKED WITH JOB NOT WKG LOOKED FOR WKG HOME DUTIES STUDENT RETIRED DISABLED OTHER NOT STATED

29 0 1 2 3 4 5 6 7 8 9

30 0 1 2 3 4 5 6 7 8 9

31 0 1 2 3 4 5 6 7 8 9

32 0 1 2 3 4 5 6 7 8 9

33(a) LIVEBIRTHS (b) STILLBIRTHS

34 MARRIED COMMON LAW VISITING NO LONGER LIVING WITH HUSBAND NO LONGER LIVING WITH CL PARTNER NEVER HAD HUSB OR CL PARTNER NOT STATED

35 0 1 2 3 4 5 6 7 8 9

36 SEP HOUSE FLAT/APTMT RANGE TYPE/BARRACKS OUT ROOM PT OF COM BLDG OTHER PRIV GROUP DWELLING FIXED ABODE NOT STATED

37 OWNED LEASED PRIVATE RENTED RENT FREE SQUATTED HP GOVT RENTED OTHER NOT STATED

38 PUB PIPED INTO DWEL PUB PIPED INTO YD PRIV PIPED INTO DWEL PRIV CATCHM NOT PIPED PUB STAND PIPE PUB TANK OTHER NOT STATED

39(a) SHARED NOT SHARED NONE (b) PIT W/C LINKED TO SEWER W/C NOT LINKED TO SEWER OTHER

40 1950 1979 1978 1970-77 1981-83 1980 OR EARLIER NOT STATED

41 WOOD CONCRETE STONE BRICK NOG WATTLE/ADOBE WOOD AND BRICK WOOD AND CONCRETE OTHER NOT STATED

42 0 1 2 3 4 5 6 7 AND OVER NOT STATED

43(a) LIGHTING (b) COOKING

44(a) THIS HOUSEHOLD ELSEWHERE IN COUNTRY ABROAD

44(b) CHAT NG SG DISTRICT IN ST. VINCENT

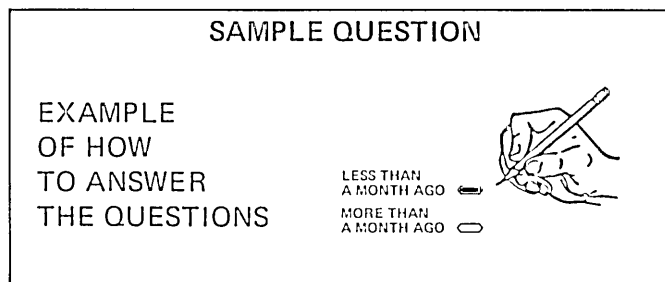
MAY 12, 1980

ECONOMIC ACTIVITY FERTILITY HOUSING CHECK

		Surname	First Name	Middle Name												
SEC. 6 ALL PERSONS 15 YEARS AND OVER	P A S T	23	MAIN ACTIVITY DURING PAST 12 MONTHS	WORKED <input type="checkbox"/>	SEEKING FIRST JOB <input type="checkbox"/>	OTHERS SEEKING WORK <input type="checkbox"/>	WANTED WORK AND AVAILABLE <input type="checkbox"/>	HOME DUTIES <input type="checkbox"/>	STUDENT <input type="checkbox"/>	RETIRED <input type="checkbox"/>	DISABLED <input type="checkbox"/>	OTHER <input type="checkbox"/>	NOT STATED <input type="checkbox"/>			
		24	WORKER OR OCCUPATIONAL STATUS DURING PAST YEAR	WORKED FOR OTHERS GOVT <input type="checkbox"/> PRIV ENTER <input type="checkbox"/> PRIV H'OLD <input type="checkbox"/> UNPAID WORKER <input type="checkbox"/>				HAS OWN BUSINESS/FARM WITH PAID HELP <input type="checkbox"/> W/OUT PAID HELP <input type="checkbox"/> DID NO WORK <input type="checkbox"/> NOT STATED <input type="checkbox"/>								
		25	MONTHS WORKED DURING PAST 12 MONTHS	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2-3 <input type="checkbox"/>	4-5 <input type="checkbox"/>	6-7 <input type="checkbox"/>	8-9 <input type="checkbox"/>	10-11 <input type="checkbox"/>	12 <input type="checkbox"/>	NOT STATED <input type="checkbox"/>				
	Y E A R	26	MAIN TYPE OF JOB OR OCCUPATION DURING PAST 12 MONTHS (WRITE AS GIVEN)													
			(FOR OFFICE USE ONLY)													
		27	INDUSTRY OR TYPE OF BUSINESS DURING PAST 12 MONTHS (WRITE AS GIVEN)													
P W A E S T I C K	28	ECONOMIC SITUATION DURING PAST WEEK	WORKED <input type="checkbox"/>	WITH JOB NOT W.K.G <input type="checkbox"/>	LOOKED FOR WK <input type="checkbox"/>	HOME DUTIES <input type="checkbox"/>	STUDENT <input type="checkbox"/>	RETIRED <input type="checkbox"/>	DISABLED <input type="checkbox"/>	OTHER <input type="checkbox"/>	NOT STATED <input type="checkbox"/>					
	29	TOTAL NUMBER OF HOURS WORKED (INCLUDING OVERTIME) DURING PAST WEEK	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>			
SEC. 7 FEMALES 14 YEARS AND OVER NOT ATTENDING SCHOOL FULL TIME	30	NUMBER OF LIVEBORN CHILDREN EVER HAD	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NOT STATED <input type="checkbox"/>			
	31	AGE OF MOTHER AT BIRTH OF FIRST LIVEBORN CHILD	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>	NOT STATED <input type="checkbox"/>		
	32	AGE OF MOTHER AT BIRTH OF LAST LIVEBORN CHILD	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>	NOT STATED <input type="checkbox"/>		
	33	NUMBER OF LIVE BIRTHS/STILLBIRTHS DURING PAST 12 MONTHS	33(a) LIVEBIRTHS 0 <input type="checkbox"/>					1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NOT STATED <input type="checkbox"/>	(b) STILLBIRTHS 0 <input type="checkbox"/>		
	34	UNION STATUS-AT PRESENT OR AT AGE 45	MARRIED <input type="checkbox"/>	COMMON LAW <input type="checkbox"/>	VISITING <input type="checkbox"/>	NO LONGER LIVING WITH HUSBAND <input type="checkbox"/>			NO LONGER LIVING WITH C.L. PARTNER <input type="checkbox"/>		NEVER HAD HUSS OR C.L. PARTNER <input type="checkbox"/>		NOT STATED <input type="checkbox"/>			
	35	DURATION OF UNION (COMPLETED YEARS)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>	NOT STATED <input type="checkbox"/>		
SEC. 8 THE HEAD OF THE HOUSEHOLD ONLY	36	TYPE OF DWELLING	SEP HOUSE <input type="checkbox"/>	FLAT/APTMT <input type="checkbox"/>	RANGE TYPE/DARRACKS <input type="checkbox"/>	OUT ROOM <input type="checkbox"/>	PT OF COMM BLDG <input type="checkbox"/>	OTHER PRIV. <input type="checkbox"/>	GROUP DWELLING <input type="checkbox"/>	NO FIXED ADOBE <input type="checkbox"/>		NOT STATED <input type="checkbox"/>				
	37	TYPE OF TENURE	OWNED <input type="checkbox"/>	LEASED <input type="checkbox"/>	PRIVATE RENTED <input type="checkbox"/>	RENT FREE <input type="checkbox"/>	SQUATTED <input type="checkbox"/>	HP <input type="checkbox"/>	GOVT RENTED <input type="checkbox"/>	OTHER <input type="checkbox"/>		NOT STATED <input type="checkbox"/>				
	38	WATER SUPPLY	PUB PIPED INTO DWEL <input type="checkbox"/>	PUB PIPED INTO YD <input type="checkbox"/>	PRIV PIPED INTO DWEL <input type="checkbox"/>	PRIV. CATCHM NOT PIPED <input type="checkbox"/>	PUB STAND PIPE <input type="checkbox"/>	PUB. TANK <input type="checkbox"/>	OTHER <input type="checkbox"/>		NOT STATED <input type="checkbox"/>					
	39	TOILET FACILITIES	39(a) SHARED <input type="checkbox"/> NOT SHARED <input type="checkbox"/> NONE <input type="checkbox"/>				(b) PIT <input type="checkbox"/>		W/C LINKED TO SEWER <input type="checkbox"/>	W/C NOT LINKED TO SEWER <input type="checkbox"/>	OTHER <input type="checkbox"/>					
	40	YEAR WHEN DWELLING BUILT	1900 <input type="checkbox"/>	1979 <input type="checkbox"/>	1978 <input type="checkbox"/>	1970-77 <input type="checkbox"/>	1961-69 <input type="checkbox"/>	1900 OR EARLIER <input type="checkbox"/>		NOT STATED <input type="checkbox"/>						
	41	MATERIAL OF OUTER WALLS	WOOD <input type="checkbox"/>	CONCRETE <input type="checkbox"/>	STONE <input type="checkbox"/>	BRICK <input type="checkbox"/>	NOG <input type="checkbox"/>	WATTLE/ADOBE <input type="checkbox"/>	WOOD AND BRICK <input type="checkbox"/>	WOOD AND CONCRETE <input type="checkbox"/>	OTHER <input type="checkbox"/>	NOT STATED <input type="checkbox"/>				
	42	NUMBER OF ROOMS	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 AND OVER <input type="checkbox"/>	NOT STATED <input type="checkbox"/>					
	43	TYPE OF LIGHTING/FUEL USED FOR COOKING	43(a) LIGHTING ELEC <input type="checkbox"/> KEROSENE <input type="checkbox"/> OTHER <input type="checkbox"/>				(b) COOKING GAS <input type="checkbox"/> ELEC <input type="checkbox"/>		WOOD/CHAR <input type="checkbox"/>	KERO <input type="checkbox"/>	OTHER/NOE <input type="checkbox"/>					
SEC. 9 ALL PERSONS	44	WHERE DID INDIVIDUAL SPEND CENSUS NIGHT	(a) LOCALLY OR ABROAD				(b) DISTRICT IN ST. VINCENT									
		44(a)	THIS HOUSEHOLD <input type="checkbox"/>				ELSEWHERE IN COUNTRY <input type="checkbox"/>				ABROAD <input type="checkbox"/>					
	44(b)	CHAT <input type="checkbox"/>	NG <input type="checkbox"/>	SG <input type="checkbox"/>	NOT STATED <input type="checkbox"/>		KIN <input type="checkbox"/>	S OF KIN <input type="checkbox"/>	CALL <input type="checkbox"/>	MARR <input type="checkbox"/>	BRI <input type="checkbox"/>	COL <input type="checkbox"/>	GEO TN <input type="checkbox"/>	SAN BAY <input type="checkbox"/>	LAY <input type="checkbox"/>	BARR <input type="checkbox"/>
	45	(FOR OFFICE USE ONLY)														

INSTRUCTIONS

1. Please use the #2 black-lead pencil supplied when marking your answers to the questions on this form. **DO NOT USE INK, BALLPOINT PEN, OR COLORED PENCIL.** If you make a mistake, erase cleanly and then fill in the answer space you want. Be sure to fill a response position () for each question where the question applies to the individual. Each answer space you mark should be filled in completely with a black mark, the same as shown in the **SAMPLE QUESTION**.



MAKE NO EXTRANEIOUS MARKS OF ANY KIND ON THE FORM

2. Do not mark or write in the shaded areas. The areas will be marked in the central office.
3. When you have finished questions 1 through 22, carefully fold at perforation and continue with questions 23 through 46.
4. Try to make your marks as shown here:
 - An ideal mark
 - A readable mark

Do not make them too light Too light or poorly erased

too short Mark too short

too long Mark too long

or too thin Too thin to read