

CONFIDENTIAL

SECTION I

**EASTERN CARIBBEAN RI
POPULATION C**

(One Schedule to be completed for

County/Parish/Quarter.....
 Ward (if applicable).....
 Enumeration District Number.....
 Type of Area.....
 Schedule Number.....
 No. of Rooms.....
 Address of Household/Building.....

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FOR OF

No. of Families or Domestic Units.....

No. of Persons per Room.....

Type of Household.....

Town/District/Locality

| TYPE OF CARD | SECTION II | | | | | SECTION III | | | | |
|----------------|---------------------------------|--------------|-----|--|--|---|---|--|---|---|
| | Surname and main Christian Name | Relationship | Sex | Age Last Birthday <small>yrs. and months as fractions of a year for children under 2 years of age</small> | Race or Ethnic Origin <small>N W I CH M P A C S O</small> | Religion <small>enter as stated by respondents</small> | Birthplace <small>If in this town/locality write 'here' If elsewhere in this territory give town or locality and name of nearest town. If abroad, give name of country only.</small> | Normal Residence <small>If in this town/locality write 'here' If elsewhere give town/locality and name of nearest town. NOTE! For persons born abroad, normal residence is where they normally live in this Territory.</small> | Years of Residence <small>If local born length of stay in present residence If Foreign born length of stay in this territory</small> | Highest of Edu. Attai <small>incl. child at sch Std. 1 t S.C N.S. U.I U.I E.F No</small> |
| INDIVIDUAL NO. | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
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| 01 | | | | | | | | | | |
| 02 | | | | | | | | | | |
| 03 | | | | | | | | | | |
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| 10 | | | | | | | | | | |

| INDIVIDUAL NO. | R E M A R K S |
|----------------|---------------|
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| | |

(one line for each household, one line for each individual)

FOR OFFICE USE ONLY

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Date of Preliminary Enumeration.....

Enumerator.....

Checked by Supervisor.....

Checked in Office.....

FOR OFFICE USE ONLY

Total Number of persons

Total Number of families

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| SECTION IV | | | | | | | | | | SECTION V | | | | | | | | | | | | | | |
|-------------------------------------|---|----------------|---|--|--|---------------|-----------------------------------|--|--|------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Coder..... | | | | | | | | | | Coder..... | | | | | | | | | | | | | | |
| Highest Level of Education Attained | If attending school, give name and denomination of the school in which enrolled | Marital Status | FOR WOMEN ONLY | | | TYPE OF UNION | Main Activity during past 12 mths | How many months did you work during the past 12 mths (incl. vacation and sick leave) | Did you work for the first time during the past 12mths (Yes/No.) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) |
| | | | Total No. of children born alive (incl. those born alive who have since died) | Age of mother at birth of 1st child born alive | Did you have any children born alive during the past 12 mths Yes or No. If Yes of what sex | | | | | | | | | | | | | | | | | | | |
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| INDIVIDUAL NO. | REMARKS |
|----------------|---------|
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