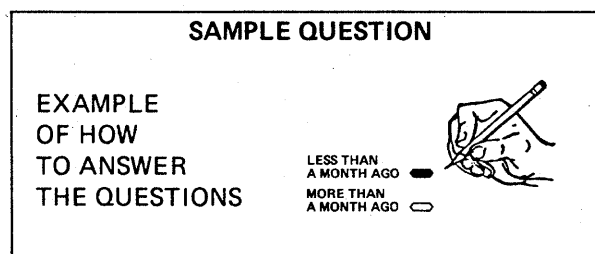


INSTRUCTIONS

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

COMMONWEALTH CARIBBEAN POPULATION CENSUS— BARBADOS

MAY 12, 1980

FORM-CI
CONFIDENTIAL

MAY 12, 1980

		Surname	First Name	Middle Name
ECONOMIC ACTIVITY	SEC. 6	23 MAIN ACTIVITY DURING PAST 12 MONTHS	23	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"/>
	P A S T Y E A R	24 WORKER OR OCCUPATIONAL STATUS DURING PAST YEAR	24	WORKED FOR OTHERS <input type="checkbox"/> HAS OWN BUSINESS/FARM <input type="checkbox"/> GOVT. <input type="checkbox"/> PRIV. ENTER. <input type="checkbox"/> PRIV. H'OLD <input type="checkbox"/> UNPAID WORKER <input type="checkbox"/> 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	25	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"/>
		26 MAIN TYPE OF JOB OR OCCUPATION DURING PAST 12 MONTHS (WRITE AS GIVEN)	26	
		(FOR OFFICE USE ONLY)		
	27 INDUSTRY OR TYPE OF BUSINESS DURING PAST 12 MONTHS (WRITE AS GIVEN)	27		
FERTILITY	P W E E K	28 ECONOMIC SITUATION DURING PAST WEEK	28	WORKED <input type="checkbox"/> WITH JOB NOT WKG. <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	29	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"/>
		30 NUMBER OF LIVEBORN CHILDREN EVER HAD	30	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	31	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	32	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 <input type="checkbox"/> TW <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"/>
HOUSING	T H E H E A D O F T H E H O U S E H O L D O N L Y	34 UNION STATUS—AT PRESENT OR AT AGE 45	34	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 HUSB. OR C.L. PARTNER <input type="checkbox"/> NOT STATED <input type="checkbox"/>
		35 DURATION OF UNION (COMPLETED YEARS)	35	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"/>
		36 TYPE OF DWELLING	36	SEP. HOUSE <input type="checkbox"/> FLAT/ APTMT. <input type="checkbox"/> RANGE TYPE/ BARRACKS <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 ABODE <input type="checkbox"/> NOT STATED <input type="checkbox"/>
		37 TYPE OF TENURE	37	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	38	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"/>
CHECK	T H E H E A D O F T H E H O U S E H O L D O N L Y	40 YEAR WHEN DWELLING BUILT	40	1980 <input type="checkbox"/> 1979 <input type="checkbox"/> 1978 <input type="checkbox"/> 1970-77 <input type="checkbox"/> 1961-68 <input type="checkbox"/> 1960 OR EARLIER <input type="checkbox"/> NOT STATED <input type="checkbox"/>
		41 MATERIAL OF OUTER WALLS	41	WOOD <input type="checkbox"/> CONCRETE <input type="checkbox"/> STONE <input type="checkbox"/> BRICK <input type="checkbox"/> NOG <input type="checkbox"/> WATTLE/ ADIBE <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	42	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)	ELEC. <input type="checkbox"/> KEROSENE <input type="checkbox"/> OTHER <input type="checkbox"/> (b) GAS <input type="checkbox"/> ELEC. <input type="checkbox"/> WOOD/ CHAR <input type="checkbox"/> KERO. <input type="checkbox"/> OTHER/ NONE <input type="checkbox"/>
		44 WHERE DID INDIVIDUAL SPEND CENSUS NIGHT	44(a)	THIS HOUSEHOLD <input type="checkbox"/> ELSEWHERE IN COUNTRY <input type="checkbox"/> ABROAD <input type="checkbox"/>
		44(b)	ST. JOS. <input type="checkbox"/> ST. AND. <input type="checkbox"/> ST. PETER <input type="checkbox"/> ST. LUCY <input type="checkbox"/> NOT STATED <input type="checkbox"/> B'TWN. <input type="checkbox"/> ST. MIC. <input type="checkbox"/> CH. CH. <input type="checkbox"/> ST. GEO. <input type="checkbox"/> ST. PHIL. <input type="checkbox"/> ST. JOHN <input type="checkbox"/> ST. JAMES <input type="checkbox"/> ST. THOS. <input type="checkbox"/>	
MISC.	P E R S O N S 1 5 Y E A R S A N D O V E R	46 (a) LOCATION OF INDUSTRY (REFER TO QUESTION 27)	46(a)	ST. JOS. <input type="checkbox"/> ST. AND. <input type="checkbox"/> ST. PETER <input type="checkbox"/> ST. LUCY <input type="checkbox"/> NOT STATED <input type="checkbox"/> B'TWN. <input type="checkbox"/> ST. MIC. <input type="checkbox"/> CH. CH. <input type="checkbox"/> ST. GEO. <input type="checkbox"/> ST. PHIL. <input type="checkbox"/> ST. JOHN <input type="checkbox"/> ST. JAMES <input type="checkbox"/> ST. THOS. <input type="checkbox"/>
		46 (b) MAIN SOURCE OF LIVELIHOOD	46(b)	ECON. ACT. <input type="checkbox"/> PENSIONS <input type="checkbox"/> O. PUB. ASS. <input type="checkbox"/> PROPERTY INVEST. <input type="checkbox"/> SUPPORT <input type="checkbox"/> LOCAL <input type="checkbox"/> OVERSEAS <input type="checkbox"/> NOT STATED <input type="checkbox"/>

COUNTRY	PARISH	MINOR	TOWN/ SPEC. AREA	E.D. NUMBER	HOUSEHOLD NUMBER	NAME OF INDIVIDUAL				
2										
3	0	100	200	300	400	500	600	700	800	900
4	0	10	20	30	40	50	60	70	80	90
5	0	1	2	3	4	5	6	7	8	9
6	0	1	2	3	4	5	6	7	8	9
7	0	1	2	3	4	5	6	7	8	9
8	0	1	2	3	4	5	6	7	8	9
9	0	1	2	3	4	5	6	7	8	9
10	0	1	2	3	4	5	6	7	8	9
11	0	1	2	3	4	5	6	7	8	9
12	0	1	2	3	4	5	6	7	8	9
13	0	1	2	3	4	5	6	7	8	9
14	0	1	2	3	4	5	6	7	8	9
15	0	1	2	3	4	5	6	7	8	9
16	0	1	2	3	4	5	6	7	8	9
17	0	1	2	3	4	5	6	7	8	9
18	0	1	2	3	4	5	6	7	8	9
19	0	1	2	3	4	5	6	7	8	9
20	0	1	2	3	4	5	6	7	8	9
21	0	1	2	3	4	5	6	7	8	9
22	0	1	2	3	4	5	6	7	8	9
23	0	1	2	3	4	5	6	7	8	9
24	0	1	2	3	4	5	6	7	8	9
25	0	1	2	3	4	5	6	7	8	9
26	0	1	2	3	4	5	6	7	8	9
27	0	1	2	3	4	5	6	7	8	9
28	0	1	2	3	4	5	6	7	8	9
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)	0	1	2	3	4	5	6	7	8	9
34	0	1	2	3	4	5	6	7	8	9
35	0	1	2	3	4	5	6	7	8	9
36	0	1	2	3	4	5	6	7	8	9
37	0	1	2	3	4	5	6	7	8	9
38	0	1	2	3	4	5	6	7	8	9
39(a)	0	1	2	3	4	5	6	7	8	9
40	0	1	2	3	4	5	6	7	8	9
41	0	1	2	3	4	5	6	7	8	9
42	0	1	2	3	4	5	6	7	8	9
43(a)	0	1	2	3	4	5	6	7	8	9
44(a)	0	1	2	3	4	5	6	7	8	9
45	0	1	2	3	4	5	6	7	8	9
46(a)	0	1	2	3	4	5	6	7	8	9
47	0	1	2	3	4	5	6	7	8	9
48	0	1	2	3	4	5	6	7	8	9
49	0	1	2	3	4	5	6	7	8	9
50	0	1	2	3	4	5	6	7	8	9
51	0	1	2	3	4	5	6	7	8	9
52	0	1	2	3	4	5	6	7	8	9
53	0	1	2	3	4	5	6	7	8	9
54	0	1	2	3	4	5	6	7	8	9
55	0	1	2	3	4	5	6	7	8	9
56	0	1	2	3	4	5	6	7	8	9
57	0	1	2	3	4	5	6	7	8	9
58	0	1	2	3	4	5</				