



COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION
MAY 12, 1980
INDIVIDUAL SCHEDULE

DEPARTMENT
OF
STATISTICS

CONFIDENTIAL

The Statistics Act 1973

This Census is being taken in exercise of the powers conferred by Section 9, Subsection (1) of the Statistics Act 1973. "Any person required to furnish information, estimates, or returns, or to supply particulars under this Act who fails so to do shall be guilty of an offence".

I D E N T I F I C A T I O N	Identifying Number	FOR OFFICIAL USE ONLY			
		IS	E.D.	H.H.	IND.
All Persons	Island ----- <input type="text"/>				
	Enumeration District Number <input type="text"/>				
	Street Name -----				
	Name of Town, City or Settlement -----				
	Occupied Household Number <input type="text"/>				
	Number of persons in household -----				
	Name of Individual -----				
Individual's Number within household <input type="text"/>					
C H A R A C T E R I S T I C S	1. Relationship to head of household Check (✓) one box				
	Head of household ----- <input type="text"/>	Father or mother-in-law of head <input type="text"/>			
	Spouse or partner of head ----- <input type="text"/>	Son or daughter-in-law of head ----- <input type="text"/>			
	Son of head or spouse ----- <input type="text"/>	Grandchild of head or spouse ----- <input type="text"/>			
	Daughter of head or spouse ----- <input type="text"/>	Other relative ----- <input type="text"/>			
	Father or mother of head ----- <input type="text"/>	Other not related ----- <input type="text"/>			
	Not stated ----- <input type="text"/>				
	2. Family Membership				
	Primary (Head of household) <input type="text"/>	Other related ----- <input type="text"/>			
	First Secondary ----- <input type="text"/>	Other not related ----- <input type="text"/>			
Second Secondary ----- <input type="text"/>	Not stated ----- <input type="text"/>				
Third Secondary ----- <input type="text"/>					
3. Sex Male ----- <input type="text"/>		Female ----- <input type="text"/>			
4. Age last birthday <input type="text"/>					
5. Martial Status Check (✓) one box					
Single (never married) ----- <input type="text"/>	Divorced (not remarried) <input type="text"/>				
Married ----- <input type="text"/>	Separated ----- <input type="text"/>				
Widow/Widower ----- <input type="text"/>	Common-law union ----- <input type="text"/>				
Not stated ----- <input type="text"/>					

C H A R A C T E R I S T I C S	<p>6. What is your religion? Check (✓) one box</p> <table border="0"> <tr> <td>Anglican/Episcopal ----- <input type="checkbox"/> 01</td> <td>Greek Orthodox ----- <input type="checkbox"/> 06</td> <td>Presbyterian ----- <input type="checkbox"/> 12</td> </tr> <tr> <td>Assemblies of God ----- <input type="checkbox"/> 02</td> <td>Jehovah's Witness ----- <input type="checkbox"/> 07</td> <td>Roman Catholic ----- <input type="checkbox"/> 13</td> </tr> <tr> <td>Baptist ----- <input type="checkbox"/> 03</td> <td>Jewish ----- <input type="checkbox"/> 08</td> <td>Seventh Day Adv. ----- <input type="checkbox"/> 14</td> </tr> <tr> <td>Bretheren ----- <input type="checkbox"/> 04</td> <td>Lutheran ----- <input type="checkbox"/> 09</td> <td>Other ----- <input type="checkbox"/> 15</td> </tr> <tr> <td>Church or Saints of God <input type="checkbox"/> 05</td> <td>Methodist ----- <input type="checkbox"/> 10</td> <td>None ----- <input type="checkbox"/> 16</td> </tr> <tr> <td></td> <td>Pentecostal ----- <input type="checkbox"/> 11</td> <td>Not stated ----- <input type="checkbox"/> 99</td> </tr> </table>	Anglican/Episcopal ----- <input type="checkbox"/> 01	Greek Orthodox ----- <input type="checkbox"/> 06	Presbyterian ----- <input type="checkbox"/> 12	Assemblies of God ----- <input type="checkbox"/> 02	Jehovah's Witness ----- <input type="checkbox"/> 07	Roman Catholic ----- <input type="checkbox"/> 13	Baptist ----- <input type="checkbox"/> 03	Jewish ----- <input type="checkbox"/> 08	Seventh Day Adv. ----- <input type="checkbox"/> 14	Bretheren ----- <input type="checkbox"/> 04	Lutheran ----- <input type="checkbox"/> 09	Other ----- <input type="checkbox"/> 15	Church or Saints of God <input type="checkbox"/> 05	Methodist ----- <input type="checkbox"/> 10	None ----- <input type="checkbox"/> 16		Pentecostal ----- <input type="checkbox"/> 11	Not stated ----- <input type="checkbox"/> 99	<input type="checkbox"/> <input type="checkbox"/>
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	Pentecostal ----- <input type="checkbox"/> 11	Not stated ----- <input type="checkbox"/> 99																		
<p>7. Where were you born?</p> <p>-----</p> <p>(Write either name of island in The Bahamas or name of foreign country)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																			
<p>8. Usual residence of mother at birth</p> <p>-----</p> <p>(write here)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																			
<p>9. Country of citizenship</p> <p>-----</p> <p>(write here)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																			
<p>10. <u>For Bahamian Citizens only</u></p> <p>By what method did you acquire Bahamian Citizenship?</p> <p>By birth to Bahamian parent(s) ----- <input type="checkbox"/> 1</p> <p>By birth in Bahamas to Non-Bahamian parents ----- <input type="checkbox"/> 2</p> <p>By adoption by persons of Bahamian status ----- <input type="checkbox"/> 3</p> <p>By naturalisation:.</p> <p>a. Marriage to Bahamian husband ----- <input type="checkbox"/> 4</p> <p>b. Option ----- <input type="checkbox"/> 5</p>	<input type="checkbox"/>																			
<p>11. Where is your usual place of residence?</p> <p>At this address ----- <input type="checkbox"/></p> <p>Elsewhere on same island ----- <input type="checkbox"/></p> <p>Other island ----- <input type="checkbox"/> ----- Specify</p> <p>Other country ----- <input type="checkbox"/> ----- Specify</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																			
M I G R A T I O N	<p>12. Did you change your island or country of usual residence during the last ten years?</p> <p>Yes ----- <input type="checkbox"/> 1 No ----- <input type="checkbox"/> 2 → Skip to 15</p>	<input type="checkbox"/>																		
	<p>13. If the answer to "12" above is "yes" name the last Island of The Bahamas or the last country lived in.</p> <p>-----</p> <p>Island or country (write here)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																		
	<p>14. When did you make this move? Check (✓) one box</p> <table border="0"> <tr> <td>1980 ----- <input type="checkbox"/> 01</td> <td>1976 ----- <input type="checkbox"/> 05</td> </tr> <tr> <td>1979 ----- <input type="checkbox"/> 02</td> <td>1975 ----- <input type="checkbox"/> 06</td> </tr> <tr> <td>1978 ----- <input type="checkbox"/> 03</td> <td>1970 - 1974 ----- <input type="checkbox"/> 08</td> </tr> <tr> <td>1977 ----- <input type="checkbox"/> 04</td> <td>Not stated ----- <input type="checkbox"/> 99</td> </tr> </table>	1980 ----- <input type="checkbox"/> 01	1976 ----- <input type="checkbox"/> 05	1979 ----- <input type="checkbox"/> 02	1975 ----- <input type="checkbox"/> 06	1978 ----- <input type="checkbox"/> 03	1970 - 1974 ----- <input type="checkbox"/> 08	1977 ----- <input type="checkbox"/> 04	Not stated ----- <input type="checkbox"/> 99	<input type="checkbox"/> <input type="checkbox"/>										
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1978 ----- <input type="checkbox"/> 03	1970 - 1974 ----- <input type="checkbox"/> 08																			
1977 ----- <input type="checkbox"/> 04	Not stated ----- <input type="checkbox"/> 99																			

E D U C A T I O N	<p>15. What is the highest grade or year of regular school ever attended? Check (✓) one box. If now in school check the grade or year you are now in.</p> <p>Never attended school <input type="text" value="00"/></p> <p>Nursery School/Kindergarten <input type="text" value="01"/></p> <p>Elementary/Primary School (Grades) 1-4 <input type="text" value="11"/> 5+ <input type="text" value="12"/></p> <p>High School (Grades) 1 <input type="text" value="21"/>, 2 <input type="text" value="22"/>, 3 <input type="text" value="23"/>, 4 <input type="text" value="24"/>, 5 <input type="text" value="25"/></p> <p>College/University (Academic year) 1 <input type="text" value="31"/>, 2 <input type="text" value="32"/>, 3 <input type="text" value="33"/>, 4 <input type="text" value="34"/>, 5 <input type="text" value="35"/></p> <p>6+ <input type="text" value="36"/></p> <p>Not stated <input type="text" value="99"/></p>	<input type="text" value=""/> <input type="text" value=""/>
	<p>16. What is the highest level qualification you have obtained? Check (✓) one box</p> <p>None <input type="text" value="00"/></p> <p>School Leaving <input type="text" value="10"/></p> <p>B.J.C. (Number of subjects passed) 1 <input type="text" value="11"/>, 2 <input type="text" value="12"/>, 3 <input type="text" value="13"/>, 4 <input type="text" value="14"/>, 5 <input type="text" value="15"/>, 6 or more <input type="text" value="16"/></p> <p>G.C.E. - 'O' Levels (Number of subjects passed) 1 <input type="text" value="20"/>, 2 <input type="text" value="21"/>, 3 <input type="text" value="22"/>, 4 <input type="text" value="23"/>, 5 or more <input type="text" value="24"/></p> <p>Cambridge School Certificate <input type="text" value="25"/></p> <p>G.C.E. - 'A' Levels (Number of subjects passed) 1 <input type="text" value="26"/>, 2 <input type="text" value="27"/>, 3 or more <input type="text" value="28"/></p> <p>Higher School Certificate <input type="text" value="29"/> Other <input type="text" value="98"/></p> <p>Diploma <input type="text" value="31"/> Not stated <input type="text" value="99"/></p> <p>First Degree <input type="text" value="32"/></p> <p>Post Graduate Degree <input type="text" value="33"/></p> <p>Professional (e.g. law, accountancy, medicine, architecture, etc.) <input type="text" value="34"/></p>	<input type="text" value=""/> <input type="text" value=""/>
	<p>17. Since last September have you been attending a School; College or University of any kind?</p> <p>Yes Full-time <input type="text" value="1"/></p> <p>Yes Part-time <input type="text" value="2"/></p> <p>No <input type="text" value="3"/></p> <p>Not stated <input type="text" value="9"/></p>	<input type="text" value=""/>

All
Persons

H I G H E S T L E V E L O F T R A I N I N G	18. Have you been trained or are you being trained for a specific craft or trade? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Skip to question 22 Not stated <input type="checkbox"/> 9	<input type="checkbox"/>
	19. For which occupation are you trained or being trained? Write (e.g. plumber, lab technician, tailor; secretary, cook, stewardess, etc.)	<input type="text"/> <input type="text"/> <input type="text"/>
	20. State method of training. Check(✓) one box On the job <input type="checkbox"/> 1 Technical Institution <input type="checkbox"/> 5 Private Study ---- <input type="checkbox"/> 2 Other Institutional training... <input type="checkbox"/> 6 Secondary school <input type="checkbox"/> 3 University <input type="checkbox"/> 7 Vocational, Trade or Commercial school <input type="checkbox"/> 4 Other <input type="checkbox"/> 8 Not stated <input type="checkbox"/> 9	<input type="checkbox"/>
	21. What stage are you at? Being trained <input type="checkbox"/> 1 Not stated <input type="checkbox"/> 9 Training completed ---- <input type="checkbox"/> 2	<input type="checkbox"/>
E C O N O M I C A C T I V I T Y	22. What was your employment situation during the past week? Check (✓) one box Worked <input type="checkbox"/> 01 Retired <input type="checkbox"/> 06 With job but not at work - - <input type="checkbox"/> 02 Disabled <input type="checkbox"/> 07 Seeking first job <input type="checkbox"/> 03 Home-maker <input type="checkbox"/> 08 Seeking job (other than first) - - <input type="checkbox"/> 04 Of Independent means <input type="checkbox"/> 09 Student <input type="checkbox"/> 05 Other N.E.C. <input type="checkbox"/> 98 Not stated <input type="checkbox"/> 99	<input type="text"/> <input type="text"/>
	23. Did you have a job at anytime during the last 12 months? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → Skip to ques. 28 Not stated <input type="checkbox"/> 9	<input type="checkbox"/>
	24. What is your employment status now or when you last worked? Check (✓) one box Employee (private business) <input type="checkbox"/> 1 Employee (government or government corporation) <input type="checkbox"/> 2 Operated own business <u>with</u> paid help <input type="checkbox"/> 3 Operated own business <u>without</u> paid help <input type="checkbox"/> 4 Unpaid family worker <input type="checkbox"/> 5 Other <input type="checkbox"/> 6 Not stated <input type="checkbox"/> 9	<input type="checkbox"/>

E C O N O M I C A C T I V I T Y Persons 15 years of age and over	25. What kind of industry or business was this? ----- Write here (e.g. retail store, hotel, law firm, bank, brewery, etc.)	<input type="text"/> <input type="text"/> <input type="text"/>
	26. What type of work did you do? ----- Write here (e.g. sales clerk, stenographer, lawyer, etc.)	<input type="text"/> <input type="text"/> <input type="text"/>
	27. How many weeks did you work in the last 12 months? 1 - 4 <input type="text"/> 1 14 - 26 <input type="text"/> 3 40 - 48 <input type="text"/> 5 5 - 13 <input type="text"/> 2 27 - 39 <input type="text"/> 4 49 - 52 <input type="text"/> 6 Not stated <input type="text"/> 9	<input type="text"/>
F E R T I L I T Y Females 14 years of age and over	28. Number of live-born children ever had. Check (✓) one box <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="text"/> 00 <input type="text"/> 01 </div> <div style="margin-right: 10px;"> → Skip to ques. 34 </div> <div style="display: grid; grid-template-columns: repeat(3, 1fr); gap: 5px;"> <div><input type="text"/> 02</div> <div><input type="text"/> 04</div> <div><input type="text"/> 06</div> <div><input type="text"/> 08</div> <div><input type="text"/> 03</div> <div><input type="text"/> 05</div> <div><input type="text"/> 07</div> <div><input type="text"/> 09</div> <div><input type="text"/> 10 or more</div> </div> </div>	<input type="text"/> <input type="text"/>
	29. How many are still alive? Check (✓) one box <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="text"/> 00 <input type="text"/> 01 </div> <div style="margin-right: 10px;"> <input type="text"/> 02 <input type="text"/> 03 </div> <div style="margin-right: 10px;"> <input type="text"/> 04 <input type="text"/> 05 </div> <div style="margin-right: 10px;"> <input type="text"/> 06 <input type="text"/> 07 </div> <div style="margin-right: 10px;"> <input type="text"/> 08 <input type="text"/> 09 </div> <div> <input type="text"/> 10 or more </div> </div>	<input type="text"/> <input type="text"/>
	30. Age of mother at birth of first live-born child ----- (Write age in completed years)	<input type="text"/> <input type="text"/>
	31. Age of mother at birth of last live-born child ----- (Write age in completed years)	<input type="text"/> <input type="text"/>
	32. Number of live-births in last 12 months Check (✓) one box <div style="display: flex; align-items: center; gap: 10px;"> <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 or more Not stated ----- <input type="text"/> 9 </div>	<input type="text"/>
33. Type of birth Single <input type="text"/> 1 Twin <input type="text"/> 2 Other multiple <input type="text"/> 3 Not stated <input type="text"/> 9	<input type="text"/>	

F E R T I L I T Y	<p>34. Union status at present or at age 49</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Married <input style="width: 20px;" type="text" value="1"/></td> <td style="width: 50%;">No longer living with husband <input style="width: 20px;" type="text" value="4"/></td> </tr> <tr> <td>Common-law <input style="width: 20px;" type="text" value="2"/></td> <td>No longer living with common-law partner <input style="width: 20px;" type="text" value="5"/></td> </tr> <tr> <td>Visiting <input style="width: 20px;" type="text" value="3"/></td> <td>Never had a husband or common-law partner <input style="width: 20px;" type="text" value="6"/></td> </tr> <tr> <td></td> <td>Not stated <input style="width: 20px;" type="text" value="9"/></td> </tr> </table>	Married <input style="width: 20px;" type="text" value="1"/>	No longer living with husband <input style="width: 20px;" type="text" value="4"/>	Common-law <input style="width: 20px;" type="text" value="2"/>	No longer living with common-law partner <input style="width: 20px;" type="text" value="5"/>	Visiting <input style="width: 20px;" type="text" value="3"/>	Never had a husband or common-law partner <input style="width: 20px;" type="text" value="6"/>		Not stated <input style="width: 20px;" type="text" value="9"/>	<input style="width: 30px; height: 30px;" type="text"/>																			
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	Not stated <input style="width: 20px;" type="text" value="9"/>																												
	<p>35. Duration of Union in completed years</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">(Write number of years)</p>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>																											
I N C O M E	<p>36. What was your total income for the preceding 12-month period</p> <table style="width: 100%;"> <tr> <td style="width: 40%;">B\$</td> <td style="width: 20%;"></td> <td style="width: 40%;">B\$</td> </tr> <tr> <td>0</td> <td><input style="width: 20px;" type="text" value="00"/></td> <td>7,001 - 10,000 <input style="width: 20px;" type="text" value="07"/></td> </tr> <tr> <td>1 - 1,000</td> <td><input style="width: 20px;" type="text" value="01"/></td> <td>10,001 - 12,000 <input style="width: 20px;" type="text" value="08"/></td> </tr> <tr> <td>1,001 - 2,000</td> <td><input style="width: 20px;" type="text" value="02"/></td> <td>12,001 - 15,000 <input style="width: 20px;" type="text" value="09"/></td> </tr> <tr> <td>2,001 - 3,000</td> <td><input style="width: 20px;" type="text" value="03"/></td> <td>15,001 - 17,000 <input style="width: 20px;" type="text" value="10"/></td> </tr> <tr> <td>3,001 - 4,000</td> <td><input style="width: 20px;" type="text" value="04"/></td> <td>17,001 - 20,000 <input style="width: 20px;" type="text" value="11"/></td> </tr> <tr> <td>4,001 - 5,000</td> <td><input style="width: 20px;" type="text" value="05"/></td> <td>20,001 - 40,000 <input style="width: 20px;" type="text" value="12"/></td> </tr> <tr> <td>5,001 - 7,000</td> <td><input style="width: 20px;" type="text" value="06"/></td> <td>40,001 and over <input style="width: 20px;" type="text" value="13"/></td> </tr> <tr> <td></td> <td></td> <td>Not stated ---- <input style="width: 20px;" type="text" value="99"/></td> </tr> </table>	B\$		B\$	0	<input style="width: 20px;" type="text" value="00"/>	7,001 - 10,000 <input style="width: 20px;" type="text" value="07"/>	1 - 1,000	<input style="width: 20px;" type="text" value="01"/>	10,001 - 12,000 <input style="width: 20px;" type="text" value="08"/>	1,001 - 2,000	<input style="width: 20px;" type="text" value="02"/>	12,001 - 15,000 <input style="width: 20px;" type="text" value="09"/>	2,001 - 3,000	<input style="width: 20px;" type="text" value="03"/>	15,001 - 17,000 <input style="width: 20px;" type="text" value="10"/>	3,001 - 4,000	<input style="width: 20px;" type="text" value="04"/>	17,001 - 20,000 <input style="width: 20px;" type="text" value="11"/>	4,001 - 5,000	<input style="width: 20px;" type="text" value="05"/>	20,001 - 40,000 <input style="width: 20px;" type="text" value="12"/>	5,001 - 7,000	<input style="width: 20px;" type="text" value="06"/>	40,001 and over <input style="width: 20px;" type="text" value="13"/>			Not stated ---- <input style="width: 20px;" type="text" value="99"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
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		Not stated ---- <input style="width: 20px;" type="text" value="99"/>																											
C H E C K	<p>37. Where did you spend Census night?</p> <table style="width: 100%;"> <tr> <td style="width: 40%;">This household -----</td> <td style="width: 10%;"><input style="width: 20px;" type="text"/></td> <td style="width: 50%;"></td> </tr> <tr> <td>Elsewhere in The Bahamas ----</td> <td><input style="width: 20px;" type="text"/></td> <td>-----</td> </tr> <tr> <td>Abroad -----</td> <td><input style="width: 20px;" type="text"/></td> <td>Island</td> </tr> <tr> <td>Not stated -----</td> <td><input style="width: 20px;" type="text"/></td> <td></td> </tr> </table>	This household -----	<input style="width: 20px;" type="text"/>		Elsewhere in The Bahamas ----	<input style="width: 20px;" type="text"/>	-----	Abroad -----	<input style="width: 20px;" type="text"/>	Island	Not stated -----	<input style="width: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>															
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<p style="text-align: center;">STATISTICS ACT 1973 SECTION II SUBSECTION (3)</p> <p style="text-align: center;">“Any person who knowingly or recklessly makes any statement in any information or particulars given under Subsection (1) which is false in a material particular shall be guilty of an offence”.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 60%; text-align: center;">-----</td> <td style="width: 40%; text-align: center;">-----</td> </tr> <tr> <td style="text-align: center;">Head of Household or other Respondent</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> </tr> <tr> <td style="text-align: center;">Enumerator</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> </tr> <tr> <td style="text-align: center;">Supervisor</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> </tr> <tr> <td style="text-align: center;">Editor</td> <td style="text-align: center;">Date</td> </tr> </table>			-----	-----	Head of Household or other Respondent	Date	-----	-----	Enumerator	Date	-----	-----	Supervisor	Date	-----	-----	Editor	Date											
-----	-----																												
Head of Household or other Respondent	Date																												
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Supervisor	Date																												
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