

## 1979 CENSUS - CAYMAN ISLANDS

## “ ‘H’ Form for Private Households ”

A household comprises EITHER one person living alone or a group of persons (who may or may not be related) living at the same address with common housekeeping.

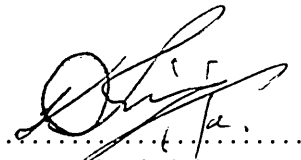
TO THE HEAD (OR ACTING HEAD) OF THE HOUSEHOLD.

Please complete this form and have it ready for collection on Tuesday 9th October 1979. If you need help, do not hesitate to ask the enumerator.

The Enumerator may ask you any questions necessary to help him complete or correct the form.

The information you give on the form will be treated as 'CONFIDENTIAL'. No information will be passed by the Statistics Office to any other Government Department or any other authority or person.

The Legal obligation to fill in the whole form rests with you, and each person required on this form, must give his or her information.

  
.....  
Statistician

TO BE COMPLETED BY THE ENUMERATOR			
District No	Enumeration No	Form No.	Enumerators Name
Name of householder and full postal address			
Type of property and if hot/cold water supply			
If sharing with another household number of rooms shared _____			

PLEASE TAKE NOTE: IT IS YOUR DUTY UNDER THE LAW NOT TO GIVE FALSE STATEMENTS ON THIS FORM

Part A	Answer questions A. 1 to A. 6 about your household's accommodation and then answer questions B. 1 to B. 22 overleaf and if appropriate answer questions C. 1 to C. 7.	Where boxes are provided answer by putting a tick against the appropriate answer, for example if the answer is "Yes". Yes <input checked="" type="checkbox"/>
A. 1 How do you and your household occupy your accommodations.	A. 4 How many cars and vans are owned by you and other members of your household.	A. 6 Has your household the use of the following. COOKING STOVE (if other means specify)
1. <input type="checkbox"/> As owner occupier (including purchase by mortgage)	1. CARS <input type="checkbox"/>	A. 1 <input type="checkbox"/> For use by this household
2. <input type="checkbox"/> By renting from Government	2. VANS <input type="checkbox"/>	2 <input type="checkbox"/> For use also by another household
3. <input type="checkbox"/> By unfurnished letting from a private Landlord or Company or Housing Association.	3. MOTORCYCLES <input type="checkbox"/>	3 <input type="checkbox"/> No Specify _____
4. <input type="checkbox"/> As a furnished letting-if in some other way give details.	4. MOPEDS <input type="checkbox"/>	Kitchen with Sink permanently connected to a Water supply and waste pipe.
A. 2 Does your household share with any one else the use of any room, hall, passage or landing or staircase.	Include any provided by your employers for your use, but exclude VANS used solely for the carriage of goods. IF NONE WRITE NONE _____	B. 1. <input type="checkbox"/> For use by this household
1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	A. 5 How many rooms are there in your household's accommodation (write in box)	2 <input type="checkbox"/> For use also by another household
A. 3 Does your household have a garage.	1. <input type="text"/>	3 <input type="checkbox"/> No
ATTACHED UNATTACHED	Do not count Kitchens, Toilets or Bathrooms. NOTE a room divided by a sliding door or fixed screen count as two rooms. A room divided by a curtain, of beads etc or portable screen count as one room.	Fixed bath or shower permanently connected to a water supply and waste pipe.
1. <input type="checkbox"/> YES 3. <input type="checkbox"/> YES		C. 1 <input type="checkbox"/> For use by this household
2. <input type="checkbox"/> NO 4. <input type="checkbox"/> NO		2 <input type="checkbox"/> For use also by another household
		3 <input type="checkbox"/> No
		Toilet facilities
		D. 1 <input type="checkbox"/> Inside flushed
		2 <input type="checkbox"/> Outside flushed
		3 <input type="checkbox"/> No facilities
		Ventilation
		E. 1 <input type="checkbox"/> Fully airconditioned
		2 <input type="checkbox"/> Partial airconditioned
		3 <input type="checkbox"/> Fans only
		4 <input type="checkbox"/> Other means (detail): .....
		5 <input type="checkbox"/> No

**Part  
B.**

Complete A line in part B for every person present on Census night who usually lives at and in this household. Include all those persons who are temporary absent, i.e. Seamen at sea, attending School/College overseas, on nightwork, on vacation, etc. The Enumerator will help you if in doubt. Use Block Capitals for all questions.

<b>B.1</b> Fill in this column first for every person in the household Write Name and Surname  Begin with the head of the household (1st Person)  For a Baby who has not yet be given a name write Baby and Surname.	<b>B.2</b>  Write Date of Birth.			<b>B.3</b>  For Resident Cayman Islanders only.  Please tick the appropriate Box of the District your Mother was living before you were born.	<b>B.4</b>  Write the sex of the person M for male F for Female	<b>B.5</b>  Write head for head of household and relationship to the head for each of the other persons. i.e. Wife, Son, Daughter, Grandfather, Grandmother, Uncle, Aunt, Sister, Brother, Nephew, Niece, Grandson, Granddaughter, Son in-law, Daughter-in-law, Visitor, Boarder, paying Guest, etc. Note if 'Adopted' write adopted even if the person is formally adopted or not, and give also name of person responsible for the person so adopted.
1st Person	Day	Mth	Year	1. <input type="checkbox"/> George Town 7. <input type="checkbox"/> West Bay 2. <input type="checkbox"/> Savannah 8. <input type="checkbox"/> Cayman 3. <input type="checkbox"/> Breakers Brac 4. <input type="checkbox"/> Northside 9. <input type="checkbox"/> Little 5. <input type="checkbox"/> East End Cayman 6. <input type="checkbox"/> Bodden Town		
2nd Person	Day	Mth	Year	1. <input type="checkbox"/> George Town 7. <input type="checkbox"/> West Bay 2. <input type="checkbox"/> Savannah 8. <input type="checkbox"/> Cayman 3. <input type="checkbox"/> Breakers Brac 4. <input type="checkbox"/> Northside 9. <input type="checkbox"/> Little 5. <input type="checkbox"/> East End Cayman 6. <input type="checkbox"/> Bodden Town		
3rd Person	Day	Mth	Year	1. <input type="checkbox"/> George Town 7. <input type="checkbox"/> West Bay 2. <input type="checkbox"/> Savannah 8. <input type="checkbox"/> Cayman 3. <input type="checkbox"/> Breakers Brac 4. <input type="checkbox"/> Northside 9. <input type="checkbox"/> Little 5. <input type="checkbox"/> East End Cayman 6. <input type="checkbox"/> Bodden Town		
4th Person	Day	Mth	Year	1. <input type="checkbox"/> George Town 7. <input type="checkbox"/> West Bay 2. <input type="checkbox"/> Savannah 8. <input type="checkbox"/> Cayman 3. <input type="checkbox"/> Breakers Brac 4. <input type="checkbox"/> Northside 9. <input type="checkbox"/> Little 5. <input type="checkbox"/> East End Cayman 6. <input type="checkbox"/> Bodden Town		
5th Person	Day	Mth	Year	1. <input type="checkbox"/> George Town 7. <input type="checkbox"/> West Bay 2. <input type="checkbox"/> Savannah 8. <input type="checkbox"/> Cayman 3. <input type="checkbox"/> Breakers Brac 4. <input type="checkbox"/> Northside 9. <input type="checkbox"/> Little 5. <input type="checkbox"/> East End Cayman 6. <input type="checkbox"/> Bodden Town		
6th Person	Day	Mth	Year	1. <input type="checkbox"/> George Town 7. <input type="checkbox"/> West Bay 2. <input type="checkbox"/> Savannah 8. <input type="checkbox"/> Cayman 3. <input type="checkbox"/> Breakers Brac 4. <input type="checkbox"/> Northside 9. <input type="checkbox"/> Little 5. <input type="checkbox"/> East End Cayman 6. <input type="checkbox"/> Bodden Town		
7th Person	Day	Mth	Year	1. <input type="checkbox"/> George Town 7. <input type="checkbox"/> West Bay 2. <input type="checkbox"/> Savannah 8. <input type="checkbox"/> Cayman 3. <input type="checkbox"/> Breakers Brac 4. <input type="checkbox"/> Northside 9. <input type="checkbox"/> Little 5. <input type="checkbox"/> East End Cayman 6. <input type="checkbox"/> Bodden Town		

B. 6	B. 7	B. 8	B. 9	B. 10
Write either Single Married Widowed Divorced  If separated and not divorced write married.	Write Country of Birth.	If the person usually lives here write 'here' if not write the persons usual address.  Read notes above to give correct answers.	If you are a Caymanian tick the appropriate Box.  This question means Caymanian at Birth.	Write Trade or profession, giving professional qualifications and degrees obtained. i.e, Lawyer, Accountant, Mason Carpenter, Pilot, Automechanic,etc.
			1. <input type="checkbox"/> Yes, born of two Caymanian parents in the Cayman Islands. 2. <input type="checkbox"/> Yes, born of one Caymanian parent in the Cayman Islands. 3. <input type="checkbox"/> Yes, born of two Caymanian parents out- side the Cayman Islands 4. <input type="checkbox"/> Yes, born of one Caymanian parent out- side the Cayman Islands	
			1. <input type="checkbox"/> Yes, born of two Caymanian parents in the Cayman Islands. 2. <input type="checkbox"/> Yes, born of one Caymanian parent in the Cayman Islands. 3. <input type="checkbox"/> Yes, born of two Caymanian parents out- side the Cayman Islands 4. <input type="checkbox"/> Yes, born of one Caymanian parent out- side the Cayman Islands	
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			1. <input type="checkbox"/> Yes, born of two Caymanian parents in the Cayman Islands. 2. <input type="checkbox"/> Yes, born of one Caymanian parent in the Cayman Islands. 3. <input type="checkbox"/> Yes, born of two Caymanian parents out- side the Cayman Islands 4. <input type="checkbox"/> Yes, born of one Caymanian parent out- side the Cayman Islands	
			1. <input type="checkbox"/> Yes, born of two Caymanian parents in the Cayman Islands. 2. <input type="checkbox"/> Yes, born of one Caymanian parent in the Cayman Islands. 3. <input type="checkbox"/> Yes, born of two Caymanian parents out- side the Cayman Islands 4. <input type="checkbox"/> Yes, born of one Caymanian parent out- side the Cayman Islands	
			1. <input type="checkbox"/> Yes, born of two Caymanian parents in the Cayman Islands. 2. <input type="checkbox"/> Yes, born of one Caymanian parent in the Cayman Islands. 3. <input type="checkbox"/> Yes, born of two Caymanian parents out- side the Cayman Islands 4. <input type="checkbox"/> Yes, born of one Caymanian parent out- side the Cayman Islands	
			1. <input type="checkbox"/> Yes, born of two Caymanian parents in the Cayman Islands. 2. <input type="checkbox"/> Yes, born of one Caymanian parent in the Cayman Islands. 3. <input type="checkbox"/> Yes, born of two Caymanian parents out- side the Cayman Islands 4. <input type="checkbox"/> Yes, born of one Caymanian parent out- side the Cayman Islands	
			1. <input type="checkbox"/> Yes, born of two Caymanian parents in the Cayman Islands. 2. <input type="checkbox"/> Yes, born of one Caymanian parent in the Cayman Islands. 3. <input type="checkbox"/> Yes, born of two Caymanian parents out- side the Cayman Islands 4. <input type="checkbox"/> Yes, born of one Caymanian parent out- side the Cayman Islands	

**Part  
B.**

Complete A line in part B for every person present on Census night who usually lives at and in this household. Include all those persons who are temporary absent, i.e. Seamen at sea, attending School/College overseas, on nightwork, on vacation, etc. The Enumerator will help you if in doubt. Use Block Capitals for all questions.

**B.1** Fill in column first every person in household  
Write Name Surname  
Begin with the f of the household (1st Person)

For a Baby who not yet be give name write Bat and Surname.

**B. 11**

Are you a British Subject Citizen of the United Kingdom and Colonies?

Please tick appropriate box below.

**B. 12**

If you hold a Gainful Occupation Licence, then give following answers:  
NOTE: A Civil Servant recruited from overseas should answer 1 and 2 as though holding a Gainful Occupation Licence entering his years of service in the Cayman Islands in the Box in question 1.

**1st Person**

1. ☐ Yes With possession of or eligibility for a British passport with rights of domicile in the United Kingdom.
2. ☐ Yes Because of birth in the Cayman Islands of Caymanian Parent or Parents.
3. ☐ Yes Through naturalisation. If so give date of naturalisation and certificate No.  
Date Certificate No.
4. ☐ yes Through registration as a British Subject Citizen of the United Kingdom and Colonies.

1. Enter into the box in figures the number of years here.
2. How many other members of your family hold a Gainful Occupation Licence?
3. What is your usual Country of residence?

**2nd Person**

1. ☐ Yes With possession of or eligibility for a British passport with rights of domicile in the United Kingdom.
2. ☐ Yes Because of birth in the Cayman Islands of Caymanian Parent or Parents.
3. ☐ Yes Through naturalisation. If so give date of naturalisation and certificate No.  
Date Certificate No.
4. ☐ yes Through registration as a British Subject Citizen of the United Kingdom and Colonies.

1. Enter into the box in figures the number of years here.
2. How many other members of your family hold a Gainful Occupation Licence?
3. What is your usual Country of residence?

**3rd Person**

1. ☐ Yes With possession of or eligibility for a British passport with rights of domicile in the United Kingdom.
2. ☐ Yes Because of birth in the Cayman Islands of Caymanian Parent or Parents.
3. ☐ Yes Through naturalisation. If so give date of naturalisation and certificate No.  
Date Certificate No.
4. ☐ yes Through registration as a British Subject Citizen of the United Kingdom and Colonies.

1. Enter into the box in figures the number of years here.
2. How many other members of your family hold a Gainful Occupation Licence?
3. What is your usual Country of residence?

**4th Person**

1. ☐ Yes With possession of or eligibility for a British passport with rights of domicile in the United Kingdom.
2. ☐ Yes Because of birth in the Cayman Islands of Caymanian Parent or Parents.
3. ☐ Yes Through naturalisation. If so give date of naturalisation and certificate No.  
Date Certificate No.
4. ☐ yes Through registration as a British Subject Citizen of the United Kingdom and Colonies.

1. Enter into the box in figures the number of years here.
2. How many other members of your family hold a Gainful Occupation Licence?
3. What is your usual Country of residence?

**5th Person**

1. ☐ Yes With possession of or eligibility for a British passport with rights of domicile in the United Kingdom.
2. ☐ Yes Because of birth in the Cayman Islands of Caymanian Parent or Parents.
3. ☐ Yes Through naturalisation. If so give date of naturalisation and certificate No.  
Date Certificate No.
4. ☐ yes Through registration as a British Subject Citizen of the United Kingdom and Colonies.

1. Enter into the box in figures the number of years here.
2. How many other members of your family hold a Gainful Occupation Licence?
3. What is your usual Country of residence?

**6th Person**

1. ☐ Yes With possession of or eligibility for a British passport with rights of domicile in the United Kingdom.
2. ☐ Yes Because of birth in the Cayman Islands of Caymanian Parent or Parents.
3. ☐ Yes Through naturalisation. If so give date of naturalisation and certificate No.  
Date Certificate No.
4. ☐ yes Through registration as a British Subject Citizen of the United Kingdom and Colonies.

1. Enter into the box in figures the number of years here.
2. How many other members of your family hold a Gainful Occupation Licence?
3. What is your usual Country of residence?

**7th Person**

1. ☐ Yes With possession of or eligibility for a British passport with rights of domicile in the United Kingdom.
2. ☐ Yes Because of birth in the Cayman Islands of Caymanian Parent or Parents.
3. ☐ Yes Through naturalisation. If so give date of naturalisation and certificate No.  
Date Certificate No.
4. ☐ yes Through registration as a British Subject Citizen of the United Kingdom and Colonies.

1. Enter into the box in figures the number of years here.
2. How many other members of your family hold a Gainful Occupation Licence?
3. What is your usual Country of residence?

[illegible]

B. 14

Means of transport To and From place of work. Please tick appropriate Box.

B. 15

Did the person have a job last week?. Tick the appropriate Box.

B. 16

How are you employed?. Tick the appropriate Box.

- 1. ☐ By Car
- 2. ☐ By Taxi
- 3. ☐ By Motorcycle
- 4. ☐ By Bus
- 5. ☐ By other (give details).

- 1. ☐ Yes In a job last week
- 2. ☐ No Seeking work
- 3. ☐ No Because of sickness.
- 4. ☐ No Due to total disability.
- 5. ☐ No Wholly retired.

- 1. ☐ Employing others, and self employed.
- 2. ☐ Employee monthly paid.
- 3. ☐ Employee weekly paid.
- 4. ☐ Unemployed.
- 5. ☐ Retired.

- 1. ☐ By Car
- 2. ☐ By Taxi
- 3. ☐ By Motorcycle
- 4. ☐ By Bus
- 5. ☐ By other (give details).

- 1. ☐ Yes In a job last week
- 2. ☐ No Seeking work
- 3. ☐ No Because of sickness.
- 4. ☐ No Due to total disability.
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- 1. ☐ Employing others, and self employed.
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- 3. ☐ Employee weekly paid.
- 4. ☐ Unemployed.
- 5. ☐ Retired.

- 1. ☐ By Car
- 2. ☐ By Taxi
- 3. ☐ By Motorcycle
- 4. ☐ By Bus
- 5. ☐ By other (give details).

- 1. ☐ Yes In a job last week
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- 2. ☐ Employee monthly paid.
- 3. ☐ Employee weekly paid.
- 4. ☐ Unemployed.
- 5. ☐ Retired.

- 1. ☐ By Car
- 2. ☐ By Taxi
- 3. ☐ By Motorcycle
- 4. ☐ By Bus
- 5. ☐ By other (give details).

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- 2. ☐ No Seeking work
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- 4. ☐ No Due to total disability.
- 5. ☐ No Wholly retired.

- 1. ☐ Employing others, and self employed.
- 2. ☐ Employee monthly paid.
- 3. ☐ Employee weekly paid.
- 4. ☐ Unemployed.
- 5. ☐ Retired.

- 1. ☐ By Car
- 2. ☐ By Taxi
- 3. ☐ By Motorcycle
- 4. ☐ By Bus
- 5. ☐ By other (give details).

- 1. ☐ Yes In a job last week
- 2. ☐ No Seeking work
- 3. ☐ No Because of sickness.
- 4. ☐ No Due to total disability.
- 5. ☐ No Wholly retired.

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- 3. ☐ Employee weekly paid.
- 4. ☐ Unemployed.
- 5. ☐ Retired.

- 1. ☐ By Car
- 2. ☐ By Taxi
- 3. ☐ By Motorcycle
- 4. ☐ By Bus
- 5. ☐ By other (give details).

- 1. ☐ Yes In a job last week
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- 1. ☐ By Car
- 2. ☐ By Taxi
- 3. ☐ By Motorcycle
- 4. ☐ By Bus
- 5. ☐ By other (give details).

- 1. ☐ Yes In a job last week
- 2. ☐ No Seeking work
- 3. ☐ No Because of sickness.
- 4. ☐ No Due to total disability.
- 5. ☐ No Wholly retired.

- 1. ☐ Employing others, and self employed.
- 2. ☐ Employee monthly paid.
- 3. ☐ Employee weekly paid.
- 4. ☐ Unemployed.
- 5. ☐ Retired.

B. 17

Write Name and Address of present Employer (stating type of business) and number of hours normally worked each week.

NOTE: Civil servants state your Department and address of establishment.

Normal weekly hours \_\_\_\_\_

Normal weekly hours \_\_\_\_\_

Normal weekly hours \_\_\_\_\_

Normal weekly hours \_\_\_\_\_

Normal weekly hours \_\_\_\_\_

Normal weekly hours \_\_\_\_\_

Normal Weekly hours \_\_\_\_\_

<div>B. 18</div> <div>EDUCATION: Please complete for all persons age 4 years to 18 years of age who are at present attending full time schooling.</div> <div>In the case of 'O' and 'A' levels give Subjects.</div>	<div>B. 19</div> <div>'Full Time' Students 17 years and over Give details of School/ College, Address, the Subjects studying, and also if you possess a scholarship from (g) Government(o) Other sources.</div>	<div>B. 20</div> <div>Students 'Part Time' age 14 years and over. Give details of school and subjects studying</div>
<div>1. Name of School</div> <div>2. Grade or Form</div> <div>3. C.S.E.'s and other Exams</div> <div>4. G.C.E. 'O' levels</div> <div>5. G.C.E. 'A' levels</div>		
<div>1. Name of School</div> <div>2. Grade or Form</div> <div>3. C.S.E.'s and other Exams</div> <div>4. G.C.E. 'O' levels</div> <div>5. G.C.E. 'A' levels</div>		
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<div>1. Name of School</div> <div>2. Grade or Form</div> <div>3. C.S.E.'s and other Exams</div> <div>4. G.C.E. 'O' levels</div> <div>5. G.C.E. 'A' levels</div>		

B. 21

Have you been granted Caymanian Status if so please tick appropriate Box and give date when Caymanian Status was granted.

1.  Yes
2.  No
3. Date .....

1.  Yes
2.  No
3. Date .....

1.  Yes
2.  No
3. Date .....

1.  Yes
2.  No
3. Date .....

1.  Yes
2.  No
3. Date .....

1.  Yes
2.  No
3. Date .....

1.  Yes
2.  No
3. Date .....

B. 22

Do you possess Caymanian Status by right (i.e. by vested right, by force of law).

1.  Yes
2.  No

1.  Yes
2.  No

1.  Yes
2.  No

1.  Yes
2.  No

1.  Yes
2.  No

1.  Yes
2.  No

1.  Yes
2.  No

Part  
C

Complete a line for all Caymanian relatives born of this household who are now permanently living overseas. i.e. Those who have left "Cayman Islands" and taken up residence in another Country.

[illegible]

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TO BE COMPLETED BY THE HOUSEHOLDER

I certify that the answers given by me and members of my household are correct to the best of my knowledge and belief, and that no person or persons have been omitted.

Signed ..... Householder

Date .....

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