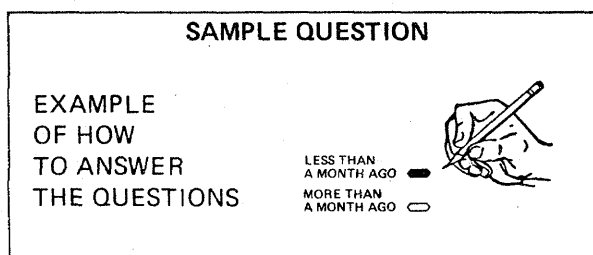


## INSTRUCTIONS

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 - ST. LUCIA

MAY 12, 1980

MAY 12, 1980

FORM-CI  
CONFIDENTIAL

ECONOMIC ACTIVITY		FERTILITY		HOUSING		GENERAL							
SEC. 6 ALL PERSONS 15 YEARS AND OVER	PAST YEAR	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"/>									
		24	WORKER OR OCCUPATIONAL STATUS DURING PAST YEAR	24 WORKED FOR OTHERS <input type="checkbox"/> HAS OWN BUSINESS/FARM <input type="checkbox"/>									
		25	MONTHS WORKED DURING PAST 12 MONTHS	25 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"/>									
		26	MAIN TYPE OF JOB OR OCCUPATION DURING PAST 12 MONTHS (WRITE AS GIVEN)	26 0 1 2-3 4-5 6-7 8-9 10-11 12 NOT STATED <input type="checkbox"/>									
		(FOR OFFICE USE ONLY)											
		27	INDUSTRY OR TYPE OF BUSINESS DURING PAST 12 MONTHS (WRITE AS GIVEN)	27 (FOR OFFICE USE ONLY)									
SEC. 7 FEMALES 14 YEARS AND OVER NOT ATTENDING SCHOOL FULL TIME	PRESENT WEEK	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 1 2 3 4 5 6 7 8 9									
		30	NUMBER OF LIVEBORN CHILDREN EVER HAD	30 0 1 2 3 4 5 6 7 8 9 NOT STATED <input type="checkbox"/>									
		31	AGE OF MOTHER AT BIRTH OF FIRST LIVEBORN CHILD	31 0 1 2 3 4 5 6 7 8 9 NOT APPLICABLE <input type="checkbox"/> NOT STATED <input type="checkbox"/>									
		32	AGE OF MOTHER AT BIRTH OF LAST LIVEBORN CHILD	32 0 1 2 3 4 5 6 7 8 9 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"/> NOT STATED <input type="checkbox"/> (b) STILLBIRTHS <input type="checkbox"/> 1 <input type="checkbox"/> 2+ <input type="checkbox"/> NOT STATED <input type="checkbox"/>									
SEC. 8 THE HEAD OF THE HOUSEHOLD ONLY		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 1 2 3 4 5 6 7 8 9 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"/>									
		40	YEAR WHEN DWELLING BUILT	40 1980 <input type="checkbox"/> 1979 <input type="checkbox"/> 1978 <input type="checkbox"/> 1970-77 <input type="checkbox"/> 1961-69 <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/ 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	42 0 1 2 3 4 5 6 7 AND OVER <input type="checkbox"/> NOT STATED <input type="checkbox"/>									
		43	TYPE OF LIGHTING/FUEL USED FOR COOKING	43(a) LIGHTING <input type="checkbox"/> ELEC. <input type="checkbox"/> KEROSENE <input type="checkbox"/> OTHER <input type="checkbox"/> (b) COOKING <input type="checkbox"/> GAS <input type="checkbox"/> ELEC. <input type="checkbox"/> WOOD/ CHAR <input type="checkbox"/> KERO. <input type="checkbox"/> OTHER/ NONE <input type="checkbox"/>									
SEC. 9 ALL PERSONS	44	WHERE DID INDIVIDUAL SPEND CENSUS NIGHT	(a) LOCALLY OR ABROAD <input type="checkbox"/>										
		DISTRICT IN ST. LUCIA											
SEC. 10 PERSONS 15 YEARS AND OVER	46	TOTAL INCOME	PAY PERIOD										
			AMOUNT (\$)										

COMMONWEALTH CARIBBEAN  
POPULATION CENSUS - ST. LUCIA

MAY 12, 1980

1

IDENTIFYING NUMBER →

COUNTRY	PARISH	MINOR	TOWN/ SPEC. AREA	E.D. NUMBER	HOUSEHOLD NUMBER	NAME OF INDIVIDUAL	Surname	First Name	Middle Name	
8										
3	0	100	200	300	400	500	600	700	800	900
4	0	1	2	3	4	5	6	7	8	9
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
44(b)	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
46(b)	0	1	2	3	4	5	6	7	8	9

IDENTIFYING NUMBER  
CHARACTERISTICS  
MIGRATION  
EDUCATION  
VOCATIONAL TRAINING

SEC. 1	PERSONS	ALL
3	HOUSEHOLD NUMBER	
4	INDIVIDUAL NUMBER WITHIN HOUSEHOLD	
SEC. 2	PERSONS	ALL
5	RELATIONSHIP TO HEAD OF HOUSEHOLD	
6	SEX	
7	AGE (IN COMPLETED YEARS)	
8	MARITAL STATUS (14 YEARS AND OVER)	
9	USUAL RESIDENCE	(a) LOCAL OR FOREIGN (b) DISTRICT IN ST. LUCIA (c) FOREIGN COUNTRY
10	BIRTH PLACE	(a) DISTRICT IN ST. LUCIA (b) FOREIGN COUNTRY
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)	(a) TYPE OF SCHOOL/UNIVERSITY (b) YEARS OF SCHOOLING (c) EXAM PASSED
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)	