

Gibraltar 570

EU (14)

GIBRALTAR

1970

POPULATION AND HOUSING

CENSUS

6th OCTOBER, 1970.

The following compartments to be completed by the enumerator

Name and	-----
Postal Address	-----
of Householder	-----
Enumeration District No.	-----
Household No.	-----

TO THE OCCUPIER

In compliance with the Census Ordinance this schedule must be completed by the occupier or person in charge of the dwelling.

If a house is let or sublet to persons or families living separately, each occupier must make a return for his portion of the house, upon a separate schedule.

Before filling in the schedule, the notes on page 7 and the instructions alongside each question should be read carefully.

The Schedule should be completed to include all persons present in the Household on the night of 6th October 1970 and including those who are at work during that night and not elsewhere returned.

A separate column should be used for each person.

Persons who refuse to give INFORMATION, or who wilfully give FALSE INFORMATION, as to any of the required particulars, are liable, on conviction, to a FINE OF FIFTY POUNDS.

The information given in this return will be treated in the strictest confidence and not used for any unauthorised purposes.

The enumerator will call to collect the completed schedule during the 7 days immediately following 6th October, 1970.

Census Commissioner.

A.

THE FOLLOWING QUESTIONS TO BE ANSWERED FOR ALL PERSONS

	1st PERSON			2nd PERSON			3rd PERSON		
1. NAME	6 7 □ □			6 7 □ □			6 7 □ □		
2. RELATIONSHIP TO HEAD OF HOUSEHOLD (e.g. Head, Wife, Daughter, Son-in-Law, Boarder, Visitors who are residents of Gibraltar, Visitors from outside Gibraltar, etc....)									
3. MARITAL STATUS (e.g. Single, Married, Widowed or Divorced: If separated and not divorced write—"married")	8 □			8 □			8 □		
4. SEX	9 □			9 □			9 □		
5. NATIONALITY If British, state whether Gibraltarian, U.K., Indian, Australian, etc....	10 □			10 □			10 □		
6. IDENTITY CARD No.	11 □			11 □			11 □		
7. NUMBER OF YEARS RESIDENT IN GIBRALTAR If less than one year write — "UNDER" 1	12 13 □ □			12 13 □ □			12 13 □ □		
8. COUNTRY OF BIRTH	14 15 □ □			14 15 □ □			14 15 □ □		
9. DATE OF BIRTH	Day	Month	Year	Day	Month	Year	Day	Month	Year
	□	□	□	□	□	□	□	□	□
10. AGE in years If less than one year write — "UNDER" 1	16 17 □ □			16 17 □ □			16 17 □ □		
11. RELIGION If Christian, state which denomination	18 □			18 □			18 □		

B. THE FOLLOWING QUESTIONS TO BE ANSWERED ONLY FOR WOMEN WHO ARE NOW MARRIED, WIDOWED or DIVORCED

12. HOW MANY CHILDREN HAVE BEEN BORN ALIVE TO HER? If none write "NONE"	BORN ALIVE			19 20 □ □	BORN ALIVE			19 20 □ □	BORN ALIVE			19 20 □ □
	Alive now	Died	Total		Alive now	Died	Total		Alive now	Died	Total	
	□	□	□		□	□	□		□	□	□	
13. DATE OF MARRIAGE If married more than once give date of first marriage.	21 22 □ □			21 22 □ □			21 22 □ □					
14. If the first or only marriage has ended — give the date on which it ended. If it has not ended, write "NOT ENDED"	23 24 □ □			23 24 □ □			23 24 □ □					

C.

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED FOR PERSONS AGED 15 AND OVER ONLY

15. PERSON'S NAME		25 26 <input type="checkbox"/>		25 26 <input type="checkbox"/>
16. ECONOMIC CLASSIFICATION during LAST WEEK which one of the following is applicable:— Housewife, Student, Retired or on Private means, Infirm (unable to work), in Employment (includes persons at work during last week and persons on holiday or temporarily sick with a job to go back to), waiting to take up a job and starting next week.		27 <input type="checkbox"/>		27 <input type="checkbox"/>
17. FOR THOSE IN EMPLOYMENT LAST WEEK, STATE: OCCUPATION and INDUSTRY a) Main Employment Occupation Name & Address of Business Description of Business Full-time or Part-time Employment Status (i.e. Employer, Self-Employed, Employee) b) Second Employment (If the person has more than 2 jobs, give details here only of the job next in importance to the main job above) Occupation Name & Address of Business Description of Business Full-time or Part-time Employment Status (i.e. Employer, Self-Employed, Employee)		28 29 30 <input type="checkbox"/> 31 32 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 37 38 <input type="checkbox"/> 39 40 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/>		28 29 30 <input type="checkbox"/> 31 32 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 37 38 <input type="checkbox"/> 39 40 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/>
18. IF THE PERSON DID NOT HAVE A JOB LAST WEEK, DID HE (OR SHE) HAVE A JOB AT SOME DURING THE LAST 12 MONTHS — YES OR NO.		44 <input type="checkbox"/>		44 <input type="checkbox"/>
19. EMPLOYMENT DURING MAY 1969 (If same as main employment last week (at 17(a) above) write — "SAME") Occupation Name & Address of Business Description of Business Full-time or Part-time Employment Status (i.e. Employer, Self-Employed, Employee)		45 46 47 <input type="checkbox"/> 48 49 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/>		45 46 47 <input type="checkbox"/> 48 49 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/>
20. HAS THE PERSON COMPLETED AN APPRENTICESHIP — YES or NO? (Apprentice also includes Articled clerk, Articled pupil, etc.)		53 <input type="checkbox"/>		53 <input type="checkbox"/>
21. EDUCATION state the highest level of schooling attended e.g. None, Primary, Secondary, Technical College, Grammar School, Teachers' Training College, University, etc.		54 <input type="checkbox"/>		54 <input type="checkbox"/>
22. QUALIFICATIONS State the highest qualifications obtained e.g. number of G.C.E. 'O' levels, number of 'A' levels, City & Guilds, R.S.A., Nursing (S.R.N. S.E.A.N.) Professional Qualifications (F.C.A., A.M.I. Mech.E.) Degrees, etc.		55 <input type="checkbox"/>		55 <input type="checkbox"/>
23. LANGUAGES State 'YES' or 'NO' under the languages you can a) Speak. b) Read & Write	English Spanish Other	56 57 <input type="checkbox"/> 58 59 <input type="checkbox"/>	English Spanish Other	56 57 <input type="checkbox"/> 58 59 <input type="checkbox"/>

			25	26				25	26				25	26				25	26				
			27					27					27					27					
			28	29	30				28	29	30				28	29	30				28	29	30
			31	32	33				31	32	33				31	32	33				31	32	33
			34						34						34						34		
			35						35						35						35		
			36	37	38				36	37	38				36	37	38				36	37	38
			39	40	41				39	40	41				39	40	41				39	40	41
			42						42						42						42		
			43						43						43						43		
			44						44						44						44		
			45	46	47				45	46	47				45	46	47				45	46	47
			48	49	50				48	49	50				48	49	50				48	49	50
			51						51						51						51		
			52						52						52						52		
			53						53						53						53		
			54						54						54						54		
			55						55						55						55		
English	Spanish	Other				English	Spanish	Other				English	Spanish	Other				English	Spanish	Other			
			56	57					56	57					56	57					56	57	
			58	59					58	59					58	59					58	59	

D.

THE FOLLOWING QUESTIONS TO BE ANSWERED BY THE HEAD OF THE HOUSEHOLD

HOUSING.

- 24. Type of Dwelling (House, flat, caravan, etc.)
- 25. Tenure of Dwelling (owned, rented from Government, privately rented etc.)
- 26. Number of Persons in Household, excluding visitors.
- 27. Number of Visitors (Resident Guests) staying in Household.
- 28. Number of Rooms occupied by Household.
- 29. Number of Rooms (included in 28 above) without windows to the outside.

	60 <input type="checkbox"/>
	61 <input type="checkbox"/>
	62 <input type="checkbox"/>
	63 <input type="checkbox"/>
	64 <input type="checkbox"/>
	65 <input type="checkbox"/>

FACILITIES

State "YES", "NO" or "SHARED" to the following questions:—
— Does the Household have —

- 30. Flush toilet.
- 31. Potable Water Supply.
- 32. Cooker or Cooking stove with an oven.
- 33. Bath or Shower installation.

	66 <input type="checkbox"/>
	67 <input type="checkbox"/>
	68 <input type="checkbox"/>
	69 <input type="checkbox"/>

CARS and GARAGING

- 34. Number of cars and vans available for the private use of members of the household.
- 35. State for each car or van included in question 34 where it is kept over-night—
e.g. garage, on street, car park
(or other place set aside for car parking),
other (give details).

Vehicle 1
Vehicle 2
Vehicle 3

	70 <input type="checkbox"/>
	71 <input type="checkbox"/>
	72 <input type="checkbox"/>
	73 <input type="checkbox"/>

DECLARATION

I declare that to the best of my knowledge and belief this Schedule is correctly completed.

Signed
(Head of Household)

NOTES

ON COMPLETING THE CENSUS QUESTIONNAIRE

1. All persons present in the Household during the night of the Census should be entered on the Schedule. Exclude persons who are absent, except those at work during Census Night.
2. Visitors should be included, but only Questions 1—5 inclusive need be answered for visitors from outside Gibraltar.
3. Men serving with the Gibraltar Regiment should be included.
4. The small numbered boxes are for the purposes of processing the Census information, and should be left blank.
5. The Questionnaire is divided into 4 main parts:—
 PART A (page 2) asks personal details and is to be completed for all persons in the Household.
 PART B (page 2) asks details of women who are married, widowed or divorced.
 PART C (pages 4 & 5) asks employment details and is to be completed for persons aged 15 and over only.
 PART D (page 6) asks general household details and is to be completed by the Head of the Household.
6. Relationship to Head of Household (Question 3) any relative present in the household who usually lives elsewhere should be shown as a visitor.
7. Occupation and Industry (Questions 17 and 19)
 The OCCUPATION should be stated as fully as possible avoiding the use of general or vague terms (some examples are given below).
 The NAME AND ADDRESS OF EMPLOYER or business is required solely to identify the business or industry.
 DESCRIPTION OF BUSINESS should give details of the main goods or services provided.
 EMPLOYMENT STATUS—paid or unpaid workers in a family business should be entered as “employees”.
8. EMPLOYMENT DURING MAY 1969 (Question 19) — refers to the month immediately before the closing of the land frontier with Spain.
9. EDUCATION AND QUALIFICATION (Question 21 & 22)—only the highest level of schooling and qualification should be stated, but if uncertain which of two schools or qualifications is the higher, state both.
10. QUALIFICATIONS (Question 22) — Use recognised abbreviations where appropriate e.g. Ph.D (History); A.M.I.C.E. (Civil Engineering) Dip. Tech. (Elec. Engineering); Otherwise write the name of the qualification in full.
11. NUMBER OF VISITORS (Question 27) Include all Resident Guests whether residents of Gibraltar or residents from outside Gibraltar.
12. NUMBER OF ROOMS (Question 28) Should exclude all kitchens, bathrooms, and hallways (but include any balconies converted into sleeping or living quarters).
13. The example of the census questionnaire on page 8 may assist you in completing this questionnaire.

EXAMPLES OF OCCUPATION AND INDUSTRY

<i>OCCUPATION</i>	<i>Name and Address of Business</i>	<i>Description of Business</i>	
A. Clerks	(i) Clerical Assistant (ii) Shipping clerk (iii) Chief clerk (accounts)	Treasury Dept., Secretariat Bland's Cloister Buildings Taylor Woodrow, Devil's Tower Rd.	Government Shipping Building
B. Labourers	(i) Builders' labourer (ii) Skilled labourer (iii) General labourer	D. Imossi, 12 Scud Hill Municipal Electricity Dept. Line Wall Rd. Julio Garcia 64, Devil's Tower Rd.	Building Electricity Generation Quarrying
C. Professions	(i) Medical Practitioner (ii) Chartered Accountant (iii) Civil Engineer	Self Employed 10, Main St. Price Waterhouse & Co., 7 Engineer Lane Joseph Murphy 10, Flat Bastion Rd.	Medical practice Chartered Accountants Building
D. General	(i) Baker (Confection) (ii) Shop Assistant (iii) Electrician (iv) Barmaid	J. Lopez, 320 Main St. P. Kholi 18 Main St. Self employed 43 Irish Town Admiral Rooke 138, Rosia Rd.	Bakers General merchants Electrician Bar

DOMESTIC SERVANTS

If in private service it is sufficient to write “Private service” in the “name and address of business” section. But the name of the business should be shown if employed in a Hotel, Boarding House etc.

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EXAMPLE OF THE METHOD OF COMPLETING THE QUESTIONNAIRE

A. THE FOLLOWING QUESTIONS TO BE ANSWERED FOR ALL PERSONS																								
1. Name	GOMEZ Joseph			GOMEZ Maria			GOMEZ Luisa			GOMEZ Anthony			GOMEZ Sonia			BROWN George			MARTINEZ Julio					
2. Relationship to Head of Household	Head			Wife			Daughter			Son			Daughter in-law			Boarder			Visitor					
3. Marital Status	Married			Married			Single			Married			Married			Single			Widower					
4. Sex	Male			Female			Female			Male			Female			Male			Male					
5. Nationality	Gibraltarian			Gibraltarian			Gibraltarian			Gibraltarian			English			U.K.			Spanish					
6. Identity Card No.	26/229			27/815			26/906			26/007			92/232			02/971			-					
7. Number of years resident in Gibraltar	49 years			33 years			14 years			20 years			2 years			Under 1			-					
8. Country of Birth	Gibraltar			Spain			Gibraltar			Gibraltar			England			Scotland			-					
9. Date of Birth	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year
	4	Feb	1921	13	Apr	1927	1	Oct	1956	29	Dec	1949	12	Nov	1950	1	Jan	1944						
10. Age in years	49			43			14			20			19			26			-					
11. Religion	R.C.			R.C.			R.C.			R.C.			Church of England			Presbyterian			-					
B. THE FOLLOWING QUESTIONS TO BE ANSWERED ONLY FOR WOMEN WHO ARE NOW MARRIED, WIDOWED OR DIVORCED																								
12. How many children have been born alive to her?	BORN ALIVE			BORN ALIVE			BORN ALIVE			BORN ALIVE			BORN ALIVE			BORN ALIVE			BORN ALIVE			BORN ALIVE		
	Alive now	Died	Total	Alive now	Died	Total	Alive now	Died	Total	Alive now	Died	Total	Alive now	Died	Total	Alive now	Died	Total	Alive now	Died	Total	Alive now	Died	Total
				3	1	4							N	O	N	E								
13. Date of Marriage				12 JUL. 1947									10 OCT. 1969											
14. If Marriage has ended give date on which it ended				NOT ENDED									NOT ENDED											
C. THE FOLLOWING QUESTIONS TO BE ANSWERED FOR PERSONS AGED 15 AND OVER ONLY																								
15. Persons Name	GOMEZ Joseph			GOMEZ Maria			GOMEZ Anthony			GOMEZ Sonia			BROWN George											
16. Economic Classification during last week	In Employment			Housewife			In Employment			In Employment			In Employment											
17. For those in employment last week. Occupation and Industry	Occupation			Grocer						Shipping clerk			Shop Asst.			Civil Engineer								
	Name & Address of Business			J. Gomez 12 Line Wall Rd						Bland's Irish Town			Boutique 146 Main St			Sir L. Parkinson P.O. Box. 9								
a) Main Employment	Description of Business			Grocery						Shipping			Clothing			Civil Engineer								
	Full-time or Part-time			Full-time						Full-time			Full-time			Full-time								
	Employment Status			employer						employee			employee			employee								
b) Second Employment	Occupation			NONE			NONE			Barman			NONE			NONE								
	Name & Address of Business			NONE			NONE			Crown & Anchor George St			NONE			NONE								
	Description of Business									Bar														
	Full-time or Part-time									Part-time														
	Employment Status									employee														
18. If the person did NOT have a job last week did he (or she) have a job some time in last 12 months?							NO																	
19. Employment During May 1969	Occupation			SAME			NONE			SAME			NONE			Civil Engineer								
	Name & Address of Business			SAME			NONE			SAME			NONE			Wm. Old England								
	Description of Business															Civil Engineer								
	Full-time or Part-time															Full-time								
	Employment Status															employee								
20. Has the person completed an apprenticeship?	NO			NO			YES			NO			NO											
21. Education	Primary			Primary			Grammar			Grammar			University											
22. Qualifications	NONE			NONE			3 G.C.E., 'O' levels			R.S.A.			Degree											
23. Languages	(a) Speak			English	Spanish	Other	English	Spanish	Other	English	Spanish	Other	English	Spanish	Other	English	Spanish	Other	English	Spanish	Other	English	Spanish	Other
	(b) Read & Write			Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	No	No	Yes	No	Yes	Yes	No	Yes			
D. THE FOLLOWING QUESTIONS TO BE ANSWERED BY THE HEAD OF THE HOUSEHOLD																								
24. HOUSING Type of Dwelling	Flat			FACILITIES Does the Household have:—									CARS and GARAGING											
	Privately rented			30. Flush toilet			YES			34. Number of cars and vans available to household			2											
25. Tenure of Dwelling	6			31. Potable water supply			YES			35. State for each vehicle where it is kept overnight			Vehicle 1 on street											
26. Number of Persons in Household	1			32. Cooker or cooking stove with oven			YES			Vehicle 2 on street														
27. Number of Visitors staying	6			33. Bath or shower installation						Vehicle 3														
28. Number of Rooms occupied by Household	NONE																							
29. Number of Rooms without windows																								